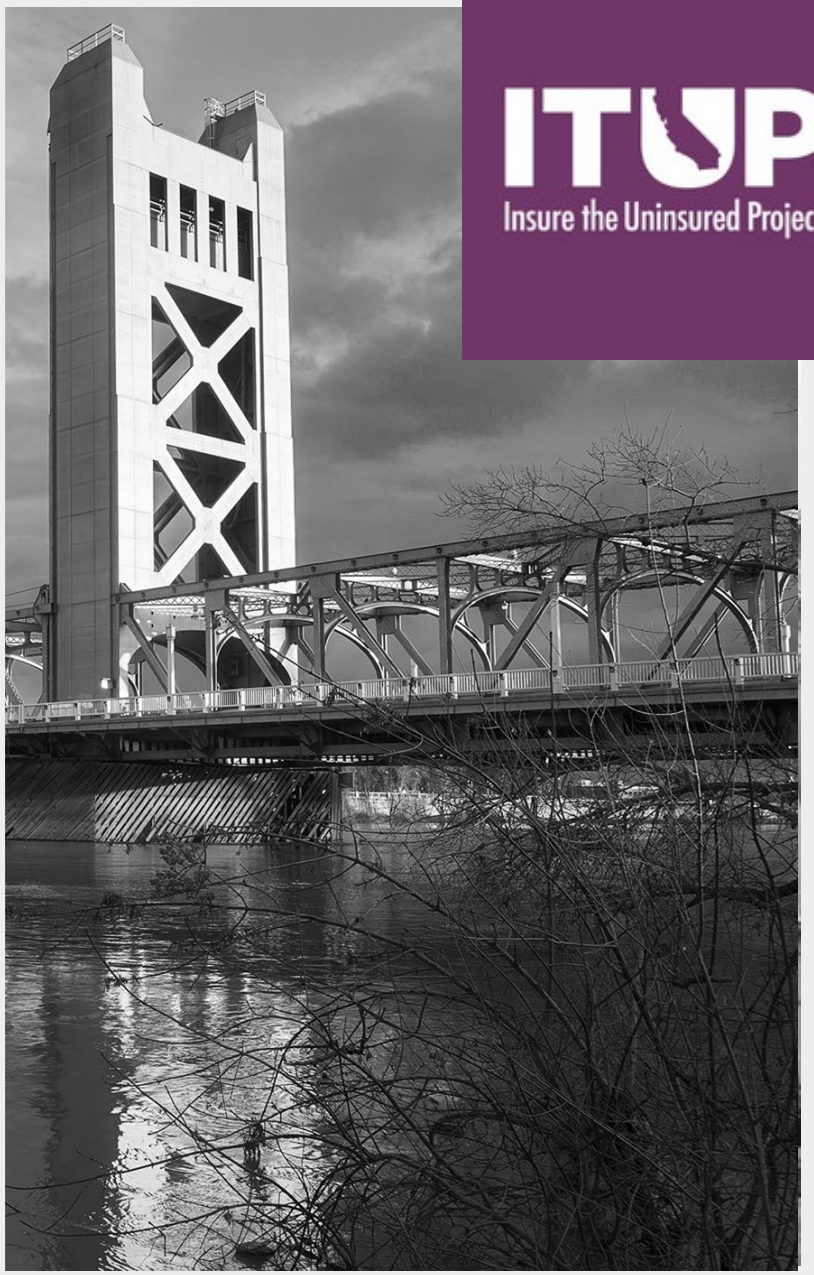
Catalyzing AI to Advance Health Equity in California Communities

Wednesday, September 18, 2024

1:30 p.m. – 3:00 p.m.



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Housekeeping

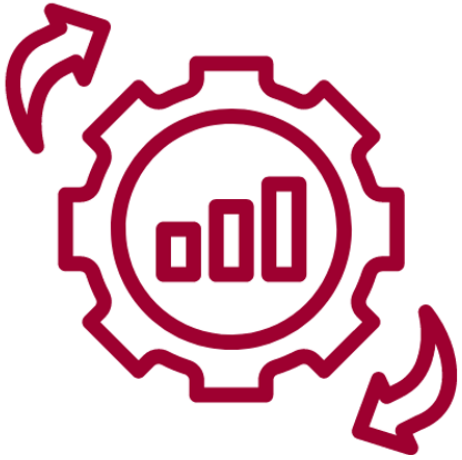
- **This session is being recorded**. The meeting, links and resources will be emailed to participants and posted to the ITUP website after the meeting.
- **Closed Captioning is available**. To enable captions, select the “CC” or transcript icon from your toolbar.
- **Submit your questions** at any time during today’s webinar using the Q&A function on your screen.
- **Chat is open** and we encourage you to engage throughout today’s discussion.

About ITUP

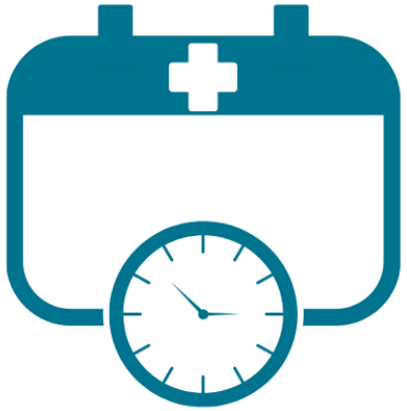
Policy Priority Areas

Coverage and Access

Delivery System Transformation



The Future of Health



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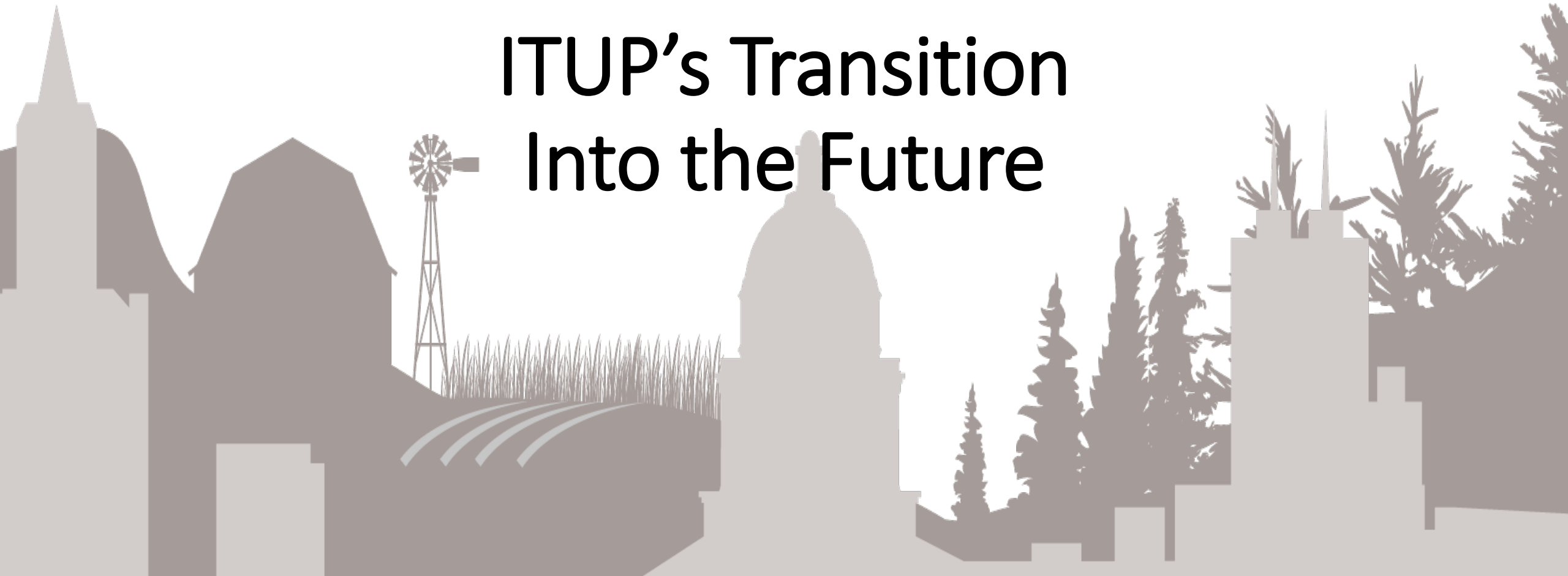
ITUP's Transition Into the Future



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ITUP convenes regional stakeholders to identify local health needs

EMPOWER REGIONAL LEADERS TO INFORM HEALTH POLICY EFFORTS

ITUP leads **10 health equity collaboratives across the state, with 500+ active participants.** These forums are a safe space for our multi-sector stakeholders to uplift their community's **voice, needs, and concerns**. Participants candidly share feedback on the implementation of policy efforts. ITUP leverages this unique intelligence to refine policy efforts.

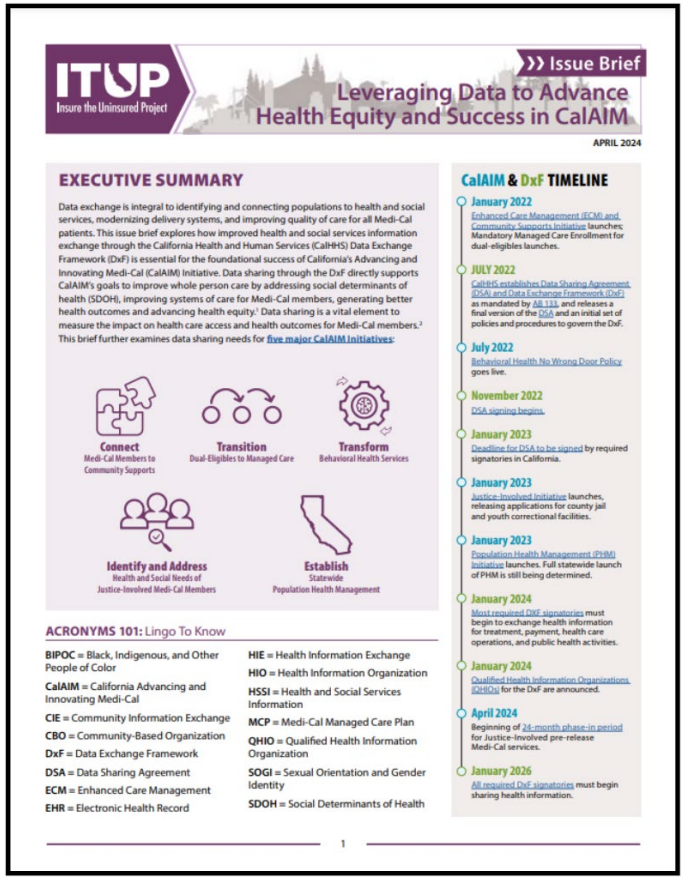
ITUP amplifies COMMUNITY VOICE

ITUP WORKS WITH STATE LEADERS TO SHAPE HEALTH POLICY EFFORTS ON BEHALF OF ITS MISSION & STAKEHOLDERS

ITUP staff work with government leaders to understand current and emerging health policy and legislative efforts that impact health equity. Simultaneously, ITUP engages its **4,000+ stakeholders on these matters to provide policy makers with community-informed feedback.**

DRAFT- May 2024

ITUP Publications



ITUP Insure the Uninsured Project

›› Issue Brief

Leveraging Data to Advance Health Equity and Success in CalAIM

APRIL 2024

EXECUTIVE SUMMARY

Data exchange is integral to identifying and connecting populations to health and social services, modernizing delivery systems, and improving quality of care for all Medi-Cal patients. This issue brief explores how improved health and social services information exchange through the California Health and Human Services (CalHHS) Data Exchange Framework (DxF) is essential for the foundational success of California's Advancing and Innovating Medi-Cal (CalAIM) Initiative. Data sharing through the DxF directly supports CalAIM's goals to improve whole person care by addressing social determinants of health (SDOH), improving systems of care for Medi-Cal members, generating better health outcomes and advancing health equity.[1] Data sharing is a vital element to measure the impact on health care access and health outcomes for Medi-Cal members.[2] This brief further examines data sharing needs for five major CalAIM Initiatives:

- **Connect** — Medi-Cal Members to Community Supports
- **Transition** — Dual-Eligibles to Managed Care
- **Transform** — Behavioral Health Services
- **Identify and Address** — Health and Social Needs of Justice-Involved Medi-Cal Members
- **Establish** — Statewide Population Health Management

CalAIM & DxF TIMELINE

- **January 2022** — Enhanced Care Management (ECM) and Community Supports Initiative launches; Mandatory Managed Care Enrollment for dual-eligibles launches.
- **JULY 2022** — CalHHS establishes Data Sharing Agreement (DSA) and Data Exchange Framework (DxF) as mandated by AB 133, and releases a final version of the DSA and an initial set of policies and procedures to govern the DxF.
- **July 2022** — Behavioral Health No Wrong Door Policy goes live.
- **November 2022** — DSA signing begins.
- **January 2023** — Deadline for DSA to be signed by required signatories in California.
- **January 2023** — Justice-Involved Initiative launches, releasing applications for county jail and youth correctional facilities.
- **January 2023** — Population Health Management (PHM) Initiative launches. Full statewide launch of PHM is still being determined.
- **January 2024** — Most required DxF signatories must begin to exchange health information for treatment, payment, health care operations, and public health activities.
- **January 2024** — Qualified Health Information Organizations (QHIOs) for the DxF are announced.
- **April 2024** — Beginning of 24-month phase-in period for Justice-Involved pre-release Medi-Cal services.
- **January 2026** — All required DxF signatories must begin sharing health information.

ACRONYMS 101: Lingo To Know

BIPOC = Black, Indigenous, and Other People of Color
CalAIM = California Advancing and Innovating Medi-Cal
CIE = Community Information Exchange
CBO = Community-Based Organization
DxF = Data Exchange Framework
DSA = Data Sharing Agreement
ECM = Enhanced Care Management
EHR = Electronic Health Record
HIE = Health Information Exchange
HIO = Health Information Organization
HSSI = Health and Social Services Information
MCP = Medi-Cal Managed Care Plan
QHIO = Qualified Health Information Organization
SOGI = Sexual Orientation and Gender Identity
SDOH = Social Determinants of Health

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POLICY TOOLKIT

ITUP Insure the Uninsured Project

AUGUST 2024

BEHAVIORAL HEALTH IN CALIFORNIA

THIS CURATED POLICY TOOLKIT combines the wide array of California initiatives and resources that support the emotional and behavioral well-being of Californians. It contains hyperlinks to help seamlessly navigate between the federal entities, state agencies, initiatives, policy plans, engagement opportunities, and additional resources that help to ensure a better future of behavioral health care for California communities.

What is Behavioral Health?

Behavioral health refers to the behaviors that affect an individual's wellbeing, encompassing mental, emotional, and social aspects.[1] Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions, such as mental health, substance abuse, etc.[2]

Key California Behavioral Health Initiatives

Mental Health Services Act (MHSA)
The Mental Health Services Act (MHSA) is a personal income tax on yearly incomes exceeding $1 million. The MHSA funds California's behavioral health system and allocates the majority of funds to county mental health departments to support implementation of behavioral health services. The Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) provide oversight on the distribution of MHSA funds.

Children & Youth Behavioral Health Initiative (CYBHI)
The Children & Youth Behavioral Health Initiative (CYBHI) is a multi-billion-dollar, multi-year investment plan for California's youth behavioral health system. Streamlined by five state departments, the initiative aims to address the youth mental health crisis in California and transform the behavioral health care and health care delivery system for children, youth, and families.

Mental Health for All (MH4A)
Mental Health for All is a multi-year effort to transform California's behavioral health landscape. Starting in Summer 2024, this effort aims to use Proposition 1 implementation to work toward all counties adopting comprehensive behavioral health services plans by 2026.

Proposition 1 (Prop 1)
Proposition 1 (Prop 1) is a multi-billion-dollar bond which intends to expand access to behavioral health systems. Prop 1 changes the legislative language of the MHSA to encompass all of the Behavioral Health Services Act. Prop 1 reduces the allocated MHSA funding and increases state administered funding. This proposition utilizes the funds for treatment facilities and supportive housing for veterans and individuals with behavioral health challenges.

Fast Facts ››

1 in 7 adults experience a mental illness[3]

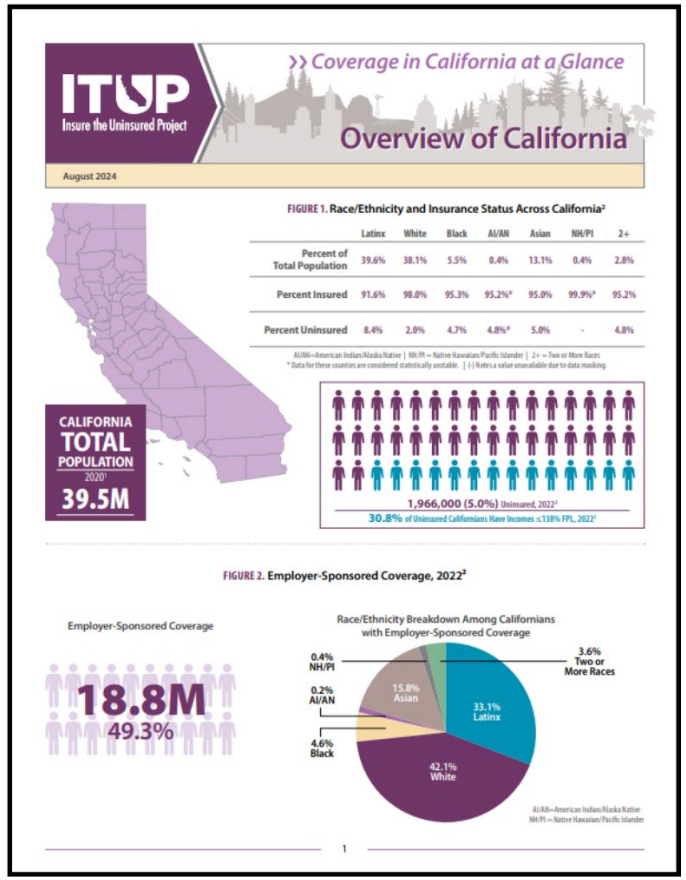
2/3 of adolescents with major depressive episodes do not get treatment[4]

82% of people experiencing homelessness had a mental health condition or substance use challenge[4]

66% of people experiencing homelessness experience mental health problems, such as depression, anxiety, hallucinations, or trouble remembering things[4]

1 in 10 children living below the federal poverty level experience serious emotional disturbances[5]

ITUP Policy Toolkit: Behavioral Health in California [1] August 2024



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›› Coverage in California at a Glance

Overview of California

August 2024

FIGURE 1. Race/Ethnicity and Insurance Status Across California[2]

	Latinx	White	Black	AI/AN	Asian	NH/PI	2+
Percent of Total Population	39.6%	38.1%	5.5%	0.4%	13.1%	0.4%	2.8%
Percent Insured	91.6%	98.0%	95.3%	95.2%*	95.0%	99.9%*	95.2%
Percent Uninsured	8.4%	2.0%	4.7%	4.8%*	5.0%	-	4.8%

AI/AN=American Indian/Alaska Native | NH/PI = Native Hawaiian/Pacific Islander | 2+ = Two or More Races
* Data for these counties are considered statistically unstable. | (-) Notes a value unavailable due to data masking.

FIGURE 2. Employer-Sponsored Coverage, 2022[2]

Employer-Sponsored Coverage

18.8M
49.3%

Race/Ethnicity Breakdown Among Californians with Employer-Sponsored Coverage

AI/AN=American Indian/Alaska Native
NH/PI = Native Hawaiian/Pacific Islander

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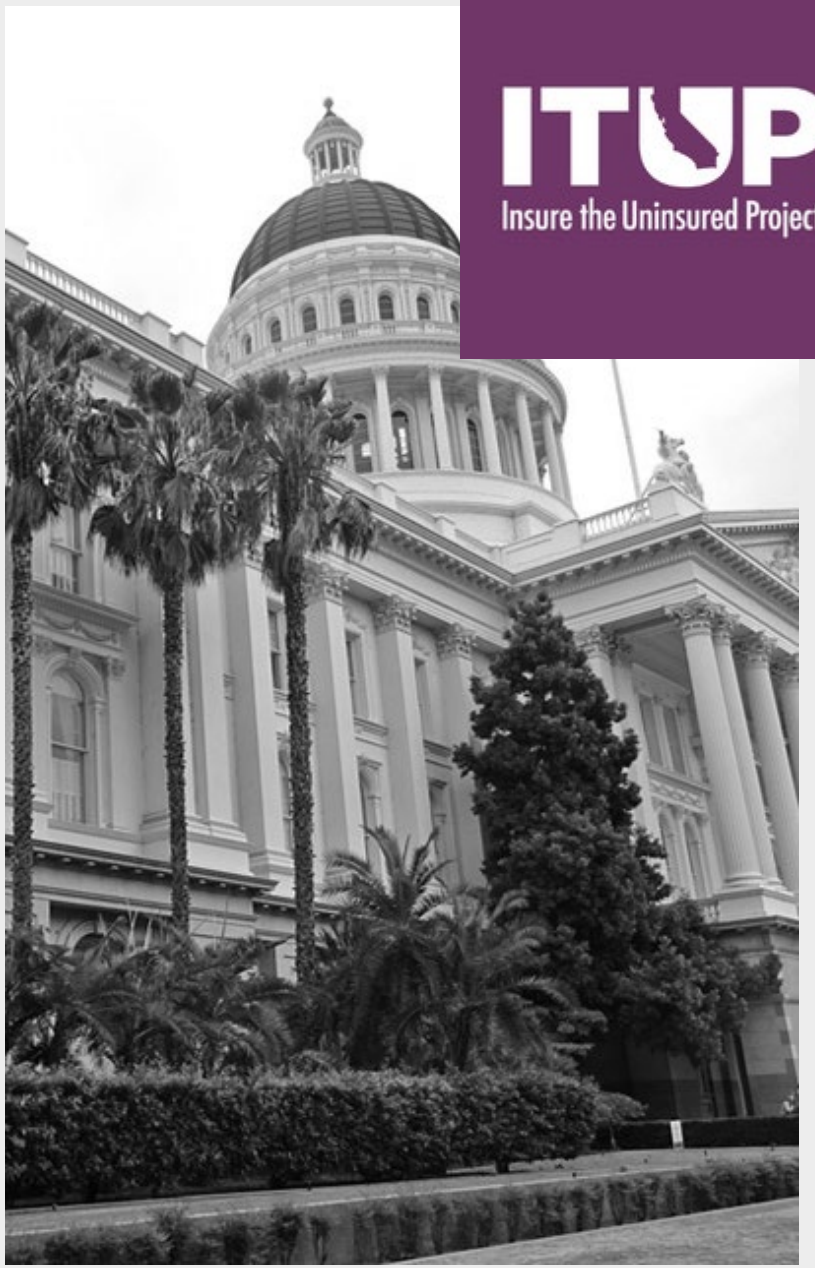
The Basics: Setting the Context for Artificial Intelligence in Health Care

Akunna Jeanette Chilaka & Shirley Lam, MPH

Health Policy Intern & Assistant Director of Policy



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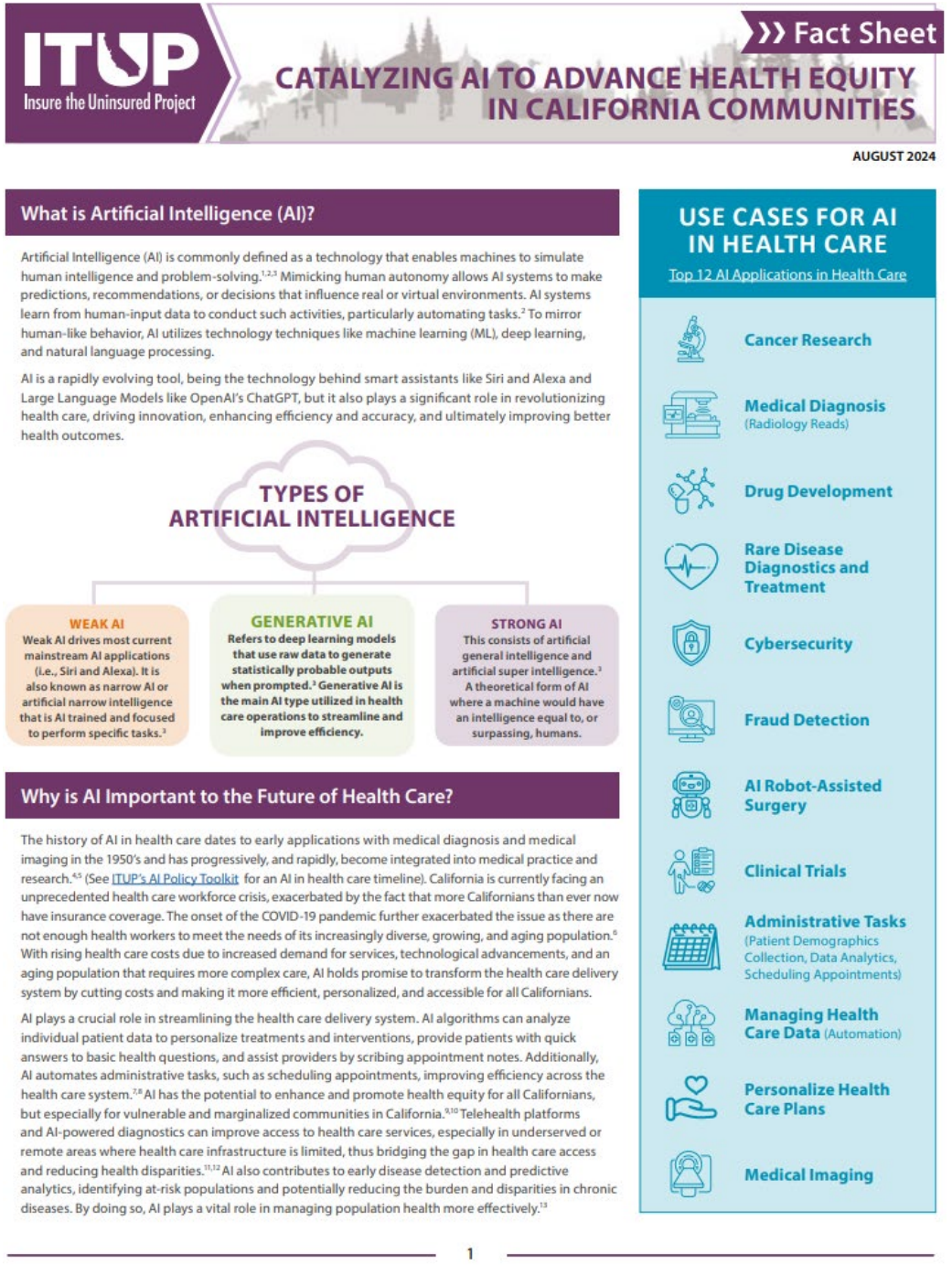
Catalyzing AI to Advance Health Equity in California Communities



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Fact Sheet

CATALYZING AI TO ADVANCE HEALTH EQUITY IN CALIFORNIA COMMUNITIES

AUGUST 2024

What is Artificial Intelligence (AI)?

Artificial Intelligence (AI) is commonly defined as a technology that enables machines to simulate human intelligence and problem-solving.[1,2,3] Mimicking human autonomy allows AI systems to make predictions, recommendations, or decisions that influence real or virtual environments. AI systems learn from human-input data to conduct such activities, particularly automating tasks.[2] To mirror human-like behavior, AI utilizes technology techniques like machine learning (ML), deep learning, and natural language processing.

AI is a rapidly evolving tool, being the technology behind smart assistants like Siri and Alexa and Large Language Models like OpenAI's ChatGPT, but it also plays a significant role in revolutionizing health care, driving innovation, enhancing efficiency and accuracy, and ultimately improving better health outcomes.

TYPES OF ARTIFICIAL INTELLIGENCE

WEAK AI
Weak AI drives most current mainstream AI applications (i.e., Siri and Alexa). It is also known as narrow AI or artificial narrow intelligence that is AI trained and focused to perform specific tasks.[3]

GENERATIVE AI
Refers to deep learning models that use raw data to generate statistically probable outputs when prompted.[3] Generative AI is the main AI type utilized in health care operations to streamline and improve efficiency.

STRONG AI
This consists of artificial general intelligence and artificial super intelligence.[3] A theoretical form of AI where a machine would have an intelligence equal to, or surpassing, humans.

Why is AI Important to the Future of Health Care?

The history of AI in health care dates to early applications with medical diagnosis and medical imaging in the 1950's and has progressively, and rapidly, become integrated into medical practice and research.[4,5] (See ITUP's AI Policy Toolkit for an AI in health care timeline). California is currently facing an unprecedented health care workforce crisis, exacerbated by the fact that more Californians than ever now have insurance coverage. The onset of the COVID-19 pandemic further exacerbated the issue as there are not enough health workers to meet the needs of its increasingly diverse, growing, and aging population.[6] With rising health care costs due to increased demand for services, technological advancements, and an aging population that requires more complex care, AI holds promise to transform the health care delivery system by cutting costs and making it more efficient, personalized, and accessible for all Californians.

AI plays a crucial role in streamlining the health care delivery system. AI algorithms can analyze individual patient data to personalize treatments and interventions, provide patients with quick answers to basic health questions, and assist providers by scribing appointment notes. Additionally, AI automates administrative tasks, such as scheduling appointments, improving efficiency across the health care system.[7,8] AI has the potential to enhance and promote health equity for all Californians, but especially for vulnerable and marginalized communities in California.[9,10] Telehealth platforms and AI-powered diagnostics can improve access to health care services, especially in underserved or remote areas where health care infrastructure is limited, thus bridging the gap in health care access and reducing health disparities.[11,12] AI also contributes to early disease detection and predictive analytics, identifying at-risk populations and potentially reducing the burden and disparities in chronic diseases. By doing so, AI plays a vital role in managing population health more effectively.[13]

USE CASES FOR AI IN HEALTH CARE

Top 12 AI Applications in Health Care

- **Cancer Research**
- **Medical Diagnosis** (Radiology Reads)
- **Drug Development**
- **Rare Disease Diagnostics and Treatment**
- **Cybersecurity**
- **Fraud Detection**
- **AI Robot-Assisted Surgery**
- **Clinical Trials**
- **Administrative Tasks** (Patient Demographics Collection, Data Analytics, Scheduling Appointments)
- **Managing Health Care Data** (Automation)
- **Personalize Health Care Plans**
- **Medical Imaging**

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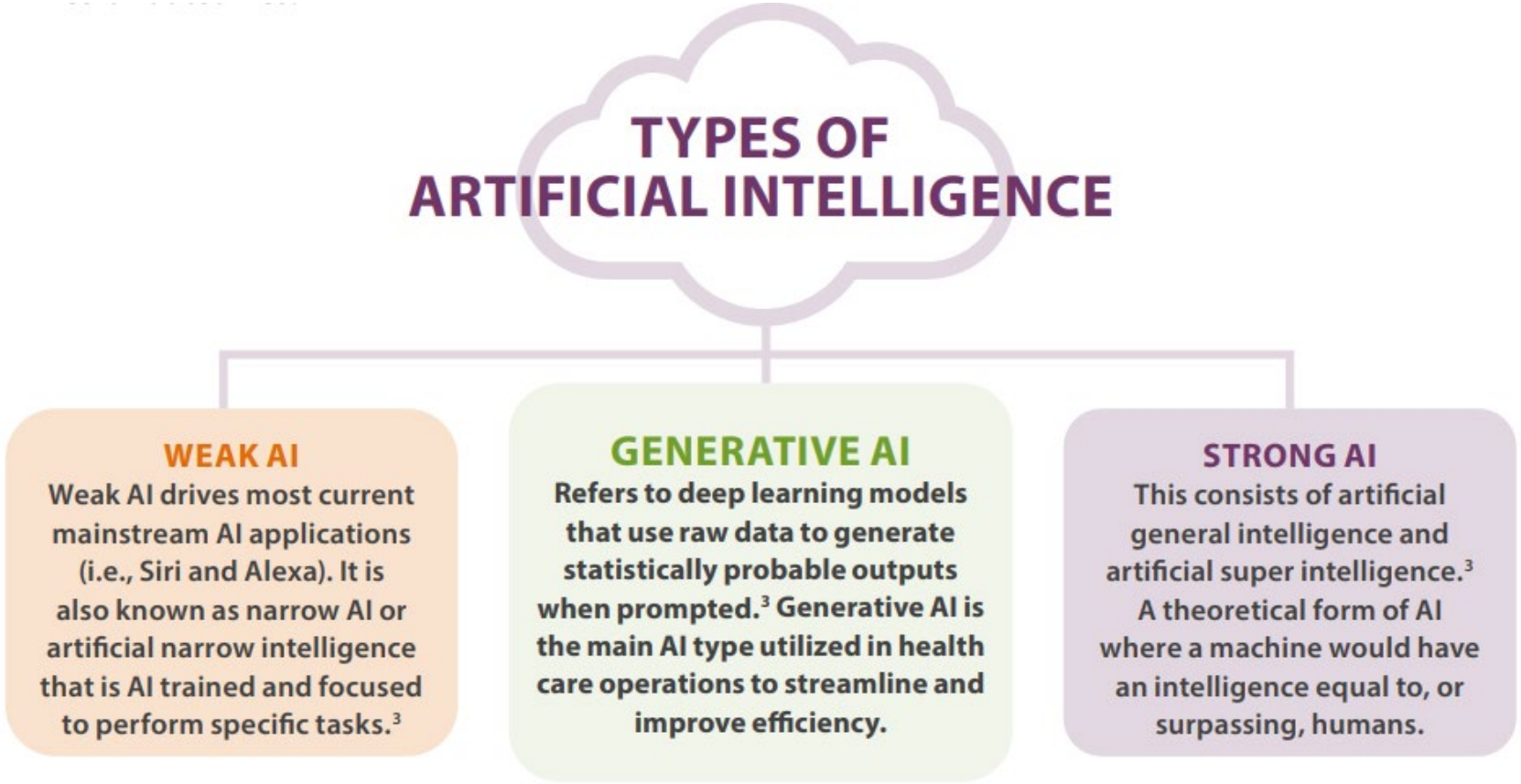
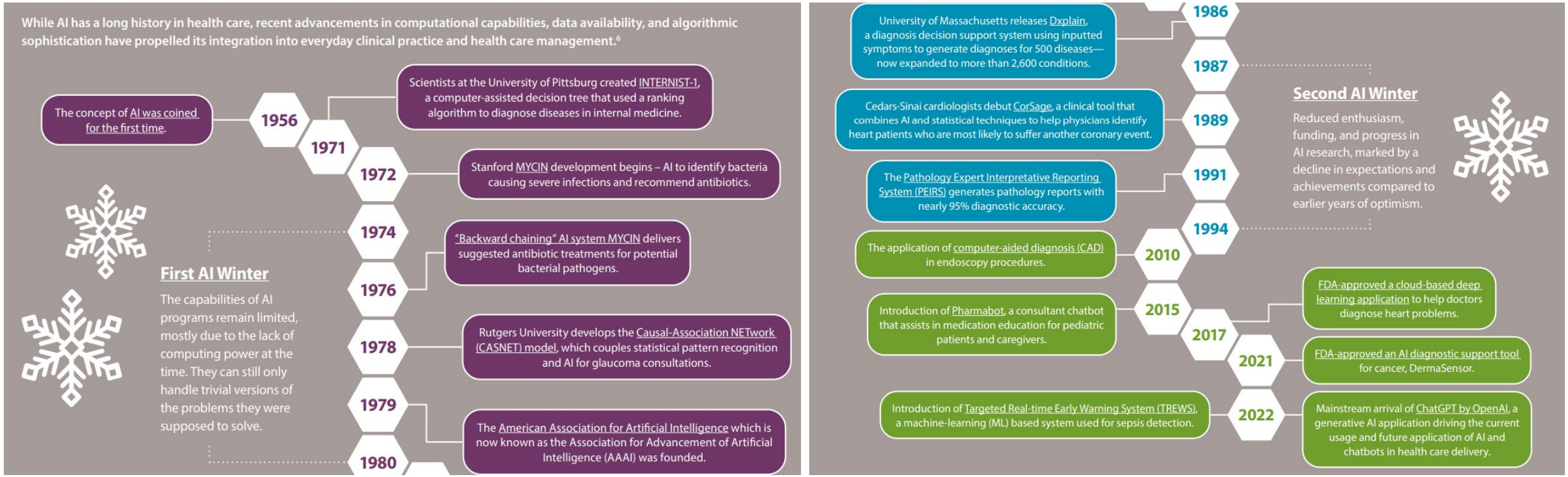
What is Artificial Intelligence (AI)?



AI is commonly defined as ***technology that enables machines to simulate human intelligence and problem-solving***

The Emergence of Artificial Intelligence and It's Application in Health



Why is AI Important to the Future of Health Care?

- Unprecedented health care workforce crisis
- Streamline health care delivery system
- Improve access to health care services and play a vital role in managing population health

Federal and State Agencies and Their Role in AI

- Several federal agencies hold various roles and responsibilities concerning the usage of AI in health care.
  - Department of Health and Human Services (HHS)
  - Food and Drug Administration (FDA)
  - The Office of Science and Technology Policy (OSTP)
- In California, oversight and regulation of AI usage in health care primarily fall under state agencies.
  - California Department of Technology (CDT)

AI Health Policy in California

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- Covered California
  - State health insurance marketplace
  - Google Cloud's AI solution, Document AI

- State Legislature

50 AI Bills Introduced in 2024 Legislative Session

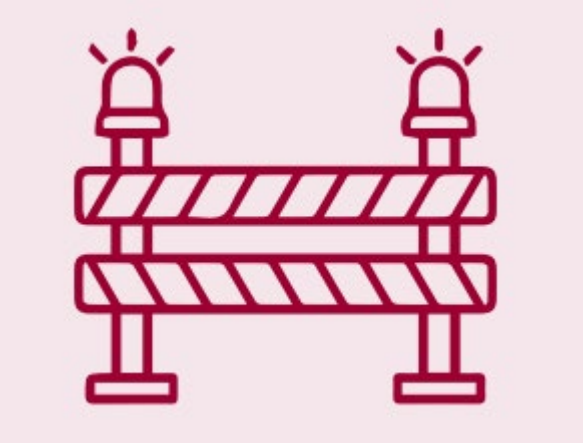
18 AI Bills on Governor's Desk

Healthy Skepticism Towards AI and Its Impact on Access to Care

- AI algorithms are reliant on inputted data for training, and biased data can be inherited by AI health algorithms
- Ensure diverse, representative, and wholistic datasets is ***crucial***
- Deployment of AI technologies must consider the following to ensure safe deployment and protection of patient rights:

Equitable, Race Conscious AI Deployment in Health Care

- AI can play a pivotal role in promoting health equity, but the following must be considered to maximize the positive impact of AI on health equity:
  - Ethical,
  - Social, and;
  - Regulatory factors
- Policy Considerations Section
  - Key guiding questions



Thank You!

Follow ITUP on Social Media!

- Check out ITUP's Latest Fact Sheet: Catalyzing AI to Advance Health Equity in California Communities
- Check out ITUP's Complementary Policy Toolkit: The Emergence of Artificial Intelligence and It's Application in Health

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Moderator for Upcoming Panel

Jana Wright, MPH (she/her)
Director of Policy, Insure the Uninsured Project (ITUP)

Catalyzing Artificial Intelligence to Advance Health Equity in California Communities

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California Department of Technology

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