



**Ventura County Medi-Cal Managed Care Commission (VCMCC)
dba Gold Coast Health Plan (GCHP)**

Consumer Advisory Committee Meeting

Wednesday, January 18, 2017, 5:00 p.m.

Gold Coast Health Plan, 711 E. Daily Drive, Community Room, Camarillo, CA 93010

AGENDA

CALL TO ORDER

PLEDGE OF ALLEGIANCE

ESTABLISH QUORUM

PUBLIC COMMENT

The public has the opportunity to address the Consumer Advisory Committee (CAC). Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the CAC are limited to three minutes. Comments regarding items not on the agenda must be within the subject matter jurisdiction of the Committee.

APPROVE MINUTES

1. Regular Meeting of October 19, 2016

FORMAL ACTION ITEMS

2. **Nominations and vote on Committee Chair and Vice-Chair positions**
Staff: Connie Harden, Member Services Specialist

REPORTS

3. **Chief Executive Officer (CEO) Update**
4. **Chief Finance Officer (CFO) Update**

Meeting Agenda available at <http://www.goldcoasthealthplan.org>

Ventura County Medi-Cal Managed Care Commission (VCMCC) dba Gold Coast Health Plan (GCHP)
January 18, 2017 Consumer Advisory Committee Meeting Agenda (*continued*)
LOCATION: Community Room at 711 E. Daily Drive, Camarillo, CA 93010
TIME: 5:00 p.m.

INFORMATION / DISCUSSION ITEMS

- 5. CAC Member Update - Proposed New Beneficiary Committee Member**
Staff: Connie Harden, Member Services Specialist

- 6. GCHP and California Children's Services (CCS) Present their Collaboration Efforts**
Staff: Vickie Lemmon, Director of Health Services, and
Patty Chan, Public Health Division Manager

- 7. Government Relations Update on the Mega Rule and D-SNP**
Staff: Marlen Torres, Manager, Government and External Relations

- 8. Cultural & Linguistics Training and Health Education and Outreach Event Calendar**
Staff: Lupe Gonzalez, Director of Health Education, Outreach, Cultural &
Linguistic Services

- 9. Action Item Review from October 19, 2016 meeting**
Staff: Connie Harden, Member Services Specialist

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular meeting of the Consumer Advisory Committee will be held on April 19, 2017, 5:00 p.m. at Gold Coast Health Plan, 711 E. Daily Drive, Suite 110, Camarillo, CA 93010.

Meeting Agenda available at <http://www.goldcoasthealthplan.org>

Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. Materials related to an agenda item submitted to the Committee after distribution of the agenda packet are available for public review during normal business hours at the office of the Secretary of the Committee.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5562. Notification for accommodation must be made by the Monday prior to the meeting by 3:00 p.m. to enable GCHP to make reasonable arrangements for accessibility to this meeting.

The agenda was posted on January 13, 2017, at the Gold Coast Health Plan Notice Board and on its website.

**Ventura County Medi-Cal Managed Care Commission
(VCMGCC) dba Gold Coast Health Plan (GCHP)
Consumer Advisory Committee Minutes
October 19, 2016
*(Not official until approved)***

CALL TO ORDER

Chief Operating Officer (COO) Ruth Watson called the meeting to order at 5:05 p.m. at the offices of Gold Coast Health Plan, 711 E. Daily Drive, Suite 106, Camarillo, CA 93010, in the Community Room. The Pledge of Allegiance was recited.

SWEARING IN OF COMMITTEE MEMBERS

Member Services Specialist Connie Harden administered the oath of office to Committee Members Katharine Raley and Alicia Flores.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE

Rita Duarte-Weaver, Ventura County Public Health Department

Alicia Flores, La Hermandad (by phone)

Frisa Herrera, Casa Pacifica

Paula Johnson, ARC of Ventura County

Laurie Jordan, Rainbow Connection / Tri-Counties Regional Center (by phone)

Ruben Juarez, County Health Care Agency

Pedro Mendoza, Amigo Baby

Katharine Raley, County of Ventura Area Agency on Aging

ABSENT COMMITTEE MEMBERS

Norma Gomez, Mixteco / Indigena Community Organizing Project

Gilda Macias, Beneficiary

Curtis Updike, County Human Services Agency (HSA)

STAFF IN ATTENDANCE

Ruth Watson, Chief Operating Officer

Patricia Mowlavi, Chief Financial Officer

Connie Harden, Member Services Specialist

Luis Aguilar, Member Services Manager

Anne Freese, Director of Pharmacy

Steve Peiser, Sr. Director of Network Management

Al Reeves, MD, Chief Medical Officer

Language interpreting and translating services were provided by GCHP from Lourdes González Campbell and Associates.

PUBLIC COMMENT / CORRESPONDENCE

A Public Comment Request was submitted and then rescinded by Pablo Velez of Amigo Baby. Mr. Velez stated that Dr. Reeves had answered his questions offline. COO Ruth Watson asked Sr. Director of Network Management Steve Peiser to introduce Mr. Velez of Amigo Baby as one of the new providers for GCHP. Mr. Peiser welcomed Mr. Velez and Committee Member Pedro Mendoza of Amigo Baby. Mr. Peiser stated that they are providers who meet a critical need in Ventura County in the area of pediatrics, physical therapy, speech and occupational therapy. Mr. Peiser stated "having Amigo Baby as a provider is a real coup in terms of having network adequacy and access to our membership." Mr. Velez stated that they also just became vendors for Beacon Health Options to provide behavioral services and are trying to follow the ABA guidelines that are required for the Early Start model. Mr. Velez went on to state this is a program that has a very high level of appreciation from the families and culturally it is a program the Hispanic community prefers.

APPROVAL MINUTES

1. Regular Meeting of May 18, 2016

Committee Member Katharine Raley moved to approve the Meeting Minutes of May 18, 2015. Committee Member Rita Duarte-Weaver seconded. The motion carried with the following vote:

AYES:	Duarte-Weaver, Flores, Herrera, Johnson, Jordan, Juarez, Mendoza and Raley
NOES	None
ABSTAIN:	None
ABSENT:	Gomez, Macias and Updike

APPROVAL ITEMS

None

DISCUSSION ITEMS

2. Action Item Update

Member Services Manager, Luis Aguilar stated that there were no Action Items from the May 18, 2016 meeting.

3. CEO Update

Chief Operating Officer (COO), Ruth Watson welcomed the Committee and stated that GCHP had recently celebrated its fifth year of operation. In commemoration of the milestone, "Gold coasters" were presented to all staff and Committee members. Commemorative coasters were presented to all Consumer Advisory Committee (CAC) members.

COO Watson stated that management is in the process of requesting permission from the Commission to sign a lease for a space in downtown Oxnard to be used as a Community Resource Center. The space is small, approximately 2,000 – 3,000 square feet. The concept is to have a place for members to drop in and learn more about the plan and receive assistance with navigating the system. We also want to make it available for some

of the community based organizations to use the space. We plan on holding health education events and bring in other vendors to provide classes on nutrition, Zumba, etc. The hope is to have more of a community presence. Committee Member Pedro Mendoza asked if looking forward is there the possibility of doing the same in other parts of the county. COO Watson replied that Oxnard is our pilot location and we will see where this might go. Staffing is also a consideration. We hope this is something the Commission will approve and we can move forward with.

COO Watson stated that at the last meeting we talked briefly about the “Mega Rule.” The Mega Rule coming from Centers for Medicare & Medicaid Services (CMS) is transformational for Medi-Cal and how Medi-Cal Managed Care will work in the future. It is focused on the social determinants of health, which is one way the Community Resource Center will help. The theory is that your healthcare outcomes are as much determined by where you live, what you eat, social circumstances, etc. Marlen Torres, Manager of Government and External Relations is studying the rule and will present information to the Committee as available.

COO Watson asked Marlen Torres to provide a legislative update to the Committee. Ms. Torres reviewed ballot propositions on the November 8, 2016 ballot that will in one way or another impact the Medi-Cal program.

COO Watson stated that if the Committee members have questions regarding legislative issues to present them to Connie Harden who will forward them to staff for clarification. COO Watson said Committee Member Katharine Raley contacted her with questions about D-SNP which are Dual Eligible Special Needs Plans for members with Medicare and Medi-Cal. COO Watson stated that this is a plan that a member could take advantage of; a coordinated plan. The plan chosen by the member is responsible for both sides of the member’s care, covering their Medicare and Medi-Cal. One caveat is that a member’s existing Medicare program may not be a part of that D-SNP plan. It is new here and we understand they are starting to be marketed in Ventura County. Marlen Torres has been working on a document that will provide you with the details of the program should you get questions. COO Watson went on to state that once a member goes into a D-SNP, they are no longer a GCHP member. A third party will then manage their care.

Committee Member Raley commented there is an issue with Medicare and GCHP. She stated that our Medicare beneficiaries are not getting hospital beds when requested and feels there is a disconnect somewhere. COO Watson stated it is a Medicare covered benefit and the issue seems to be with Medicare. Committee Member Raley will take the issue to Centers for Medicare & Medicaid Services (CMS) Region 9.

4. Provider Network Update

Sr. Director of Network Management, Steve Peiser presented the growth data on the GCHP provider network. Mr. Peiser stated there has been a huge focus on gaps in the provider network and the data presented represents where we were in the second quarter of 2016 compared to where we are currently in terms of total network. Mr. Peiser shared that the UCLA Medical Center including their medical group which comprises 400 physicians will also be contracted under our network, hopefully beginning November 1, 2016. Mr. Peiser stated that this is all about the members and the importance of the member and their families relative to providing necessary access to care. He went on to say that GCHP has

performed a lot of gap-analysis in terms of hospital needs as well as specialty needs. What this represents is an overall growth of about 8.2% which is significant. Normal health plans do not grow at those levels, maybe 1% or 2% at the most. This represents the degree we are working with the outside community.

Mr. Peiser spoke about the growth as presented on the third page of the slides. COO Watson stated that pulmonary rehab is not a Medi-Cal covered benefit. However Associate Chief Medical Officer Dr. Wharfield and her team looked at pulmonary rehab and determined that this is good medical practice. After an analysis, we decided we would add pulmonary rehab to our benefits because it is the right thing to do for the members. CMO Dr. Reeves said there are a number of medical tests and treatments that the State has determined are not covered benefits in Medi-Cal. These are accepted and proven treatments that we think should be provided by GCHP and have set up a process to do an analysis to determine the appropriateness of adding these treatments as benefits. We have the choice as a Medi-Cal managed care health plan to do that. Pulmonary rehab is something we have had quite a few requests for from our providers for our members. The analysis was performed and information taken to our Commission and they agreed this should become a benefit for GCHP members. The same analysis was performed for cardiac rehab and we have also expanded the chiropractic benefit due to this process. Unfortunately, for one reason or another, the State does not feel members should have the benefits that GCHP feels they should have.

Mr. Peiser said a big focus has been on the addition of acupuncture and nutritional services. We are actively pursuing relationships with acupuncturists and nutritionists. We have also identified gap needs in the East county area in physical therapy and oncology/hematology and are looking to bring on additional physicians.

Committee Member Ruben Juarez asked how to identify GCHP behavioral health providers. Mr. Peiser stated that Beacon Health Options is our behavioral health management organization. The information can be accessed through our website. Committee Member Juarez also stated that he sees an improvement in the location of OB/GYN care. It has been easier for our clients to locate and receive care. Mr. Peiser stated that is great news and further represents the type of work the Provider Network team and the rest of the organization is doing that focus' on the member's needs. Mr. Peiser went on to say that this is important feedback and we appreciate the positive and negative feedback. Committee Member Juarez stated that the turnaround with GCHP has been great. COO Watson stated that we are trying to build more relationships with the provider community and are developing more training sessions for them. She stated the last training session was a brown-bag meeting with 53 provider offices in attendance to learn what's going on in the system. She went on to state that we recognize the fact GCHP had a bumpy start and through our Finance department we have been able to free up more funds so that providers are better compensated to treat this population. COO Watson stated that Dr. Reeves and his team have done a phenomenal job working with providers as well and we are in a much better place, a partnership if you will, with our providers. COO Watson said that Mr. Peiser has reorganized his group so that they will be spending a lot more time out in the provider offices finding out what we can do to make it as easy as possible to do business with GCHP.

Committee Member Juarez stated that behavioral health has always been a benefit to members, but in the past families were in denial of their children needing services. Now when somebody opens a door to the community, word gets out about services received and now many families are opening up and saying “I want to find out about our benefits and using them.”

5. Quality Improvement 2015 HEDIS Update

Chief Medical Officer, Al Reeves, MD reviewed information on the 2015 Healthcare Effectiveness Data and Information Set (HEDIS) results as presented in the meeting packet. Dr. Reeves stated that National Committee for Quality Assurance (NCQA) has selected 28 measures for GCHP to use in our annual HEDIS survey. We are proud of our results. We are expected to reach at least the 25th percentile. There were 37 measures for GCHP and 32 were above the 25th percentile and five were below. On a couple of our measures we were in the 90th percentile. Dr. Reeves went on to say that there was one surprise which was a disappointment. We have always met the 25th percentile for cervical cancer screening and we did not achieve that this year. We have performed an analysis and have determined that of those who did not get that test, 75% of them were in the adult expansion group. The report is a three year look-back so this is the first year that the adult expansion women in our health plan are included in this measure. Those women who came with the adult expansion health plan in 2014 are not used to getting health care; not used to getting tested and we have work to do there. Dr. Reeves stated that 1,700 of those women had never once been seen by their doctor. We have identified those people and we have a special program where we are calling out to them to make sure they get in and have their pap smears.

CMO Reeves reported that there are several measures on children’s access to primary care. We have a special program going on offering pay-for-performance to our large clinics to reach out to these members to get them in for their well-child visits. Dr. Reeves presented data comparing GCHP to all other plans in California for 2013 and 2016. The numbers showed incredible improvement in ranking for these measures for GCHP.

Committee Member Juarez stated that in many pre-schools children are required to be tested for lead and asked if that part of the tests. Dr. Reeves replied that is not one of the HEDIS measures that we are held to but we encourage it. Committee Member Laurie Jordan asked if lead screening was part of the Child Health and Disability Prevention (CHDP) testing. Dr. Reeves replied that it is part of the CHDP well-child visits at ages two and five.

6. Pharmacy Benefits Manager

Director of Pharmacy, Anne Freese, Pharm. D. reported that GCHP went out to Request for Proposal (RFP) for a Pharmacy Benefits Manager (PBM). Dr. Freese stated that our current PBM manager is Script Care who started with the Plan when we went live in 2011 and that contract is coming to term. The results of the RFP were presented at the last Commission meeting in September 2016. The Commission selected a PBM from those who submitted a bid. OptumRX was selected but the contracts are not yet finalized. Assuming it goes forward, we will begin a transition that will take 7-8 months. This transition should be seamless to the members. We don’t anticipate any change in the local pharmacies the members will be able to use. There will be no change in benefits. As with any transition there is always the potential for disruption and we are working with OptumRX to prevent

this. There will be communications sent to our members and our community partners regarding the change and what it means once things are finalized. Committee Member Jordan stated there were concerns about the number and types of pills you can get. Dr. Freese stated that our benefits are designed such that GCHP decides what our benefits are in terms of the medications we cover, limits or authorizations and is not up to the PBM that we choose. The Plan is not making any changes in regards to that. The PBM will implement based on what our benefits are and those will not change. Committee Member Jordan asked if members will even see this difference. Dr. Freese replied that the members should not experience any disruption and will receive communications about the change and any needed authorizations which are required today. The only change will be that instead of calling Script Care, Members will call OptumRX. All Members will receive a new ID card with the new phone number on it. CMO Dr. Reeves stated that we as a health plan determine what medications are on our formulary and whether or not we feel that there should be a limit on the number of pills. We have a process when a doctor feels that our limit for a particular member is not appropriate they send us an appeal and we determine if allowing that prescription to go through as written is appropriate. For instance, an issue right now is the problem with opiate use and people dying from over-using opiates. We have a restriction on the number of narcotic pills that our members can receive. Most of the time it is reasonable but occasionally one of our members may have cancer and need more than our restrictions allow. We have a process for a doctor to come to us to approve an exception for that member.

Committee Member Raley questioned the use of preferred pharmacies as with Medicare and HMO plans. Dr. Freese replied that GCHP does not have preferred vs non-preferred pharmacies. There are contracted pharmacies within our network. Today the network contains most independent pharmacies within the county and most of the chain pharmacies in our network. Currently Rite Aid and Walgreens are not in our network. For our members who have another insurance and if they do have a preferred network and a copay, that copay is to be billed to GCHP. The exception is for members who have Medicare Part D as we are unable to cover the copay or SOC for a Part D plan.

RECESS

A break was provided at 6:05 p.m. The meeting reconvened at 6:22 p.m.

7. CAC 2.0

Chief Operating Officer Ruth Watson stated that at the last meeting we discussed the revision of the Consumer Advisory Committee (CAC) and received a lot of good feedback in terms of transforming this committee. COO Watson went on to say that there were many comments that were very helpful and one thing we all agreed upon was that the CAC should be driven by Committee members instead of GCHP staff. GCHP will be here to do what you need us to do in the way of staffing, etc. We want to provide requested information and any presentations. We determined the need for a slate of officers and we asked the Committee to think about governing this committee. Someone did think about it and has volunteered to serve. We will need a Chair and someone to be the Vice-Chair. The Chair would work with Connie Harden on the agendas and also lead/manage the meeting. The Vice-Chair would step in if the Chair is not available. The Committee Member who expressed a willingness to take this position is Committee Member Rita Duarte-Weaver. If someone on the Committee is interested in nominating Rita Duarte-Weaver for this position, please do so. If someone

else is also interested in the position, please let us know so we can add you to the list. Committee Member Mendoza nominated Rita Duarte-Weaver for the position of Chair and Katharine Raley seconded the nomination. A vote was taken with the following results:

AYES: Duarte-Weaver, Flores (by phone), Herrera, Johnson, Jordan (by phone), Juarez, Mendoza and Raley
NOES: None
ABSTAIN: None
ABSENT: Gomez, Macias and Updike

Nominations were accepted for the Vice-Chair position. Committee Member Duarte-Weaver nominated Committee Member Pedro Mendoza for the position of Vice-Chair. Committee Member Frisa Herrera seconded the nomination.

AYES: Duarte-Weaver, Flores (by phone), Herrera, Johnson, Jordan (by phone), Juarez, Mendoza and Raley
NOES: None
ABSTAIN: None
ABSENT: Gomez, Macias and Updike

COO Watson questioned what else the Committee would like to see on the next agenda. Committee Member Jordan asked about SB 586 CCS (California Children's Services). She stated that although it doesn't affect us now, Committee Member Jordan would like to hear conversation on where this is going. COO Watson stated that the pilot is three years long. We will have to coordinate and partner with the county when the time comes. Marlen Torres stated that the pilot will be with the five other COHS and exclude GCHP. This will probably be modeled after Health Plan of San Mateo as they have been coordinating the benefit. Marlen Torres will present more information at the January 2017 CAC meeting. CMO Dr. Reeves stated that our Health Services department, under the direction of Vickie Lemmon, Director of Health Services, has coordinated efforts with the CCS program. They have significantly decreased the time of the process for referral of new patients into the CCS program. We have a lot of efforts going on in terms of collaboration and coordination between GCHP and the CCS program in Ventura County. Committee Member Jordan asked for a report on GCHP activities on this topic. Dr. Reeves stated that we can have Vickie Lemmon make a presentation at the next meeting.

Comments from Committee Members

Committee Member Raley of HICAP/Area Agency on the Aging stated that after 2 ½ years of work they have opened the adult disability resource center. We will serve adults with disabilities ages 18 and older. We are partnering with the Independent Living Resource Center for Tri-Counties. There is no "wrong door." We don't typically take children because we are the Area Agency on the Aging, but if they come to HICAP, we will assist them. We are better equipped to handle those ages 18 and up. Through our Benefits Enrollment Center we can assist with enrollment in every public benefit along with SSI and SSDI. We are well equipped to handle people with disabilities and our seniors. Our volunteers go out to every site in our county; we are serving the entire county.

Committee Member Juarez said thank you for the flyers for the Benefit Information meetings. He stated that they do work and we give them out all the time.

COO Watson stated that one of the things Member Services Manager Luis Aguilar and Connie Harden are working on with our Communications department is a brochure that we will eventually bring here. It is something that was all their idea, a quarter-fold brochure. Luis Aguilar stated that we tried to include all the information that will help members to get an idea of what GCHP is all about; what the benefits are and resources they have access to. He went on to say that feedback received from Rita Duarte-Weaver is how the idea started. It was discussed at the last Community Resource Fair. This will now go to the State, and once we have it approved, we will provide them to you

Committee Member Mendoza stated another idea came up. One of the things he hear from our members is that they don't have a computer to go online to get the phone numbers they need. One business card with all the necessary phone numbers would be welcomed.

Committee Member Duarte-Weaver commented that the customer service at GCHP is awesome. She stated that she referred two members to GCHP today and they called back saying how wonderful the staff was. They were impressed that their questions were answered quickly in the appropriate language. She went on to say that I tell them if there is something else you need or you need to me to help you further, to call us back. Both called back right away saying how wonderful the service was. COO Watson said that we have a very dedicated member centered staff.

ADJOURNMENT

Meeting was adjourned at 6:43 p.m.



AGENDA ITEM NO. 2

To: Gold Coast Health Plan Consumer Advisory Committee
FROM: Connie Harden, Member Services Specialist
DATE: January 18, 2017
SUBJECT: Nominations and Vote on Committee Chair and Vice Chair

VERBAL PRESENTATION



AGENDA ITEM NO. 3

To: Gold Coast Health Plan Consumer Advisory Committee
FROM: Dale Villani, Chief Executive Officer
DATE: October 19, 2016
SUBJECT: CEO Update

VERBAL PRESENTATION

AGENDA ITEM 4

To: Gold Coast Health Plan Consumer Advisory Committee
From: Patricia Mowlavi, Chief Financial Officer
Date: January 18, 2017
Re: Financial Update

Financial Update

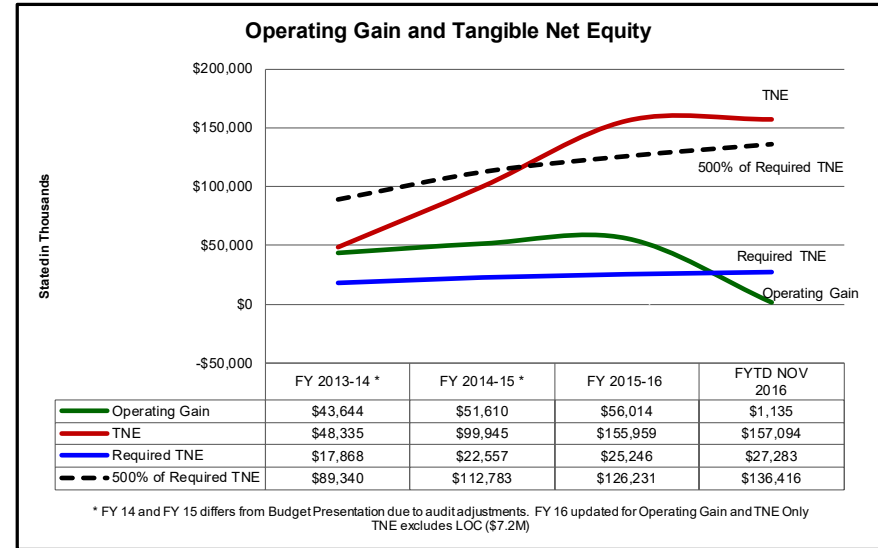
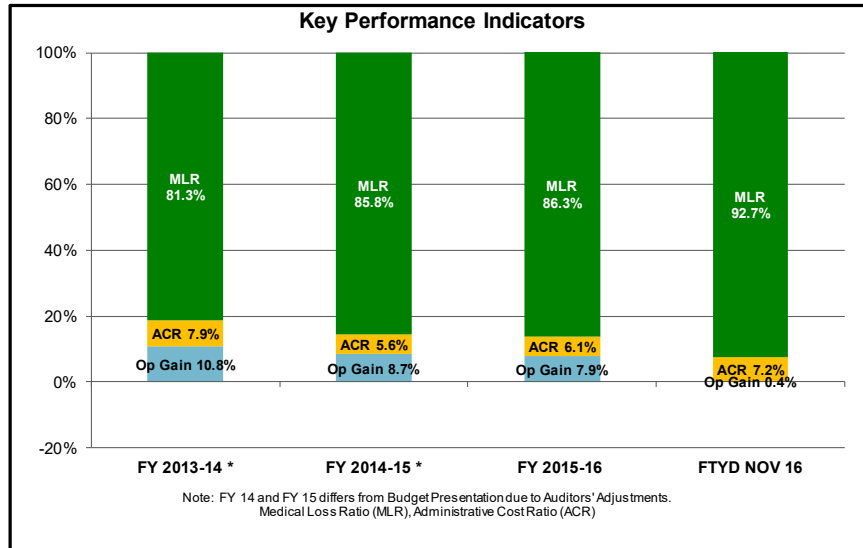
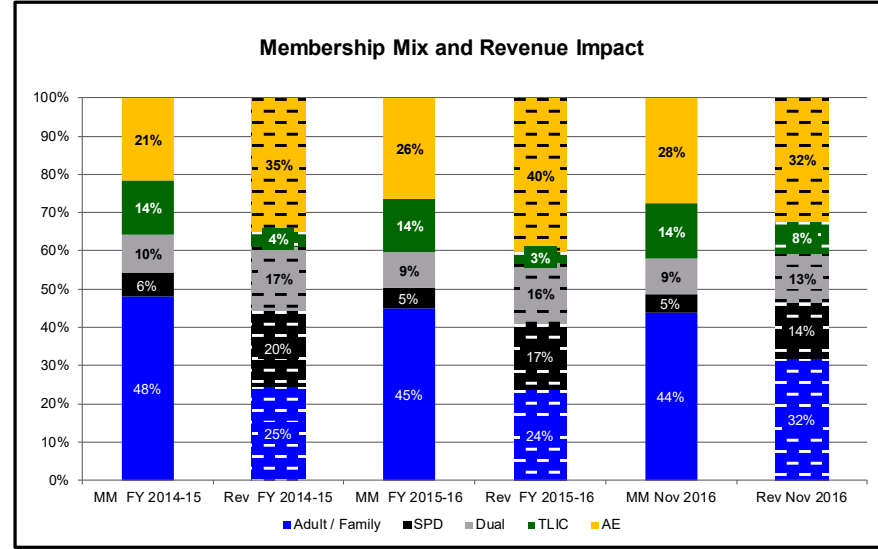
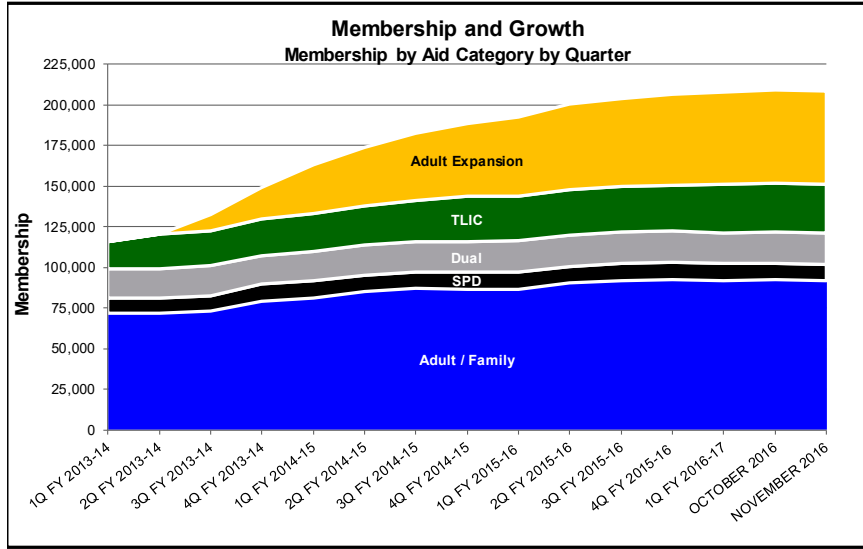
For the five months ended November 30, 2016, the Plan's performance was a gain in net assets of \$1.1 million which was \$2.5 million higher than budget. This was driven by administrative savings, which were largely due to timing of projects.

The Plan's fiscal year-to-date operating performance resulted in Tangible Net Equity (TNE) of approximately \$157.1 million, which was \$5.4 million higher than budget. The Plan's TNE at November 30 was 576% of required TNE.

November membership of 208,890 was below budget by 2,474 members. The Adult and Child aid categories were below budget, however this was largely offset by growth in the Adult Expansion (AE) aid category, with higher than budgeted membership.

The current value of the Plan's investment portfolio was \$264 million at November 30, 2016. The portfolio includes both short term and long term investments with a current average yield of approximately 0.58%. All investments are in compliance with the Plan's investment policy.

**FINANCIAL PERFORMANCE DASHBOARD
FOR MONTH ENDING November 30, 2016**





AGENDA ITEM NO. 5

To: Gold Coast Health Plan Consumer Advisory Committee
FROM: Connie Harden, Member Services Specialist
DATE: January 18, 2017
SUBJECT: Introduction of Proposed New Beneficiary Committee Member

VERBAL PRESENTATION



**Gold Coast
Health Plan**SM
A Public Entity

SB 586 Whole Child Model

**Consumer Advisory Committee
January 18, 2017**

**Vickie Lemmon, GCHP Director,
Health Services
Patty Chan, CMS Administrator
Public Health**

Integrity

Accountability

Collaboration

Trust

Respect

SB 586 – What is it?

- Signed into law September 2016
- Authorizes a Whole-Child Model (WCM) for the California Children's Services (CCS) program, under which County Organized Health System (COHS) would provide both CCS and Medi-Cal services to children enrolled in Medi-Cal and CCS
- Ventura County is not one of the COHS to implement WCM in 2017, but will be required to implement prior to 2022

Whole-Child Model Goals

Gold Coast Health Plan (GCHP) and CCS are working together to align collaborative efforts that track to the WCM Goals

Goal #1 Implement Patient and Family-Centered Approach

Provide comprehensive treatment and focus on the whole-child rather than only their CCS-eligible condition(s)

- GCHP conducts a medical necessity review for all non CCS eligible conditions and coordinates daily with CCS for conditions that are potentially covered by CCS
- GCHP logs requests sent to CCS, monitors the log and tracks turn around time (TAT)
- GCHP and CCS meet formally every quarter to discuss barriers to care, monitor data, and charter improvement projects
- Nurses from both GCHP and CCS meet monthly on specific topics and communicate daily on mutual members as need arises

Goal #2

Improve Care Coordination through an Organized Delivery System

Provide enhanced care coordination among primary, specialty, inpatient, outpatient, mental health, and behavioral health services through an organized delivery system that improves the care experience of the patient and family.

- GCHP and CCS compare contracted networks and work to align their network providers. This helps to ensure care is not disrupted. Most recently, UCLA was added to GCHP's provider network
- One improvement project between GCHP and CCS involved identifying the child's medical home to ensure that it matched the assigned PCP at GCHP. This was a Kaizen collaborative project. Both GCHP and CCS revised internal processes to identify a mismatch between the identified CCS medical home and the GCHP assigned PCP
- Additionally, CCS, CHDP, and GCHP are communicating the importance of the medical home in the provision of preventative care
- A 2017 improvement project focuses on issues surrounding our members transitioning to 21 to ensure that care continues with appropriate adult providers

Goal #3 **Maintain Quality**

Ensure providers and organized delivery systems meet quality standards and outcome measures specific to the CCS population.

- Data that GCHP and CCS currently monitor include:
 - GCHP Turn around time (TAT)
 - CCS TAT
 - CCS medical home and GCHP assigned PCP match (this Kaizen project increased our match from 40% to 85%) and this is audited every six months

Goal #4 **Streamline Care Delivery**

Improve the efficiency and effectiveness of the CCS health care delivery system.

- Both CCS and GCHP have changed internal processes related to above projects and continue to look for efficiencies in our individual and collaborative daily processes
 - Urgent request process
 - Annual update now includes a process to confirm medical home
 - Morning huddles
 - Case conferences

Goal #5 **Build on Lessons Learned**

Consider lessons learned from current pilots and prior reform efforts, as well as delivery system changes for other Medi-Cal populations.

- GCHP leadership participates in quarterly COHS meetings where the WCM implementation lessons learned are shared
- CCS attends the quarterly CCS Executive meetings where the COHS share lessons learned

Goal #6 **Cost Effective**

Ensure costs are no more than the projected cost that would otherwise occur for CCS children, including all state-funded delivery systems. Consider simplification of the funding structure and value-based payments to support a coordinated service delivery approach.



**Gold Coast
Health Plan**SM
A Public Entity

Medicaid Managed Care Rule Analysis

Consumer Advisory Committee

January 18, 2017

Marlen Torres, Manager, Government Relations

Integrity

Accountability

Collaboration

Trust

Respect

Summary

Background

- The Final rule is the first update to the Medicaid managed care regulations since 2002
- The rule was published in the Federal Register on May 6, 2016
- There will be a phased implementation of new provisions primarily over three years, starting with contracts on or after July 1, 2017

Beneficiary Support and Information

Summary

- States must establish an independent beneficiary support system that offers choice counseling and information to all enrollees and additional assistance to enrollees who use long-term services and supports (LTSS)
- Plans must provide up-to-date provider directories and available in locally prevalent non-English languages.

Enrollee Handbook

Information Requirements

- Managed care plans should ensure that information on the process for changing primary care providers is easily accessible and, at a minimum, in the enrollee handbook and on the managed care plan's website
- Each MCO will be required by the state to use model enrollee handbooks and enrollee notices
- Auxiliary aids and services must also be made available upon request of the potential enrollee or enrollee at no cost

Information Requirements

- Written materials must include taglines in the prevalent non-English languages in the state, as well as large print, explaining the availability of written translation or oral interpretation to understand the information provided and the toll-free and TTY/TDY telephone number of the MCO's member/customer service unit
- Large print means printed in a font size no smaller than 18 point.
- In general, CMS believes managed care plans should work with the states in which they contract for clarification on the level of customization permitted and translation of the model handbook

Network Adequacy and Access to Care

Summary

- States must establish time and distance standards for 11 specified types of providers and other network adequacy standards for LTSS providers who travel to enrollees
- State must have a continuity of care policy for beneficiary transitions from FFS to managed care or from one managed care plan to another

Provider Directory

Provider Directory Components

	Medicaid	Exchange	Medicare	NAIC Model
Provider Name				
Specialty	X	X	X	X
Address				
Telephone Number	X	X	X	
Non-English languages spoken provider/staff			O	
Accepting new patients	X	X	X	X
Group Affiliation(s)	X		O	
Intuitional Affiliation(s)		X	O	X
Website URL	X		O	
Office/facilities accessibility for people with physical disabilities X	X		O	
Machine-Readable	X		O	
Update Timeframe	30 days	Monthly	Monthly	Monthly



Grievance and Appeals

Summary

- The final rule enables managed care enrollees to have services continue during appeals and denials
- Medicaid appeal timeframes are revised to better align with Medicare Advantage and marketplace rules
- Beneficiaries must exhaust the internal health plan before proceeding to a State Fair Hearing

AGENDA ITEM 7

To: Consumer Advisory Committee (CAC)
From: Marlen Torres, Manager, Government Relations
Re: Medicare Advantage Plans
Date: January 18, 2017

Issue:

Gold Coast Health Plan (GCHP) received an inquiry from the Ventura County Area Agency on Aging asking for an explanation of how care is coordinated for members who are eligible for Medicare and Medi-Cal (dual eligible) who join a Dual Eligible Special Needs Plans (D-SNPs).

Background:

According to The Medicare Payment Advisory Commission (MedPAC), a nonpartisan legislative branch agency that provides the U.S. Congress with analysis and policy advice on the Medicare program, Special Needs Plans (SNPs) are a type of coordinated care plan in the Medicare Advantage (MA) program. However, unlike regular Medicare Advantage plans, SNPs can limit their enrollment to one of the three categories of special needs individuals recognized in statute and tailor their benefit packages to their special needs enrollees:

- Institutional SNPs (I-SNPs) enroll beneficiaries residing in a nursing home or in the community who are nursing home certifiable.
- Chronic condition SNPs (C-SNPs) enroll beneficiaries with certain severe or disabling chronic conditions.
- Dual-eligible SNPs (D-SNPs) enroll beneficiaries eligible for both Medicare and Medicaid (dual-eligible beneficiaries).

Like Medicare Advantage plans, these plans are considered to be the primary payer/administrator for coordinating care for its members. Once a beneficiary signs up with a SNP that SNP is responsible for both Medicare and Medi-Cal benefits. GCHP is no longer responsible for services for the member.

GCHP can provide care coordination and link seniors and persons with disabilities (SPDs) to social services needed such as: the In-Home Supportive Services (IHSS) program, the Home and Community-Based Adult Services (CBAS) program, and behavioral health services. GCHP would now serve as the payer of last resort.

California's Coordinated Care Initiative:

In an effort to make care coordination more seamless for this population, the Department of Health Care Services and the federal Medicare program partnered to create a three year project to coordinate health care delivery to seniors and people with disabilities who are dually eligible for both of the public health insurance programs. GCHP is currently not a part of the Cal MediConnect pilot.

The Cal MediConnect program is part of California's larger Coordinated Care initiative (CCI). Major parts of the CCI include:

- **Cal MediConnect:** A voluntary three-year demonstration for dual eligible beneficiaries to receive coordinated medical, behavioral health, long-term institutional, and home- and community-based services through a single organized delivery system
- **Medi-Cal Managed Long-Term Supports and Services (MLTSS):** All Medi-Cal beneficiaries, including dual eligible beneficiaries, must join a Medi-Cal managed care health plan to receive their Medi-Cal benefits, including LTSS and Medicare wrap-around benefits.

It was announced in this year's California State Budget, that the CCI is no longer cost-effective, despite the recent enactment of an allowable managed care tax. Therefore, the MLTSS component of the program will be discontinued in 2017-18. The Cal MediConnect portion of the program has been extended and the long-term services and supports (except IHSS) will fall into this component.

Conclusions:

For members who join a SNP that SNP becomes the primary carrier for their health care coverage making GCHP the payer of last resort.



Community Outreach Schedule 2017

PLEASE NOTE: Schedule may be subject to change.

January 2017

Health Education Workshops in Spanish

Tuesday, January 10, 2017
***Healthy Living Pre-Diabetes
Workshop by Gold Coast Health
Plan***
Hueneme High School
500 W. Bard Road, Oxnard
Time: 6:00 pm – 8:00 pm

Tuesday, January 24, 2017
***Healthy Living Re-Think Your Drink
Workshop by Gold Coast Health
Plan***
Hueneme High School
500 W. Bard Road, Oxnard
Time: 6:00 pm – 8:00 pm

Tuesday, January 17, 2017
***Healthy Living Nutrition Workshop
by Gold Coast Health Plan***
Hueneme High School
500 W. Bard Road, Oxnard
Time: 6:00 pm – 8:00 pm

Thursday, January 26, 2017
***Healthy Living & Cervical Cancer
Awareness Month Workshop by
Gold Coast Health Plan***
Our Lady of Guadalupe Parish
500 North Juanita Avenue, Oxnard
Time: 10:00 am – 12:00 pm

Thursday, January 19, 2017
***Healthy Living & Cervical Cancer
Awareness Month Workshop by
Gold Coast Health Plan***
The Palms Senior Center
801 South 'C' Street, Oxnard
Time: 10:30 am – 12:00 pm

Tuesday, January 31, 2017
***Healthy Living Physical Activity
Workshop by Gold Coast Health
Plan***
Hueneme High School
500 W. Bard Road, Oxnard
Time: 6:00 pm – 8:00 pm

Saturday, January 21, 2017 (Tentative)
***Healthy Living Nutrition, Re-Think
your Drink & Physical Activity
Workshops by Gold Coast Health
Plan***
Pacifica High School
600 E. Gonzales Road, Oxnard
Time: 8:00 am – 2:30 pm



January 2017

Friday, January 6, 2017

***Sharing the Harvest hosted by
Santa Clara Valley Neighborhood
for Learning***

212 Santa Barbara St., Santa Paula

Time: 9:00 am – 10:30 am

Tuesday, January 10, 2017

***Baby Steps Program hosted by
Ventura County Medical Center***

VCMC Cafeteria

3291 Loma Vista Road, Ventura

Time: 5:00 pm – 6:30 pm

Tuesday, January 17, 2017

***Baby Steps Program hosted by
Santa Paula Hospital***

Santa Paula Hospital

825 N. 10th Street, Santa Paula

Time: **English** 5:30 pm – 6:30 pm

Spanish 6:30 pm – 7:30 p

Wednesday, January 18, 2017

***Monthly Food Distribution Program
& Health Services***

Westpark Community Center

450 W. Harrison Avenue, Ventura

Time: 4:00 pm – 5:30 pm

Sunday, January 22, 2017

***Jornada Dominical and Health Fair
hosted by Consulate of Mexico in
Oxnard***

3151 W. Fifth Street, Oxnard

Time: 8:00 am – 2:00 pm

Wednesday, January 25, 2017

***Agency 101 hosted by Ventura County
Children's System of Care***

Ventura County Office of Education

Conference Center

5100 Adolfo Road, Camarillo

Time: 1:00 pm – 4:00 pm

Thursday, January 26, 2017

***Community Market Produce
Giveaway hosted by Moorpark/Simi
Valley Neighborhood for Family
Learning***

Ruben Castro Human Services Center

612 Spring Road, Moorpark

Time: 09:00 am – 11:00 am

Thursday, January 26, 2017

***Community Market Produce
Giveaway hosted by Moorpark/Simi
Valley Neighborhood for Family
Learning***

1955 Bridget Ave, Simi Valley

Time: 1:00 pm – 2:30 pm

Saturday, January 28, 2017

***Cervical Cancer Awareness Month
hosted by Gold Coast Health Plan***

Oxnard Public Library

251 South A Street, Oxnard

Time: 10:00 am – 1:00 pm



Healthy Living!

¡Viviendo Saludable!

www.goldcoasthealthplan.org

Location | Lugar:

Hueneme High School

Address | Dirección:

500 W. Bard Road, Oxnard, CA 93033

For more information call

Para más información llame al

805-437-5606

TTY 1-888-310-7347

January 10, 2017

Tuesday

Pre-Diabetes

6:00 pm – 8:00 pm

10 de enero de 2017

martes

Pre-diabetes

6:00 pm – 8:00 pm

January 17, 2017

Tuesday

Nutrition

6:00 pm – 8:00 pm

17 de enero de 2017

martes

Nutrición

6:00 pm – 8:00 pm

January 24, 2017

Tuesday

Re-Think Your Drink

6:00 pm – 8:00 pm

24 de enero de 2017

martes

Piense bien lo que tome

6:00 pm – 8:00 pm

January 31, 2017

Tuesday

Physical Activity

6:00 pm – 8:00 pm

31 de enero de 2017

martes

Actividad Física

6:00 pm – 8:00 pm



**Gold Coast
Health Plan**SM
A Public Entity

If you need interpreting services or special assistance to participate, please contact us at least 5 days in advance.
Si necesita servicios de intérprete o asistencia para participar, por favor comuníquese con nosotros al menos 5 días antes.



Health Education Department, Cultural Linguistic Services Presents

**Cultural Competency Training for Health Care Providers:
Gender Identity and Transgender Health Care**

711 E. Daily Drive, Suite 106, Community Room
770 Paseo Camarillo, Suite 200, Bell Canyon Conference Room
Camarillo, CA 93010

Monday, January 9, 2017
10:00 AM – 11:00 AM

- 10:00 – 10:05** **Introduction**
C. Albert Reeves, M.D.
Chief Medical Officer
Gold Coast Health Plan
- 10:05 – 10:15** **Understanding Gender Identity and Sexual Orientation**
Sean Baker, LMFT, SEP
Santa Paula West Medical Clinic, Affiliated with Ventura County Health
Care Agency
- 10:15 – 10:55** **Transgender Healthcare**
Keynote Speaker: Jake Donaldson, M.D.
Santa Paula West Medical Clinic, Santa Paula Pride Clinic
Affiliated with Ventura County Health Care Agency
- 10:55 – 11:00** **Announcements**
Veronica Estrada
Cultural and Linguistic Specialist
Gold Coast Health Plan
- 11:00 – 11:30** **LGBTQ Resource Information Booths**
Ventura County Behavioral Health
Ventura County Public Health, HIV/AIDS Clinic
Diversity Collective Ventura County

Thank you!

Cultural Competency Training for Health Care Providers

Gender Identity and Transgender Health Care



- ▶ Physicians and other allied health professionals will learn about gender identity and LGBTQ health care best practices and challenges.
- ▶ Learn how to be culturally competent and create safe and welcoming climates in health care.

Guest Speaker: Jake Donaldson, MD

Board Certified Family Physician,
American Academy of HIV Medicine Specialist



Hosted by Gold Coast Health Plan's, Cultural and Linguistic Services Department

Facilitator: Lupe González, MPH, PhD
Director of Health Education Department

Monday, Jan. 9, 2017

Time: 10 - 11 a.m.

Location: Gold Coast Health Plan

Address: 711 E. Daily Drive, Suite 106, Community Room
Camarillo, CA 93010



**Gold Coast
Health Plan**SM
A Public Entity

Contact a Cultural and Linguistics Specialist at:

805-437-5603 / TTY 1-888-310-7347

Or email CulturalLinguistics@goldchp.org to reserve your seat.

Space is limited!

Transgender Healthcare



J a k e D o n a l d s o n
J a n u a r y , 2 0 1 7

CME Objectives

- ✿ Review transgender **demographics and health risks**
- ✿ Develop and improve transgender sensitivity and **cultural competency**
- ✿ Explore and understand the **Informed Consent Model** as it applies to transgender care
- ✿ Establish a working knowledge of feminizing and masculinizing **hormone therapy** and associated laboratory tests for monitoring of hormone therapy.
- ✿ List additional **gender-affirming treatments** and procedures
- ✿ Gain knowledge of **other health concerns** for transgender patients, including mental health, STI screening and prevention, and primary care needs.

“People are not making decisions
about their gender.
They’re making decisions
about what to do
if their gender doesn’t match
their assigned sex.”

“People are not making decisions
about their gender.

They’re making decisions
about what to do
if their gender doesn’t match
their assigned sex.”

“My body was once a cage,
but now I’m free.”

Background



Santa Paula West

Affiliated with VCMC



**Monday mornings; Two Sunday
mornings/month**

Direct line: 805-229-0210

Definitions & Vocab

Trans-
gender

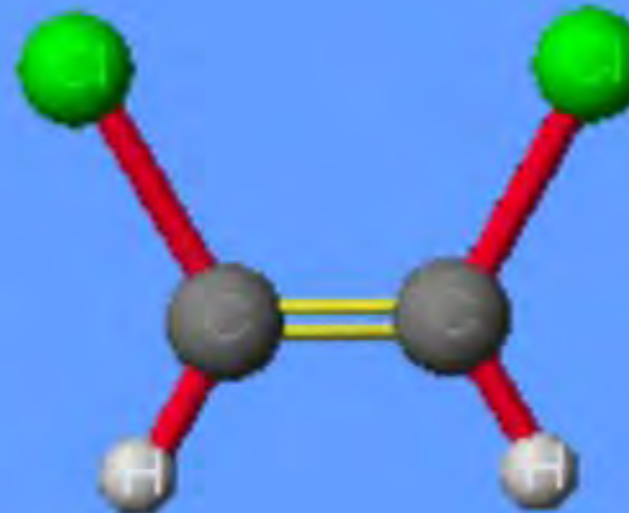
trans
isomer



"across"

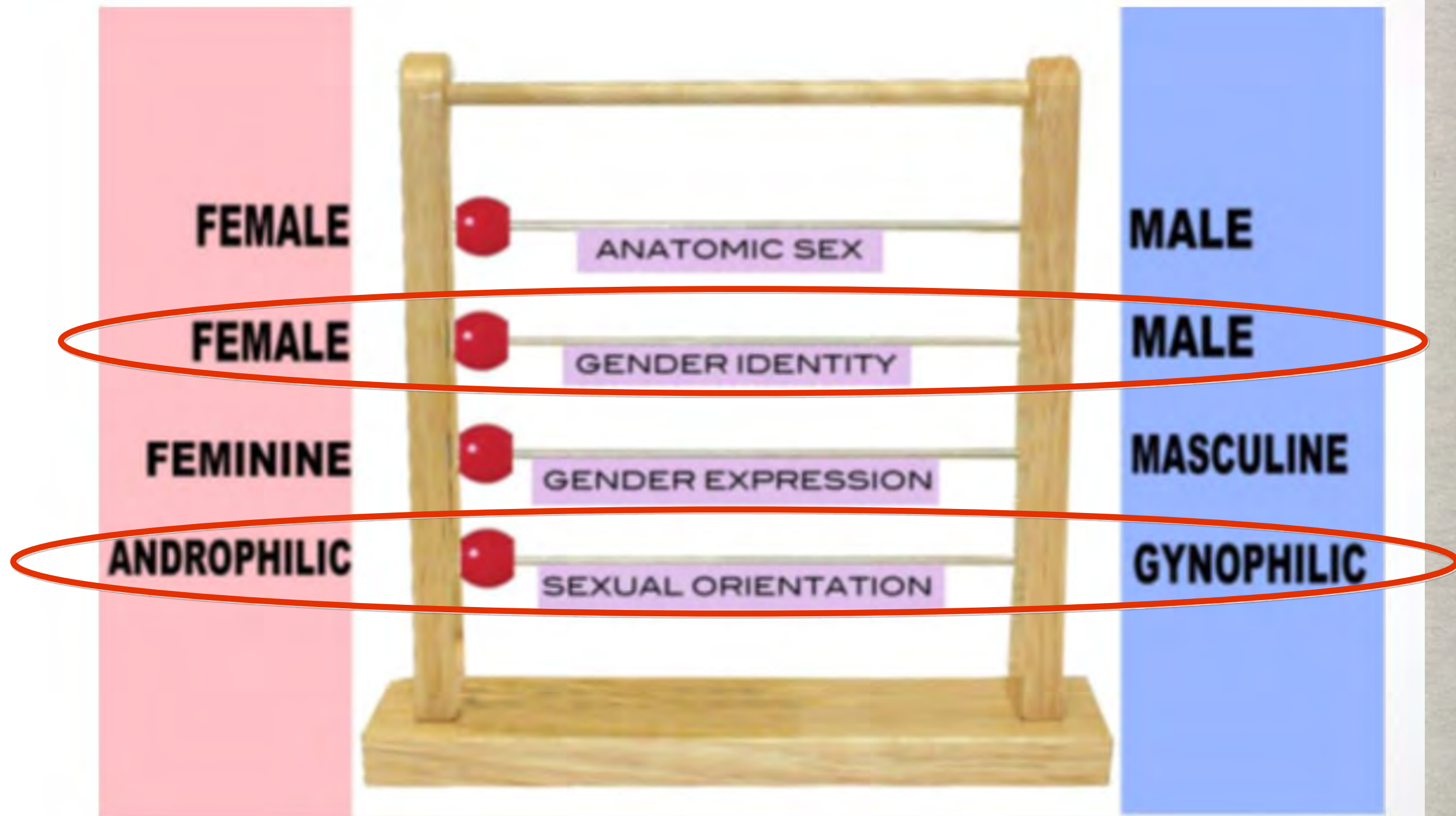
Cis-
gender

cis
isomer



"adjacent"

The Olson-Ashbrook Gender Abacus©



Pronouns

- ✿ He/Him
- ✿ She/Her
- ✿ They/Them
- ✿ (others)

Terms to Avoid

- ☼ “Transgendered”
- ☼ “Transsexual”
- ☼ “MTF, FTM”

The language changes!
Ask - Honor - Apologize

What's it like to be Transgender?

- ✿ 0.25 - 1% of the population
- ✿ 20% have been **homeless** at some point
 - ✿ 20+% of homeless youth are transgender
- ✿ Extremely high levels of sexual and physical **violence**
- ✿ 41% have attempted **suicide**
- ✿ Highest risk population for **HIV/AIDS**
 - ✿ 28% in trans women
 - ✿ 56% in African American trans women
- ✿ 70% ~ some form of **healthcare discrimination**
- ✿ 28% delay seeking healthcare due to concerns about discrimination; 48% due to **inability to afford care**



What are the benefits of transitioning?

- ✿ **Lower levels of depression, anxiety, and stress**
- ✿ Higher levels of **social support** and health-related **quality of life.**
- ✿ **Safety**
- ✿ Above effects can be especially pronounced in youth:
 - ✿ “The development of secondary sexual characteristics can be the solidification of an undesired physical developmental process for those with a gender identity that is incongruent with their assigned sex at birth. With the high frequency among transgender youth of mental health challenges including anxiety, depression, social isolation, self-harm, drug and alcohol misuse, **many providers view early treatment as life-saving.**” — UCSF Guidelines, 2016

What can we do to help our Trans patients?

- ☼ **Cultural competency**

- ☼ Language

- ☼ Spoken (pronouns, preferred name)

- ☼ Written (appropriate identifiers: Pronouns, preferred name, birth sex, gender identity, sexual orientation)

- ☼ Environment

- ☼ **Ask — Honor — Apologize**



Identifiers

(Please print clearly)

Full Legal Name _____ **Preferred Name** _____
(First) (Middle) (Last)



If you would like to receive e-mail notifications from lagaycenter.org regarding clinic services:

E-mail address _____



My birth sex is:

- Male
- Female
- Intersex
- Decline
- Other: _____

My gender identity:

- Male
- Female
- Trans (MTF)
- Trans (FTM)
- Genderqueer
- Other: _____

I consider myself:

- Gay
- Bisexual
- Heterosexual
- Lesbian
- Questioning
- Other: _____

Preferred Gender Pronouns:

- He/Him
- She/Her
- Zie/Zhie/Hir
- Other: _____

What can we do to help our Trans patients?

- ☼ **Medical competency**

- ☼ Patients will self-treat if we don't treat them!

- ☼ Transgender treatment considered **medically necessary** by numerous professional associations: AMA, APA #1, APA #2, AAFP, NASW, WPATH, APHA, ACOG



Informed Consent

Paradigm Shift in Care

- ❁ **Old: Gatekeeper Model**

- ❁ Psychological/psychiatric eval. as a prerequisite to treatment.
- ❁ Set protocol for medical and surgical treatments.

- ❁ **New: Informed Consent Model**

- ❁ “Permission granted [by a competent patient] in the knowledge of possible consequences.”
- ❁ Patients not required to prove they’re transgender.
- ❁ Greater patient autonomy in treatment decisions.



Informed Consent

- ☼ Code status
- ☼ Marriage
- ☼ Childbearing
- ☼ Major purchases
- ☼ Tattoos
- ☼ Plastic surgery



Use of the Informed Consent Model in the Provision of Cross-Sex Hormone Therapy: A Survey of the Practices of Selected Clinics

Madeline B. Deutsch ^a

^a Transgender Health Program, LA Gay & Lesbian Center, Los Angeles, California

Available online: 04 May 2012

TABLE 1. Main Data

Site	Total patients treated	Years offering IC model	Average years patient under care	Number of known cases of regret	Transition reversal	Legal filings	Plaintiff judgments
Aggregate	1,944	Average 6.96	Average 3.13	17(0.8%)	3(0.15%)	0	0
1	800	20	9	2	0	0	0
2	35	0.5		0	0	0	0
3	8	3	3	0	0	0	0
4	400	4	3	2	1	0	0
5	6	0.5	1	0	0	0	0
6	150	1.5	1.5	10	0	0	0
7	300	32	5	1	0	0	0
8	120	8	3	2	2	0	0
9	12	5	3	0	0	0	0
10	75	5	3	0	0	0	0
11	13	1	1	0	0	0	0
12	25	3	2	0	0	0	0

Note: IC = informed consent

Consent process - Sta Paula Pride Clinic

- ☼ **Patient's First Visit:**

- ☼ Pt comes 1 hr early and meets with clinic RN

- ☼ Clinic orientation

- ☼ 15 minute video on r/b/a

- ☼ Clinic intake form

- ☼ Consent form for treatment

- ☼ Meets with provider

- ☼ Get to know; Repeat discussion of r/b/a

- ☼ In some cases, OK to start treatment same day

- ☼ ***Psychotherapy is encouraged but optional***

Permanent vs. Impermanent Changes

- ☼ **Irreversible:**

- ☼ Trans women:

- ☼ Breast development
 - ☼ Testicular atrophy
 - ☼ Infertility

- ☼ Trans men:

- ☼ Deepening of voice
 - ☼ Growth of beard
 - ☼ Enlargement of clitoris
 - ☼ Infertility

- ☼ **Reversible:**

- ☼ Emotional changes
 - ☼ Skin changes
 - ☼ Body fat redistribution
 - ☼ Changes in libido
 - ☼ Body hair changes
 - ☼ Amenorrhea

- ☼ **Other issues:**

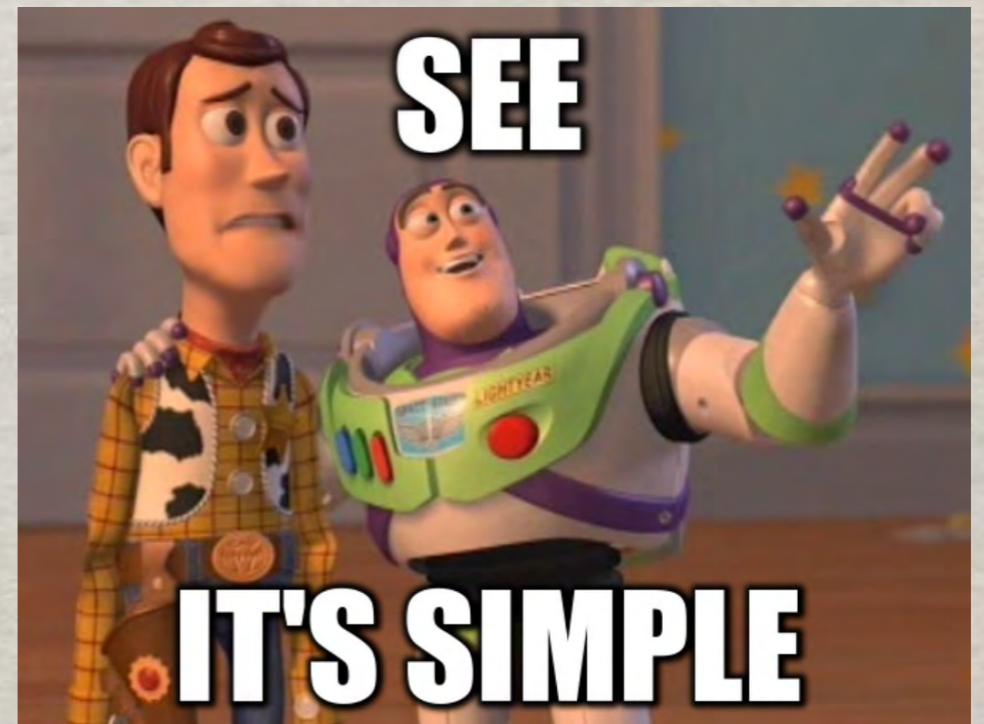
- ☼ Life expectancy
 - ☼ Contraception

Medical Therapy

It's relatively simple!

- ✿ Testosterone for hypogonadism?
- ✿ Spironolactone for liver disease or PCOS?
- ✿ Estrogen for postmenopausal hormone therapy?

- ✿ It's not that different!



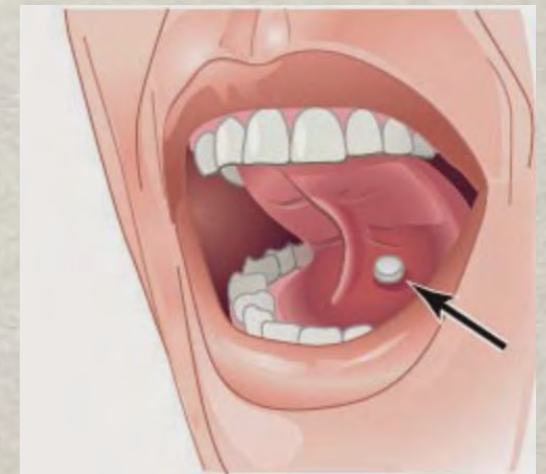
Feminizing Hormone Therapy - Overview

- ✿ **Androgen blocker:**

- ✿ Usually spironolactone
- ✿ 50 - 400 mg TDD (divided BID at higher doses)

- ✿ **Estrogen:**

- ✿ Estradiol 2 - 6 mg TDD, taken sublingually
- ✿ (Estradiol patch if higher risk for blood clots — Refer to guidelines)



- ✿ (Micronized progesterone: If the patient wants it.)

Baseline Medical Eval. in Trans Women

- ✿ Cardiovascular disease
- ✿ Prolactinoma
- ✿ Breast cancer
- ✿ Unstable/acute liver disease
- ✿ Severe HTN with end organ damage

- ✿ Renal insufficiency
- ✿ Hyperkalemia

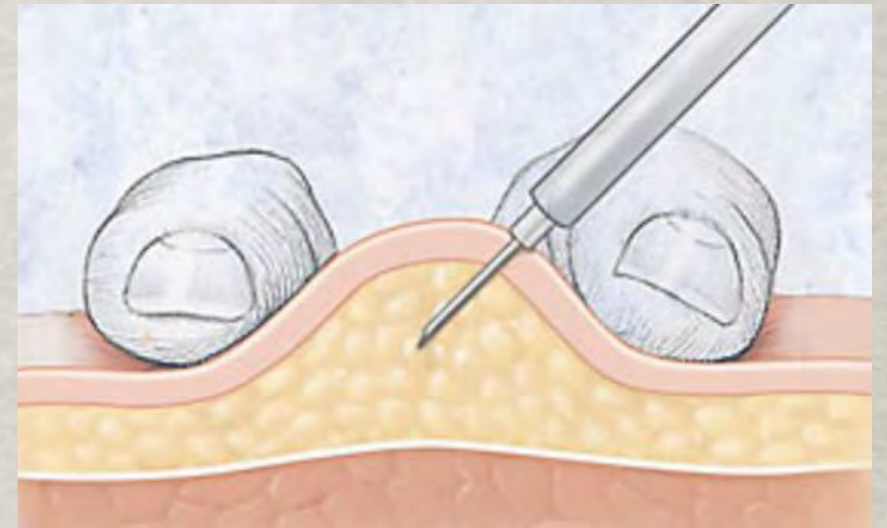
Types of Estrogen & Progesterone

- ✿ Micronized (bio-identical) versions are best:
 - ✿ Estradiol
 - ✿ Prometrium (micronized progesterone)
- ✿ Ethinyl estradiol (in OCPs) and conjugated estrogen (Premarin) are associated with increased thrombogenicity and CV risk.
- ✿ Non-micronized progesterones may be associated with worsened depression, weight gain, and increased CV/thrombotic risk.

Masculinizing Hormone Therapy - Overview

- ✿ Testosterone

- ✿ 20 - 100 mg subQ (instead of IM) weekly
- ✿ Transdermal formulation also available



- ✿ Higher doses may lead to aromatization to estrogen, slowing down a patient's transition.

Baseline Medical Eval. in Trans Men

- ✿ Active pregnancy
- ✿ Breast cancer
- ✿ Uncontrolled CV disease
- ✿ HTN with end organ damage
- ✿ Uterine, endometrial, or ovarian cancer (i.e. hormone-sensitive tumors)

Monitoring

- ☼ **Trans women:**

- ☼ Estradiol
- ☼ Total testosterone
- ☼ CMP (K, BUN, Crt)
- ☼ (PRL only if Sx's)

- ☼ **Trans men:**

- ☼ Total testosterone (trough preferred)
- ☼ Hemoglobin/hematocrit
- ☼ CMP



- ☼ Q 3 months until stable, then annually, if symptoms, or if changes.

Other Aspects of Care for Transgender Patients

Gender-Affirming Surgery

- ✿ **Trans Women:**

- ✿ Chest reconstruction
- ✿ Penectomy, orchiectomy, vulvo- / vagino- / labiaplasty
- ✿ Facial feminization surgery; Tracheal shave
- ✿ Silicone implants (hips, thighs, buttocks, etc.)

- ✿ **Trans Men:**

- ✿ Chest reconstruction
- ✿ Metoidioplasty or Phalloplasty
- ✿ +/- TAH-BSO

Mental Health

- ✿ ***Encouraged, but not mandatory.***

- ✿ Letter(s) required for surgery:
 - ✿ “Top”
 - 1 letter from mental health professional
 - 1 letter from hormone prescriber

 - ✿ “Bottom”
 - 2 letters from mental health professional
(one must be doctoral level)
 - 1 letter from hormone precriber

Other Components of Care

- ✿ **Trans Women:**

- ✿ Speech therapy (esp. trans women)
- ✿ Hair removal (electrolysis, laser hair removal, thermolysis, etc.)
- ✿ Tucking

- ✿ **Trans Men**

- ✿ Chest binding
- ✿ Packing



STI Screening

- ✿ As with general population, inquire about risk and screen if higher risk.
- ✿ HIV, syphilis: Serology
- ✿ GC/chlamydia — **3 locations:**
 - ✿ Urine/urethral swab
 - ✿ Oropharynx
 - ✿ Anorectal



Pre-exposure Prophylaxis for HIV (PrEP)

- ✿ It's easy!
- ✿ **Truvada (TDF/FTC)** 1 tab PO daily
 - ✿ “Like a birth control pill”
 - ✿ No other meds approved, including TAF/FTC
- ✿ **Monitoring:**
 - ✿ Baseline: HIV 1-2 Ab, BMP, UA, HBV serology, other STI labs, hCG (if indicated)
 - ✿ q3mo: HIV, BMP, UA, other STI labs
 - ✿ Risk reduction counseling at every visit.



Cancer Screening

- ✿ **Trans Men:**

- ✿ Cervix, Breast
- ✿ No evidence of increased risk of endometrial or ovarian CA in pts on testosterone.

- ✿ **Trans Women:**

- ✿ Prostate
- ✿ Breast cancer screening...

Case Studies & Summary

Case Studies

- ✿ Hospital admissions —>
Where to room a patient?
- ✿ Unsure patients:
 - 20yo desires to transition to female
 - 65yo golf instructor
- ✿ 19yo pt desiring to be “agender” (i.e. wants oophorectomy but no hormones)
- ✿ 12yo trans girl desiring spironolactone and estrogen; parents are unsure.

Summary / Pearls

- ✿ Anatomic sex ≠
Gender identity ≠
Sexual orientation
- ✿ Strive for cultural competency!
“Ask - Honor - Apologize”
- ✿ Informed Consent Model >
~~Gatekeeper Model~~
- ✿ Prescribing hormone therapy is easy(-ish)!

Barriers/Needs in Our Community

- ✿ A more culturally competent system
(It starts with each one of us!)
- ✿ Doctoral-level (MD, PhD) mental health provider,
to write letters for bottom surgery
- ✿ Hair removal services
- ✿ Speech/voice therapist

Resources & References

☼ Guidelines:

- ☼ Deutsch, Madeline et al. *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*. Center of Excellence for Transgender Health at UCSF. 2nd edition published 6/17/2016. Accessible at <http://transhealth.ucsf.edu/trans?page=guidelines-home>.
- ☼ World Professional Association for Transgender Health. *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th edition (SOC-7)*. (Not available online.)

☼ Websites:

- ☼ National Center for Transgender Equality: <http://www.transequality.org>.

☼ Local Groups:

- ☼ Trans Alliance Ventura
- ☼ Diversity Collective (Ventura County)
- ☼ Rainbow Umbrella (Ventura County, support group for trans youth)
- ☼ Santa Barbara Transgender Advocacy Network (SB-TAN)
- Cultural competency training.

Resources & References

- ✿ Power Point Presentations:

- ✿ Carpenter, Ward. "Introduction to Transgender Health." LA LGBT Center, Dec 2014.
- ✿ Bellfield, Barbara. "Transgender Healthcare." SP Pride Clinic. Sept 2016.
- ✿ Imborek, Katie. "LGBTQRST... Making Sense of Sexual Minority Health. Jan 2013. Website: <http://slideplayer.com/slide/6089402/>, accessed on 9/21/16.

Special Thanks

- ✿ Barbara Bellfield (Santa Paula West)
- ✿ Everyone at the LA LGBT Center, the Center for Trans Youth at CHLA, and the LA Gender Center
- ✿ All of our amazing patients!



Understanding



Gender Identity and Sexual Orientation



Belief that differences among people are accepted and celebrated rather than viewed as sources of separation



Belief that everyone, regardless of race, culture, religion, gender, language, disability, sexual orientation, or any other attribute is included as part of the whole.



All human Beings are born free and equal in dignity and rights. they are endowed with reason and coincidence and should act towards one another in a spirit of brotherhood.

Everyone is entitled to all human rights and freedoms set forth in this Declaration, with out distinction of a kind, such as.....

RACE

SEX

LANGUAGE

COLOR

RELIGION

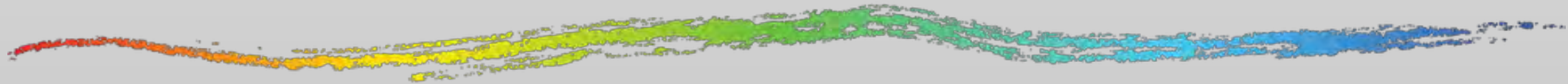
NATIONAL OR SOCIAL ORIGIN

POLITICAL OR OTHER OPINION

PROPERTY, BIRTH OR OTHER STATUS



SEXUAL IDENTITY



All Living things appear in nature with a wide range of naturally occurring variations. Humans vary in skin color, hair color, height, etc.

Just as we would expect to see people with red hair, blue eyes or who are left handed, it is also normal to expect to see a wide range of diversity with the spectrum of human sexual identity

Studies are finding out that our sexual identity is developed from any number of influences before, during, and after birth.

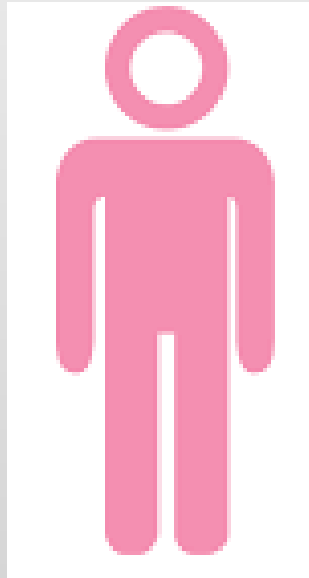
Four distinct and fluid characteristics shape how we think about ourselves and how we relate to others as sexual beings.

Four Characteristics of Sexual Identity

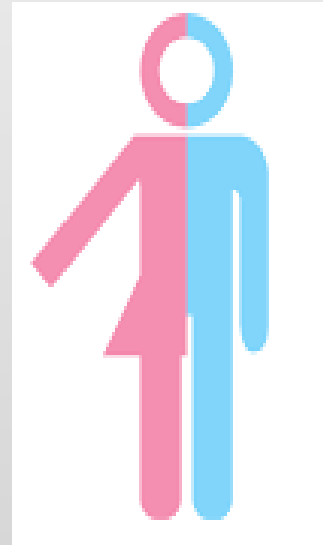


Biological Sex

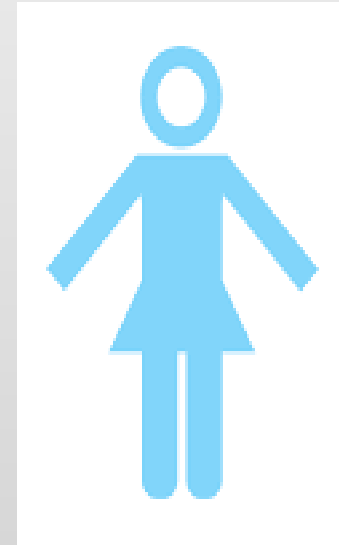
Classification based on our anatomy or genetics




MALE



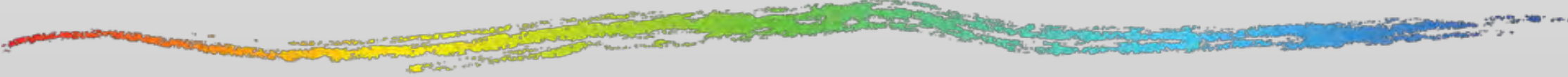
INTERSEX



FEMALE



Intersex conditions are not always visible at birth and may not be noticed until puberty (when hormones produce unexpected changes) or during unrelated medical procedures.

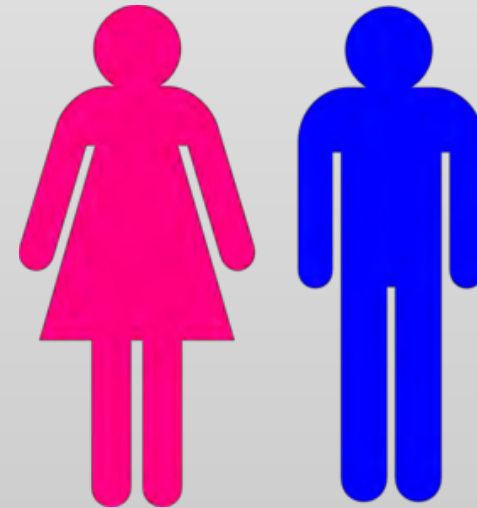


Gender

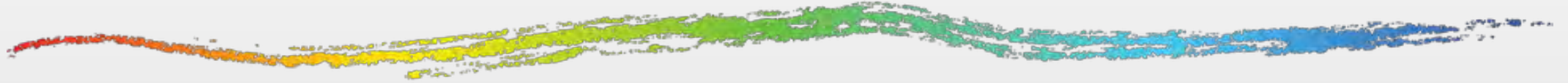
Describes the psychological and social meaning added to being a man or woman.

Feminine

Masculine



Gender



In other words...

SEX is what is between your legs

GENDER is what is between your ears

Gender Roles



The roles that men and women adopt

It can also be defined as how we communicate our gender to others

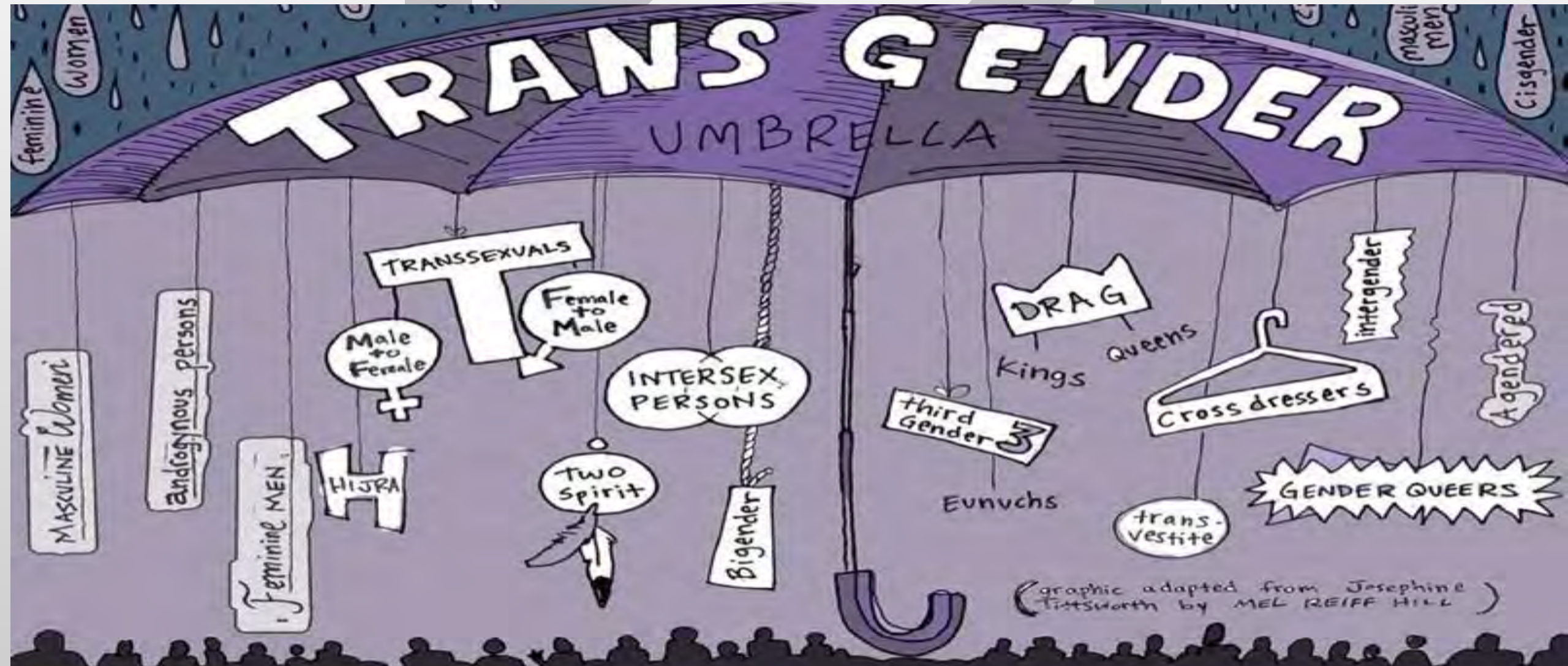
It is a collection of attitudes and behaviors that are considered normal and appropriate in a specific culture for a particular sex

Gender Identity



Ones internal and physiological sense of oneself as male or female, or both or neither, regardless of sexual orientation. There are some people who question their gender identity and may feel unsure of their gender or believe they are not of the same gender as their biological sex or physical body

Types of Gender Identity



Encompasses any individual who crosses over or challenges their society's traditional gender roles and/or expressions.

Types of Gender Identity



- Maleness/Masculine

Two-Spirited

an Aboriginal term for an individual who possesses both male and female spirits, and is thus neither male nor female

Third Gender

individuals who are categorized as neither male nor female (by their own will or social consensus); term also used in societies who recognize more than two genders.

- Femaleness/Feminine

Transgendered

a person who challenges strict gender norms (may be transsexual, biologically intersexed, etc.)

Androgyny

a term that refers to a combination of masculine and feminine characteristics

How To
BE A
GIRL



Societies who recognize more than 2 genders?

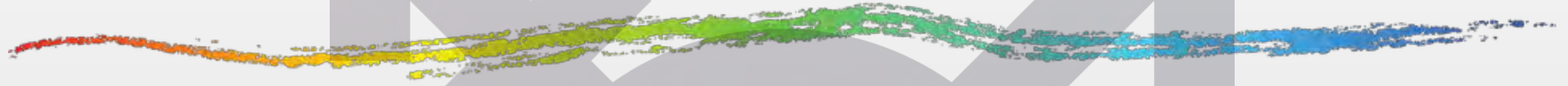


North American First Nations Culture-
"two-Spirited" (translation of indigenous terms denote "one who is transformed" or "one who changes")

South Asian Culture-
"Hijras" (physiological males with feminine gender identity roles)

Hawaiian/Polynesian Culture-
"Mahu" (biological male who takes on work and dress of a woman)

Gender identity is NOT the same as sexual orientation



Sexual orientation

is determined by a pattern of romantic, sexual, and emotional attractions felt by an individual toward members of the same sex, the opposite sex, or all sexes.

Who do you love?

Who are you attracted to?

Who do you care for?

Types of discrimination: HOMOPHOBIA



Making generalizations (stereotyping) and/or treating a person or a group unfairly (discrimination) who are thought of as gay/lesbian or bisexual.

Also, it is an irritational fear, hatred or repulsion of this group



Types of Sexual Orientation



- *Heterosexual: attracted to individuals of the opposite sex (straight)*
- *Homosexual: attracted to individuals of the same sex (gay, lesbian)*
- *Bisexual: attracted to both sexes*
- *Queer: attracted to the same or both sexes and/or transgendered individuals*
- *Asexual: not experiencing sexual attractions*

LGBT, LGBTQ, LGTTQQI2SA

- 
- *L = Lesbian*
 - *G = Gay*
 - *B = Bisexual*
 - *T = Transgendered or*
 - *T = Transsexual*
 - *Q = Queer or*
 - *Q = Questioning*
 - *I = Intersex*
 - *2S = Two Spirited*
 - *A = Allies*

Types of discrimination: HETEROSEXISM



- *The belief or assumption that everyone is heterosexual and that heterosexuality is the only “right” and “natural” sexual orientation*
- *Heterosexuality is superior to homosexuality*
- *It results in the invisibility of anyone who doesn’t fit into the heterosexual norm*

Types of discrimination: HETEROSEXISM



Example of Heterosexism:

Imagine if you lived in a society which, for the most part, pretended that you and people like you did not exist... where newspapers, books, films, television, radio, the education system, and hospital services all failed to acknowledge your existence or else defined it in a condemnatory and bigoted way. how would you feel?

Heterosexual Privilege



- *Privilege refers to something that you have not necessarily earned.*
- *Heterosexual privilege means that individuals who are heterosexual automatically gain some rights and advantages simply because they are attracted to individuals of the opposite sex.*
- *Heterosexual privilege may also refer to the benefits that LGBT gain by claiming a heterosexual identity.*

Final Thoughts?

As a heterosexual how would you feel if you:

- *Had a secret life?*
- *Had to live in fear of being found out and at the mercy of other peoples prejudice?*
- *Had to read in the media that young people should be protected from learning about your “unsatisfactory” lifestyle?*
- *Had to read/listen to people discussing the “causes” of your “problem” behavior and how it could be cured?*
- *Could not protest about this for fear of identifying yourself and losing your job or even your children?*



Santa Paula

West & Hospital Clinic

Affiliated with VCMC



**Ventura County Medi-Cal Managed
Care Commission (VCMCC) dba
Gold Coast Health Plan
Action Items**

Consumer Advisory Committee Meetings - 2016

Date	Owner	Department	Action Required	Response	Date Completed
5/18/2016	Lupe Gonzalez	Health Education	Provide updated listing of all classes to Paula Johnson of ARC	List provided to Paula Johnson as requested.	6/15/2016
5/18/2016	Connie Harden	Member Services	Provide County Flyer on SB 75 to CAC members.	Email link to flyer sent to CAC members 6/3/2016.	6/3/2016
5/18/2016	Connie Harden	Member Services	Provide Pedro Mendoza with a supply of Orientation flyers.	Mailed 100 flyers.	5/19/2016
5/18/2016	Lupe Gonzalez	Health Education	Provide CAC members with flyers for the June 11th resource fair.	Email link to flyer sent to CAC members 6/3/2016.	6/3/2016
10/19/2016	Connie Harden	Member Services	Provide CAC members with new PBM FAQ.	PBM FAQ still in process.	
10/19/2016	Al Reeves	Health Services	Present information on SB-586 (CCS) to CAC at next meeting.	Presentation at 1/18/2017 meeting.	11/29/2016