CHCF Board Dashboard
FY 2020–21 Year-End Report
(data as of March 31, 2021)

Jess Thacher
CHCF Board of Directors Meeting
June 24, 2021
**Top Insights**
(retrospective summary of FY 2020–21)

### Spending Analysis
- CHCF paid out significantly more this fiscal year ($37.1 million)*, compared to prior years ($≈30 million).
- Large COVID-19-related grants drove spending higher in Access and Laying the Foundation goal areas.
- Statewide grants continued to be in the majority in CHCF’s portfolio (71%), compared to sub-state or national grants. Among sub-state spending, CHCF dramatically increased funding directed toward Los Angeles from $1.2 million (15% of total sub-state spend) to $2.8 million (33%).
- In FY 2020–21, about 90% of our work focused on the Medi-Cal population. A quarter of our work this past year had a strong race/ethnicity focus, compared to 12% in FY 2019–20. The majority of CHCF’s grantmaking with a race/ethnicity focus was directed toward the Black community, followed by the Latinx community.
- As in prior years, delivery system was the most used lever.

*Excludes President’s Fund grants

### Implementation Highlights
- CHCF increased our focus on racial equity, launching several projects, including: a survey of Black Californians’ health care experiences, community health workers and promotores in the future of Medi-Cal, anti-racism educational modules for perinatal providers, infrastructure to sustain California’s ethnic media, and equitable COVID-19 vaccine distribution.
- It was a year to support virtual care! Major investments included: Connected Care Accelerator, our program-related investment with Docent Health, a virtual doula care pilot, and trainings on best practices in tele-behavioral health.
- Despite barriers to in-person convenings, CHCF supported field-building via virtual learning communities across our program areas. These included: the California Improvement Network, Delta Center California (primary care/behavioral health integration), Cherished Futures (Black birth equity), and the Health Care and Homelessness Learning Community.
- CHCF continued to deliver reliable information to health care decisionmakers, leveraging our capabilities to collect and share near real-time data as the pandemic evolved. In FY 2020–21, CHCF released 15 weekly rapid-response polls and five in-depth provider polls to assess emerging experiences during the COVID-19 pandemic. We also conducted and released the third annual CHCF California Health Policy Survey.

### Impact Highlights
- Policy-related wins: State policies to reduce barriers to Medi-Cal coverage contributed to enrollment growth of 450,000 from October 2020 to March 2021; there were several positive workforce-related developments including passage of legislation to expand scope of practice for nurse practitioners and community paramedics and the appointment of a new Office of Statewide Health Planning and Development (OSHPD) director who is interested in advancing Workforce Commission recommendations; and Department of Health Care Services (DHCS) restarted efforts to modernize payment for Federally Qualified Health Centers (FQHCs).
- DHCS’s proposal for Medi-Cal policy once the emergency order is lifted would extend coverage and payment for both video and audio telehealth. Telephone is still the predominant form of telehealth in the safety net due to persistent barriers to effective use of video, particularly for patients with limited English proficiency.
- After reaching 150 CA hospitals (from 70 at investment) and 100,000+ monthly alerts to Medi-Cal patients, Collective Medical (program-related investment) was acquired by PointClickCare, the clinical/admin system used by most CA post-acute and long-term care facilities. The merger will greatly enhance info exchange and support frail elders. 1.7x investment return in three years.
Mission

The California Health Care Foundation (CHCF) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

Goals

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<thead>
<tr>
<th>Focus Area</th>
<th>FY 2020–21 Paid</th>
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<tbody>
<tr>
<td><strong>Ensuring High-Value Care</strong></td>
<td>$9.3M</td>
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<tr>
<td>CHCF aims to improve outcomes for populations receiving unwanted, expensive, and ineffective care.</td>
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<th>Focus Area</th>
<th>$14.5M</th>
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<tr>
<td><strong>Improving Access to Coverage and Care</strong></td>
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<td>CHCF aims to advance state policy reforms and delivery system transformation to improve coverage and care.</td>
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<table>
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<tr>
<th>Focus Area</th>
<th>$13.3M</th>
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<tr>
<td><strong>Laying the Foundation</strong></td>
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<td>CHCF aims to build a strong foundation for delivering meaningful change in California's health care system.</td>
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*Excludes President's Fund grants

Total: $37.1M*

Spending by Focus Areas

- **High Value Care**
  - Complex Needs, $3.3
  - Maternity, $3.2
  - Serious Illness, $1.6
- **Improving Access**
  - Affordable Coverage, $4.2
  - Primary Care, $9.9
  - Exploratory Black Health Equity, $1.2
- **Laying the Foundation**
  - Market Analysis and Insight, $3.2
  - Building Leadership, $3.5
  - Health Journalism, $2.9
  - Bridging the Innovation Gap, $1.5
  - COVID-19 Response, $2.3

*Excludes President’s Fund grants
FY 2020–21 Spending by Population Served
($ in millions)

By Region
- Unknown, $0.4
- Sub-state, $8.2 (22%)
- Statewide, $26.0 (71%)
- National, $2.4 (7%)

By Sub-State
- Northern and Sierra $0.4 (5%)
- Sacramento $0.9 (11%)
- San Joaquin $0.6 (8%)
- Central Coast $0.3 (4%)
- Los Angeles $2.8 (33%)
- Other Southern CA $2.0 (24%)
- Bay Area $1.2 (15%)
- Other $0.3 (4%)
- San Joaquin $0.6 (8%)
- Central Coast $0.3 (4%)

By Insurance Type
- Inclusive of Safety Net (and other payer types), $18.4 (49%)
- Safety Net Not At All, $0.4 (1%)
- Safety Net (Medi-Cal & Uninsured) Exclusively, $14.7 (40%)
- N/A, $3.6 (10%)

By Race/Ethnicity Focused?*
- No, $12.4 (47%)
- Yes, to a great extent, $6.5 (25%)
- Yes, to some extent, $7.4 (28%)
- Inclusive of Safety Net (and other payer types), $18.4 (49%)
- Safety Net Not At All, $0.4 (1%)
- Safety Net (Medi-Cal & Uninsured) Exclusively, $14.7 (40%)
- N/A, $3.6 (10%)

By Race/Ethnicity
- Black $3.3
- Latinx $1.3
- Asian $0.7
- AI/AN** $0.4
- NH/PI*** $0.6
- Other $0.2
- No, $12.4 (47%)
- Yes, to some extent, $7.4 (28%)
- Yes, to a great extent, $6.5 (25%)

Note: Grant coding by race implemented mid FY. Denominator is all grants for which we have data on race focus.
**American Indian/Alaska Native ***Native Hawaiian/Pacific Islander

FY 2020–21 Spending by Lever
($ in millions)

- Delivery system
- Transparency/monitoring/data
- Public policy
- Media
- Evaluation & learning
- Other/NA/Not Coded
- Payment/financing
- Consumer engagement
- Conference support

Primary Lever
- $6.4
- $4.0
- $3.0
- $2.3
- $2.3
- $2.0
- $1.9
- $0.3

Secondary Lever
- $15.0

Note: Grant coding is imprecise down to dollar level. Coding is meant to indicate directionality only.
Four-Year Trends by Population ($ in Millions)

Trended Spending by Primary Lever
- Delivery system
- Transparency/monitoring/data
- Public policy
- Media
- Evaluation & learning
- Other
- Payment/financing
- Consumer engagement
- Conference support

Trended Spending by Region
- Central Coast
- Greater Bay Area
- Los Angeles
- Northern/Sierra
- Other Southern CA
- San Joaquin
- Sacramento

Trended Spending by Insurance Type
- N/A
- Safety Net Exclusively
- Inclusive of Safety Net
- Safety Net Not At All

Trended Sub-State Spending
- National
- Statewide
- Sub-state
- Unknown
The care many patients receive does not reflect what they want, what we know works, and what provides value.

CHCF aims to improve outcomes for populations receiving unwanted, expensive, and ineffective care.
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<thead>
<tr>
<th>Care for People with Complex Needs</th>
<th>Implementation</th>
<th>Impact</th>
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<tr>
<td>CHCF aims to develop, evaluate, and spread effective models which improve care outcomes for people with low incomes who have complex needs.</td>
<td>Focused on racial equity and consumer voice in our behavioral health (BH) work and brought public attention and funding to the COVID-19-fueled BH crisis. Project highlights: Delta Center California launched with eight state associations working on topics including BH telehealth policy and data/measurement; CHCF supported the California Pan-Ethnic Health Network to re-launch the Behavioral Health Equity Collaborative; we continue to support work on clinical best practices for telehealth and hybrid models of BH care.</td>
<td>Developed goals and activities for emerging Body of Work focused on improving care and outcomes for older adults with complex needs. Published foundational papers on dually eligible (Medicare/Medi-Cal) enrollees, home-based medical care models, and strengthening managed care capacity for proposed reforms.</td>
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<tr>
<th>Maternity Care</th>
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<td>CHCF aims to improve quality and lower the costs of maternity care in California, especially for women with low incomes, by ensuring appropriate care and reducing disparities in outcomes.</td>
<td>Funded new Black birth equity partners with 75% of the grant dollars going to Black leads and/or to Black-led organizations. Highlights include: the SB 464 implicit bias e-learning modules were released and met with significant interest; CHCF co-funded Cherished Futures, a hospital-focused effort in LA to improve Black maternal outcomes; and a podcast called &quot;Birthright&quot; which shares joyful Black birth stories.</td>
<td>Engaged in significant planning in LA County on maternal mental health (MMH)-focused delivery system interventions including: provider training and an MMH-focused collaborative care effort in community clinics.</td>
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<th>Serious Illness and End-of-Life Care</th>
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<td>CHCF aims to expand statewide palliative care capacity by 20% and to understand the end-of-life experiences and outcomes of Californians with low incomes to drive improvements in the safety net.</td>
<td>Supporting high-touch efforts in LA and Sacramento to build Medi-Cal managed care plan palliative care (PC) program capacity, strengthen collaboration between plans and PC providers, and enhance knowledge of referring providers. Public hospital teams launched interventions to spread basic PC skills among partner service lines (e.g., oncology, emergency department, primary care). Data analyses are underway to understand end-of-life care quality in Medi-Cal and impact of palliative care services.</td>
<td>Aim to strengthen role of state and other partners and infrastructure for broader electronic exchange via final POLST activities. Planning is underway for wind-down of palliative care work over next two years.</td>
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<th>Exploratory: Black Health Equity</th>
<th>Implementation</th>
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<tr>
<td>Developed goals and activities for emerging Body of Work focused on Black health equity. Ambitious projects were initiated, including a state-wide survey of Black Californians and their experiences with health care.</td>
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Hundreds of Californians with low incomes have difficulty getting care that is timely, affordable, and meets their needs.

CHCF aims to advance state policy reforms and delivery system transformation to improve coverage and care.

**FY 2020–21 — Paid by Focus Area**

- Access to Primary Care*: $9.9 (68%)
- Access to Specialty Care: $0.4 (3%)
- Access to Affordable Coverage: $4.2 (29%)

**Trended Data — Paid by Focus Area**

- Safety Net Capacity
- Coverage
- Access to Primary Care
- Access to Specialty Care

**FY 2020–21 Grants by Lever**

- Delivery system
- Transparency/monitoring/data
- Public policy
- Payment/financing
- Evaluation & learning
- Consumer engagement
- Conference support
- Media
- Other

*Includes large telehealth investment in response to COVID-19.

*New Focus Area categories, effective FY 2020–21 (replacing Safety-Net Capacity)
### Affordable Coverage

CHCF aims to advance state policies and practices that ensure that all Californians with low incomes have affordable coverage and that Medi-Cal enrollees can get the care they need, when they need it.

- **Implementation**
  - State policies to reduce barriers to Medi-Cal coverage contributed to enrollment growth of 450,000 from October 2020 to March 2021. Total Medi-Cal enrollment now exceeds 13.7 million. Moreover, the federal election, new federal funding, and a state budget surplus provide opportunities for progress toward universal coverage. At the same time, immediate pandemic response and other urgent health care priorities compete for attention from key partners.
  - Launched a project with DHCS to develop a Medi-Cal program health equity roadmap. The final recommendations, expected in June, are expected to help shape Medi-Cal managed care procurement and other DHCS policies and practices. We will learn more about the impact of our efforts to raise the bar for Medi-Cal managed care when DHCS releases its final RFP for managed care plan procurement later this year.

### Access to Primary Care

CHCF aims to advance policy, payment, and delivery system reforms to improve access by Californians with low incomes to high-quality, linguistically and culturally responsive primary care that includes behavioral health care.

- **Implementation**
  - There were many positive developments on workforce during this period, including: the governor’s proposed budget investments in workforce and appointment of a new OSHPD director who is interested in advancing Workforce Commission recommendations; improved coordination and governance for residency training (GME); an aggressive timeline for regulatory development for Community Paramedicine; and significant progress on the University of California Psychiatric-Mental Health Nurse Practitioner program. The implementation of AB 890 (nurse practitioner scope expansion) is stalled, however, clean up bills are advancing through the legislature.
  - There were also positive developments on primary care in the safety net: DHCS restarted efforts to modernize payment for FQHCs, aiming for Centers for Medicare & Medicaid Services (CMS) approval this year. The Population Health Learning Network met or exceeded all program expectations and planning has commenced for a new program that would advance primary care behavioral health integration and equity.

### Access to Specialty Care

CHCF aims to spread the use of specialty care telehealth in California’s safety net and to spur Medi-Cal policy and payment reforms to improve access to specialty care for Californians with low incomes.

- **Implementation**
  - Early lessons from the experience of the 43 health centers participating in CHCF’s Connected Care Accelerator have informed policy and practice, with research articles appearing in *JAMA* and *Health Affairs* and cited at legislative hearings. Yet phone visits are still the predominant form of telehealth in the safety net due to persistent barriers to effective use of video, particularly for patients with limited English proficiency. DHCS’s proposal for Medi-Cal policy once the emergency order is lifted would extend coverage and payment for both video and audio telehealth.
A high-performing health care system requires constant innovation and educated leaders who can make informed, evidence-based decisions.

CHCF aims to build a strong foundation for delivering meaningful change in California’s health care system.

FY 2020–21 — Committed by Focus Area
$ in millions

COVID-19 Community Relief/Public Health
$2.3 (17%)

Bridging the Innovation Gap
$1.5 (11%)

Building Leadership Capacity
$3.5 (26%)

Health Journalism Ecosystem
$2.9 (22%)

Market Analysis and Insight
$3.2 (24%)

Trended Data — Paid by Focus Area
$ in millions

FY 2020–21 Grants by Lever
$ in millions

Laying the Foundation: What We Did
Laying the Foundation: How Are We Doing?

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<tr>
<th>Market Analysis &amp; Impact</th>
<th>Implementation</th>
<th>Impact</th>
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<tr>
<td>CHCF aims to provide research and analysis that gives a market-wide view of the complex health care ecosystem and supports informed decisions about California's health care market.</td>
<td>• Published 11 Almanacs aligned with organizational priorities, including strengthening the health care workforce.</td>
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<td>• Published seven regional market reports and conducted five webinars highlighting structure of safety net in multiple regions.</td>
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<td>• Released 15 rapid-response polls, five in-depth provider polls, and one health policy survey examining emerging experiences during COVID-19 pandemic.</td>
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<td>• Published nine additional briefs and papers, including Medi-Cal Explainers, COVID-19 impacts on utilization, and COVID-19 incidence and outcomes in California nursing homes.</td>
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<th>Health Journalism</th>
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<td>CHCF aims to support health care journalism so that CHCF’s audiences have access to timely, relevant information about the most pressing issues related to the health care and policy landscape.</td>
<td>• Continued to support quality health journalism during COVID-19 via public media grantees and California Healthline; both reported significant increases in listeners/readers.</td>
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<td>• With our support, seven Spanish-language and Black media outlets are making progress with new digital capabilities and business plans, with a goal of 15 outlets by the end of this year.</td>
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<td>• The USC Center for Health Journalism virtually trained a new cohort of data fellows.</td>
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<th>Building Leadership</th>
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<td>CHCF aims to support leadership training and skill-building for California's health care professionals and state policy partners, as well as learning opportunities for organizations improving care delivery in the safety net.</td>
<td>• Healthforce successfully implemented virtual learning and support for both the California Improvement Network (CIN) and the Leadership Program. Interim CIN evaluation results documented achievements in connection, learning, and early action. In partnership with Healthforce, CHCF engaged Mirror Group, an evaluation consultant, to help improve the program’s DEI / anti-racism curriculum.</td>
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<td>• Commissioned and completed a strategic assessment of CHCF’s Building Leadership – Delivery System Body of Work, working with the Bridgespan Group.</td>
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<th>Bridging the Innovation Gap</th>
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<td>CHCF aims to support the development of information, networks, and communication platforms that enable safety-net players and entrepreneurs to work together to improve the delivery system.</td>
<td>• Funded webinars on data exchange regarding enhanced care management, in lieu of service models, and CMS interoperability and patient access. Hosted a demo day and published a landscape on remote patient monitoring. Initiated planning for a technology and innovation collaborative among Medi-Cal managed care plans.</td>
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<td>• Invested in seed stage companies and renewed commitment to diversify the founders in CHCF’s portfolio. Published best practices for investors interested in supporting underrepresented founders.</td>
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**Glossary of Terms**

**IMPLEMENTATION**: Were we successful in carrying out the work/projects we set out to do?

**IMPACT**: Did the work/projects make a difference? Did we make progress toward achieving our goals?

**GOAL**: CHCF’s overreaching strategic goals (Ensuring High-Value Care, Improving Access to Coverage and Care, and Laying the Foundation).

**FOCUS AREA**: Sub-goals, areas, or themes within strategic goals where we are choosing to focus our attention, expertise, and dollars.

**BODY OF WORK**: Groups of grants or projects around a topic and under a focus area.

**LEVER**: Tools, actions, or tactics deployed to effect change.

1. **Delivery system interventions**: Work aiming to make changes on the ground in delivery system; includes workforce
2. **Transparency/monitoring/data**: Work that is about helping systems or the policy environment understand facts/data of a given topic/situation
3. **Public policy**: Work aiming to change/inform laws, regulations, or government contracts, or to improve knowledge of health policy and politics, and/or to help; includes advocacy work
4. **Payment/financing (public or private)**: Work aiming to change how health care services are reimbursed (e.g., value-based payment)
5. **Consumer engagement**: Work aiming to engage consumers directly or focused on consumer behavior specifically
6. **Evaluation and learning**: Work to formally evaluate grants or whose purpose is to learn about/engage in the field of philanthropy
7. **Conference support**: Funding solely to support a conference
8. **Media**: General media grants (NPR, etc.); mostly External Engagement

**Program-Related Investment (PRI)**: Investments in health care technology and service companies with the potential to significantly improve quality of care, lower the total cost of care, or improve access to care for Californians with low incomes.

*Rounding Disclaimer*: Due to rounding, numbers presented throughout this dashboard may not add up precisely to the totals provided, and percentages may not precisely reflect the absolute figures.