CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID
CHILDREN'S HEALTH
TECHNICAL ADVISORY COMMITTEE MEETING

****

Via Videoconference
July 10, 2024
Commencing at 2 p.m.

Tiffany Felts, CVR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Donna Grigsby, MD, TAC Chair

Alicia Whatley (Not present).

Amanda Heacock

Courtney Smith, Vice Chair

Amanda Ashley (Not present).

Cherie Dimar

MS. BICKERS: Good afternoon, this is Erin with the Department of Medicaid. It is not quite two o'clock, so we will give it just a moment while the waiting room clears out.

Cherie, it is two o'clock, but I only see you and Amanda H. logged in. Oh, Donna's logging in as we speak, so that would be three of you. Alicia declined the meeting invite, so I assume she's not going to be with us today.

MS. GRIGSBY: Hi, everyone, sorry, I was so close to just being on time.

MS. BICKERS: Good afternoon.

MS. GRIGSBY: I did get a message from Alicia that she wasn't going to be able to join us; is that what you were saying?

MS. BICKERS: Yes, ma'am, and Courtney is logging in now.

MS. GRIGSBY: Okay.

MS. BICKERS: Amanda H. and Cherie are also logged in.

MS. GRIGSBY: Okay.

MS. BICKERS: Oh, your waiting room is clear, and you do have a quorum.

MS. GRIGSBY: Okay.

MS. BICKERS: If all the voting members don't mind to turn on their camera quickly just to get through the minutes, and I will turn it over to you.

MS. GRIGSBY: Thank you. Hi, everyone. I hope everyone is having a wonderful Wednesday. It's good to get this group back together. I'm looking forward to hearing the reports today as I'm sure other members of the TAC are.

Since we do have a quorum, I am going to ask for someone to go ahead and look over the minutes if you haven't already done so, and I will entertain a motion for approval of the minutes from the April 10th meeting.

MS. SMITH: I'll make a motion to approve the minutes.

MS. DIMAR: I'll second it.

MS. GRIGSBY: Thank you. All in favor?

(Aye).

MS. GRIGSBY: All right. Anyone opposed or any corrections?

(No response).

MS. GRIGSBY: All right, thank you.

Moving on to old business, we have a report on obesity prevention treatment and services that we're going to hear from DMS and our MCOs. So I'm not sure if someone would like to propose who would like to go first, or if we would just like to go in alphabetical order, but I'm happy to do either.

MS. BICKERS: Donna, I thought it would be fun if we went in reverse order today --

MS. GRIGSBY: Okay.

MS. BICKERS: -- and let WellCare go first for a change.

MS. GRIGSBY: I think that's festive, and I'm totally supportive of that.

MR. OWEN: Yes, you know, we could -- this is Stuart Owen with WellCare. We could draw straws also, but I'm fine with going reverse. It would be a little difficult to draw straws virtually but let me share. I was a little bit caught off guard by the switch, but I appreciate the switch. I should've been ready. Can you all see

"Children's Health TAC" that slide?

MS. GRIGSBY: Yes.

MR. OWEN: Okay, good, thank you. So the first thing we looked at, and, you know, again, it was initiatives, value-added benefits, and related -- you know, related -- everything related to childhood obesity. And so one thing we did is we ran some data -- and can you all see everything on the slide, or is it cut off by any chance?

MS. SMITH: We can kind of see your view with all your slides. I don't know if you're able to go to --

MR. OWEN: Yeah, let me --

MS. SMITH: -- presentation view or slide show view. It doesn't matter. Yeah.

MS. GRIGSBY: Yeah.

MS. SMITH: Now we can see it.

MR. OWEN: All right. And so -- is the right side by any chance blocked? It is for me; I just want to make sure --

(No audible response).

MR. OWEN: -- okay, you're good. All right, so we ran the data, like, just how many, and so we looked at children under 18,

and we use the ICD-10 codes for obesity -- you know, obesity due to excess calories, unspecified, other obesity, body mass index. And so, just out of curiosity, we were curious, like, what was the key? Was there any prevalent, you know, diagnosis? And it was exceeding the BMI, and only 4 percent due to excess calories, 52 percent male, 48 percent female. So nothing really significant there. Again, this is under 18.

But so to start, first of all with our value-added benefits. And so we do cover -- and I think most plans probably do -- sports physicals, which is, of course, a big deal to help, you know, the -- keeping kids active, and that's critical, you know, we want them to participate in events with schools, teams with schools, so that helps. Also, Weight Watchers: We offer Weight Watchers as a value-added benefit, and they actually have -- beginning at age 13, they actually have programs for ages as young as 13 and up. If you're 13, you're under 18, you have to have an adult, and it's for -- to qualify for Weight Watchers, it's a body

mass index in the 85th percentile.

Now, and one thing, you all may be familiar with Kurbo. That's actually an app that Weight Watchers came up with. It was Kurbo, and then Weight Watchers acquired them. It was in 2024, and it is tailor designed exactly for adolescents 13 to 17, and it's all about healthy diet, weight management. And so with that, the child gets a one-on-one coaching visit every week with a health coach, and it shows, like, their diet. There's literally -- I think it's called a traffic light, and it's got food in categories. There's a red light to avoid; there's a yellow light, okay, but moderation; and green light, you can eat all of this that you want.

That's on the app as well, and it tracks -- tracks their meals, and, of course, it teaches about healthy eating and labels. And it's for -- you know, the CEO of Kurbo said it's very diverse. You know, that the language that's used it's for all communities. So anyway, that's one thing -- and I believe it was at least 2023 -- that's

one thing that's available that we offer as a value-added benefit for kids.

Also, a Fitbit: We offer that, which, you know, for kids as well. Any individual who enrolls with WellCare and gets a -- has a PCP visit within 90 days can get a Fitbit. So that's always, you get that PCP visit within 90 days. Also, for any 19 to 21-year-old who has an annual well-child visit can get a Fitbit. And then up to 17: Children who are on two or more antipsychotic meds and complete a glucose cholesterol testing, they can get a Fitbit. And also, we have the Nike gift card, that's for ages 6 to 18, so you can buy, you know, Nike products. That's if you have an annual checkup or dental exam.

One of our partners that it's more maternal health and moms, but it also -- we use them for children as well, is a company called Good Measures and they primarily target diabetes, but it's also weight as well. And so it's literally, it's part of that, you may have heard before "food is medicine." And so they basically tailor

meals. And we look at -- you know, like, with kids, we look at obesity, and we actually refer members to them, but it's primarily for maternal health and moms, but, of course, you know, if you get the mom eating healthy, you know, hopefully that will translate to the child as well. But they literally -- they tailor food, they deliver healthy meals, they have an app, they have the coaching, you know, similar to the Kurbo, they also identify social determinants of health needs for us. So anyway, it's a really good -- I don't know if you all have heard of Good Measures before, but we do see good results with them.

We also have some community -- you know, we all have community agencies basically that we partner with, and so some of the ones that WellCare partners with are food related -- healthy food related. Kind of the top one there, Need More Acres, it's all about, you know, farming and the healthy produce and everything. They also do children with special, you know, dietary

needs. It could be medical, but also obesity as well, and again, their focus, too, is on pregnant women and moms primarily. Again, you get the mom, or, you know, either before delivery or a new mom, get her eating healthy, hopefully, that will translate to the baby or the child. But as you can see, there are fresh food meal kits. They also teach about healthy diet, food, you know, cook, prep, all that stuff. And they also support some of our other community partners, like Hotel Inc., you know, which is for homelessness housing.

And then another one that actually spawned from Need More Acres is Black Soil Kentucky, which is for Black farmers in Kentucky, and it is all about -- and they primarily serve urban regions, but the whole point is to get, you know, the produce, the healthy food to the urban areas because, you know, we've heard about food deserts, you know, as well, like, in urban areas because they don't have good quality -- a lot of places don't have a good quality, you know, grocery with good options, so they, kind of,

target those areas. And they also help with not just delivering the food, but the meal prep, teaching that, demonstrations, and, you know, they deliver. And you can see there all the different options as well for -- you know, you can use the different vouchers that can be used to purchase their products, their food.

And then the last one is FreshRx for Moms, which is also part of that Need More Acres as well. It's the same thing that, you know, kind of, prescription food, tailored food, healthy food, and you can see there are cooking kits.

So, yeah, that is -- that is our presentation. Welcome to any questions.

MS. GRIGSBY: Any questions? Thank you for that. That's --

MR. OWEN: You're welcome.

MS. GRIGSBY: -- new information to me, so I now have -- for my WellCare patients, I now have an opportunity to share those resources with those children.

MR. OWEN: Good.

MS. GRIGSBY: And I will also make

sure we have an obesity or a high BMI clinic -- a healthy weight clinic, and I'm going to share these resources with them as well, so thank you.

MR. OWEN: Awesome, glad to hear it.

MS. SMITH: Same here at the Children's Hospital in Louisville and with our endocrinology group and others, that would -- they may know, but gotta make sure they know.

MR. OWEN: Awesome, thank you.

MS. HALL: Hey, Stuart, this is Brooke, if you'd like to share my information, they can also reach out to our pediatric team.

MR. OWEN: Yes.

MS. HALL: Yeah, we can share that maybe. I don't know if it was on one of the slides. I had a --

MR. OWEN: It was not. It was not.

MS. HALL: Okay. Well, we're here. We're happy to have them.

MR. OWEN: Good.

MS. HALL: We'd love to hear from you.

MR. OWEN: You want to put your email in the chat maybe? Is that the best --

MS. HALL: Okay, I can just do that. Yeah, that'll be fine.

MR. OWEN: Okay, awesome. Thanks for saying that.

MS. HALL: All right, thanks.

MS. GRIGSBY: All right, thank you. Any other questions or comments?

(No response).

MS. GRIGSBY: All right. Erin, you're going to have to help me go in reverse alphabetical order, please.

MS. BICKERS: Looks like Dr. Cantor's ready.

MS. GRIGSBY: Okay.

MS. CANTOR: Yes, I am, good afternoon, I'm Dr. Cantor. I'm with -- the CMO with United Healthcare, and let's see if I can share the correct screen. And can you see it?

MS. GRIGSBY: Yes.

MS. CANTOR: Great, great. I appreciate the opportunity for us to be able to share with you what we are doing on

addressing childhood obesity at United Healthcare, and we took a bit of a different approach than what WellCare just presented.

And with that, I'd like to talk to you about our catalyst model. In December of 2022, we executed a contract with Owensboro Audubon, and it went live in September of 2023 whereby we're creating a community-based collaboration to help promote and improve outcomes with one specific community in mind. And within the Audubon Center for Care, we use our guiding principles of health equity, maintaining community centric approach, healthcare is always local. This is a member-agnostic program, so any member of the community can be enrolled into this program. And then we use our data to focus, inform, and direct all the decisions that we're making.

In year one, we gave $250,000, and in year two, $125,000 with the plan for Audubon in Owensboro to ultimately be sustainable. And one of the things that we did with them was that we created a specific program with Boys and Girls Inc. for addressing

overweight children and how to be able to improve what they're seeing, what are the kiddos seeing? How can we educate them further?

But just some other highlights within the catalyst program: We chose diabetes after conversing with the clinic themselves, what was their greatest need, and diabetes rose up to the top. With that, we were able to give them -- or not give them, but a purchase of a diabetic retinopathy machine. More specifically, we began this, as I mentioned, in September of '23 with Girls Inc., where the program is to be able to help give foundations of health to children to reduce the opportunity for them to have diabetes and to develop healthier lifestyles.

So it's a bit early for us to be able to share the outcome of that data, but we're really confident that the various lifestyle educational programs that we've been giving to them will make an impact. The materials include showing them what a balanced nutrition is, what are healthy snacks,

various workshops with different guest speakers, and also, some devices to track physical activity and then show them that progress over time. So we're really excited that Kentucky was one of the areas in the country that was given this grant and the funding available, and we chose Owensboro with the Audubon Community Care Center there.

And last slide: I think, Erin, I've given you this deck, and so certainly, share it with the rest of the members of the TAC. But all of these are various media, social messaging aspects of how much the community has been given awareness. And it's not just to promote what we've been doing, but really, since this was member-agnostic, the purpose to have it out in so many places from a media perspective is so that more members, more focus, more people in the community can be part of this program and take advantage of it.

So with that, that's our presentation. Questions?

MS. GRIGSBY: Thank you. Are there

plans to roll this out throughout the state, or is the plan to, kind of, focus on delivering this to Owensboro, and then --

MS. CANTOR: Yeah, that's a good question. Catalyst funding was specifically for -- yeah. I'm sorry, my internet -- I'm even in the office and the internet seems to be bonky here, so I hope my words aren't coming up too robotic-like. But catalyst, the funding that we gave to them was specifically for Owensboro health, but that being said, it's also an opportunity for us to learn how does this type of engagement with direct relationship with a community service center, how does that impact health? As we're always looking to learn to see what's going well, what's not going so well, and I think we would be very open to expanding it to other areas in the state, but it's too early still for us to have some data on that.

MS. GRIGSBY: All right, thank you.

MS. CANTOR: Thank you.

MS. GRIGSBY: Other questions?

(No response).

MS. GRIGSBY: All right.

MS. BICKERS: Passport?

MS. GRIGSBY: You know, when you say it, I go, "Oh, yeah, that's logical. That would be who's next." But just sitting here, like, no. It's -- yeah.

MS. BICKERS: In all fairness --

MS. BEAL: We would be next --

MS. BICKERS: -- I have it written down.

MS. BEAL: -- either way, right?

MS. BICKERS: Actually, yeah, so maybe next time --

MS. BEAL: Right?

MS. BICKERS: -- I'll really throw somebody for a loop, and then start in the middle.

MS. BEAL: Yeah, whether you guys call us Passport, or you call us Molina, I think we're in the middle.

MS. BICKERS: And, Donna, to your defense, I have it written down.

MS. BEAL: All right, can you all see my screen?

(No audible response).

MS. BEAL: Thumbs-up from Donna, thank you. All right, if I move to presentation mode, can you still see my screen?

(No audible response).

MS. BEAL: Okay, the ultimate question. So I'm Dr. Jessica Beal, I manage multiple population health and strategy initiatives for Passport by Molina, including EPSDT, and I'll be presenting, again, a slightly different take on the ask today. So we're going to talk a little bit about our population breakdown. We're going to talk about our care management programs, and then we'll talk a little bit about quality teams efforts around specifically just looking at addressing measuring BMI, as that is part of a HEDIS metric, and addressing, kind of, the obesity crisis in the Commonwealth through pediatrics.

So I -- again, my brain always thinks EPSDT, so I always think through age 20. In my pediatric background, we kept kids well past then, so that's just how my brain breaks things down. So we're -- this is

looking at our membership 20 and under.

As we know, AAP coding recommendations don't lean into a BMI greater than or equal to 85th percentile to dictate that someone is overweight or obese. And really, as a health plan, we're looking to that E66 diagnostic code to go with it so we understand what the provider was thinking and looking at. But we do tend to look at both types of data, so that we have a sense of our patient population as a general rule.

So here's a breakdown for you guys, I'm not going to review it for you. You can see it on the screen, and I know it will be made available to you later. Just looking at race and ethnicity differentials, and then looking at our kiddos based on age, and specifically looking for that overweight or obese diagnosis coming from a provider somewhere.

We also know that not every kiddo gets coded. Not every kiddo gets seen, and not every time that coding comes from a provider does it reach us, right? We know that there's lots of reasons that codes may

fall off. If they're listed sixth, seventh, or eighth -- we pulled this all the way through the sixth place in terms of claims data, and so while we can see numbers, we know it's probably an underrepresentation of our population as a whole.

So from a care management perspective, we offer two levels of care management. We have a level one care management program for any of our members greater than or equal to two years old who have one of those codes identified in our system, and they get outreached by our health management team to see if they would like to engage in some telephonic lower-level case management that really is focused on some of those healthy lifestyle supports for caregivers to then trickle down to their children. And of course, for our 18 and 19 and 20-year-olds, directly to that age range rather than going necessarily through caregivers, although we reach caregivers first, and then we try to get that appropriate young adult on the phone themselves.

So we've got multiple avenues for case management, but for our higher acuity needs, our general case management team actually has a registered dietitian on staff, and so any case manager who has a member who has been identified as having a higher BMI, or obesity issues, or goals around those changes can refer that member to our registered dietitian so they can work with them directly. And our registered dietitian is actually trained, as are our CMs that work with pediatrics in the AAP model of case management for obesity, and so we try to do more frequent outreaches to caregivers to work with them on those behavior changes.

We do have a Weight Watchers VAB for our members 18 years and older. I continue to review it for the possibility of including teens as we've had providers request that in the past. As of 2023, there was still some data out there that made me anxious about offering it to teens. Although, with Stuart telling me there's a new possible vendor associated with Weight

Watchers for adolescents in 2024, I think I will obviously be reviewing their data and reviewing peer-reviewed journals on whether or not that really is the best way to address weight for teens, and we will continue to consider it annually and decide if we want to offer it to teens based on what we're seeing in the literature. But it is available for our members 18 and older, for those young adults.

And then, of course, our quality team is very focused on HEDIS and the WCC measure, which is weight assessment and counseling for nutrition and physical activity for children and adolescents. As the individual that manages population health initiatives for our EPSDT population, I love leaning into this a little bit because it really is making sure that those boxes are checked by pediatricians and we're getting that data so I can look at it, break it down by population, know where we may have a health equity issue, and start targeting specific groups differently.

So our quality department works with

our providers on a regular basis. WCC is part of our value-based contracting for pediatric providers. We consider it actionable, and there is a provider quality performance tool that providers can utilize, the specialists that work with our providers directly, or more often their office managers highlight WCC care gaps. And they also help our members schedule well-child exams and will note that they have that care gap and they need to close it. And then we have a tip sheet for providers.

Our members, we like to really empower caregivers to know what to expect from well visits, and to kind of ask for the top-of-the-line, right? Like, walk in there and expect, know, be ready for your child's height to be taken, you know, their circumference can be measured based on age. And so our birthday cards include notes because we send birthday cards to all of our kiddos the month before their birthday to kind of know what to expect at those well exams, including BMI assessments and activity and nutrition counseling.

And then, of course, we outreach our members/caregivers because we're never going to talk to a 2-year-old on the phone, although I do have case managers that love getting to chat with the five-year-olds and six-year-olds for a minute, it makes their day. But outreaching to help schedule those well-child exams where we know that a child will be identified early and receive the support they need from providers. And then, of course, that identification goes into our system, so that we know that we need outreach those members as well to get them into the case management levels that we have if appropriate.

And finally, all of our Passport staff that are member-facing have HEDIS alerts for all of the care gaps, and have at their fingertips the member education needed to help empower members to, kind of, close those gaps with every engagement that they have.

Any questions for Passport?

MS. GRIGSBY: Wonderful, thank you. Did someone else have a question or comment?

(No response).

MS. GRIGSBY: Okay, thank you for that update.

MS. BICKERS: And it looks like Leslie is ready with Humana.

MS. CLEMENTS: Ready to go. How is everybody doing today? I am going to share my screen, and if I could get a confirmation when you're able to see it.

(No audible response).

MS. CLEMENTS: All right, thanks for the thumbs up. I'm Leslie Clements, I'm the director of equitable population and health at Humana. And so just as the other three MCOs have gone we took a different attack whenever we decided to pull together our presentation for today. I'm loving the variety.

So the first thing I'll share with you all is some work that -- oh, I thought I was displaying -- there we go. That's the way I want it to look. So the first thing I want to share is also some of the HEDIS data, so thank you, Jessica, for teeing that up and making sure everybody knows what it

is that we look at from a HEDIS perspective. So just as Passport does, and I'm sure all of the MCOs on this call do, we do partner very closely with the providers in our network to make sure that everyone has an awareness of how important it is to focus on weight assessments and counseling for nutrition and physical activity for kiddos on our plan.

So what you're seeing on this slide right now is what some of our HEDIS metrics look like over the course of the last three years related to this measure. And so, just as Jessica was saying, we also will talk directly with providers, we talk directly with the members, we'll help set up an appointment if that's helpful for them. And this is how we're able to track what's going on with our membership.

We also like to break this down looking at different subpopulations, so that we can try to understand if we do see some disparities and opportunities to advance health equity. And in fact, we did, so with this particular measure last year when we

were pulling together our NCQA CLAS goals. So as part of our NCQA accreditation, we have culturally and linguistically appropriate services goals, and part of that is a focus on making sure that we're reducing any disparity gaps that we might see. And we saw one with weight assessments.

And so what we decided to do was set some goals to work with providers and work with members to make sure that we were closing those disparity gaps. The disparities that we saw when we looked at our member population, we noticed that a significant number of our children who identify as Black or African American, as well as our children who are Spanish-speaking, they were not getting their BMI assessment at the same rate that our white members were or that our English-speaking members were. And so what we did, we put together some interventions to try to close that gap, and I'm proud to say that we were successful thanks to other partnership with our providers doing the

targeted member outreach that we did.

So we use a variety of channels, as I'm sure all of our peer MCOs do. Text messages to our membership to make sure that they understand that this is something that they would want to have happen while they're at their provider's office. We connected them to different resources, we offered to schedule those appointments, advising them of any incentives that we have to complete weight management programs and wellness visits, and I'll talk a little bit about those in just a moment. And, of course, we also educated providers directly. We've got an opportunity to log onto our platform to see where they might have some gaps to close, and so we were able to work with them to do that. And on the right-hand side, you can see just some of the measures that we used along the way to make sure that we were on track to be able to close that disparity gap, which we were able to do.

So I mentioned that we had some different incentives and value-added services that we included in that education

and outreach. One of those is our weight management coaching program. So this is available to all Humana members who are 12 and up, and it offers an opportunity for them to get some one-on-one support if they want to try to achieve or maintain a healthy weight. So the whole point of this is meeting kids where they are when it comes to readiness to make changes. We use a motivational interviewing approach so that that way we're partnering with our members to let them set goals, and we help them to create a plan to achieve those goals. And so you can see, you know, some of that involves visioning, cultivating optimism, identifying where their strengths are, and creating some action plans.

So the program is typically six sessions with that coach one-on-one throughout the year with an option to also bring in the parent or the guardian to be able to best support their kiddo. And, of course, we've got a dedicated line for that, and language services for any of our members for whom English might not be their first

language. All of our coaches, they are national board certified health and wellness coaches. Most of them are very experienced with a decade or more of doing this kind of work, and we also have non-clinical and nonprescriptive approaches because we know that we really do need to meet people where they are and help them integrate this into their daily lifestyle.

We have several programs in place to help address food security. We know that food insecurity, of course, is very critically linked to different kinds of dietary related diseases, to obesity, and so we're working towards addressing food security. I don't have a list of some of the community partners that we work with, that was a great slide that you shared, Stuart. But we do have a number of community partners that we work with who are addressing food insecurity in community. And so we work with them through our community engagement and outreach specialists. That's also our resource that our care managers are aware of, and that our

community health workers that we have on staff are aware of, so that that way we can make sure that any of our members who might need access to a food pantry or to SNAP or to other resources, they're able to get that.

We also have several of our value-added benefits that are very focused on food insecurity. Some of those are related to making sure that people have access to transportation to get to food and necessary items for daily living. We also have a half-price Amazon membership, and, of course, Amazon now allows people to use their EBT card to purchase food items with free delivery, so that is really helpful for people who also may have gaps in transportation or may not live near a grocery store.

We have a program called Farm Box, which if you are a person who has a chronic condition, you are eligible potentially for receiving fresh fruits and vegetables, which, of course, is, again, very closely linked to obesity and to other chronic

conditions. We've also got a couple of programs with Moms Meals. So if you are discharging from the hospital, we know that a lot of times that's an opportunity to really make sure we're closing some food security gaps, so Moms Meals will help us do that with delivery of fresh meals.

We also have a Baby and Me program that we run through Moms Meals, so when our members are immediately postpartum, they, too, have access to food resources.

And I mentioned our community outreach team. We do a lot of education around Farmers Markets Dollars Programs to help people stretch their food dollars, you know, where they can find pantries and hot meals.

And something I'm really excited about: Humana next month, so this -- consider this your invitation -- here in Louisville on August 21st, we're going to host a Nutrition Festival at the Norton Sports and Learning Center. So that's the track that's in the Russell neighborhood. It's a Nutrition Festival, we're calling it

"In the Kitchen." If you have entered the pickle ball craze, then you might know that "in the kitchen" is a pickle ball term. Humana is donating some pickle balls to the Louisville Urban League, the Norton Sports and Learning Center, so this will be an opportunity to play pickle ball, you'll get a chance to connect with nonprofits and small businesses in the community that are nutrition related. We've got a chef from Feed Louisville who's going to do a demonstration, and you'll be able to take home some healthy snacks and ingredients to re-create that recipe in your own home. So we really hope to see you guys on August 21st.

Another resource that we make available to our members: Go365, that's our wellness platform where you can earn rewards for healthy behaviors. And on Go365, we've got a recipe database, an eat-right cookbook, and it's really designed to make eating healthier a lot easier for people. So there's tons of great resources out there, there's meal plans, information

about, you know, being able to cook on a budget. So that's a really cool resource that we hope people will check out.

We've also partnered with an organization called The Big Know. They create health education that is available through streaming content, and these are also just different videos and other information from health experts. And so the whole idea is to have continuous education and continuous engagement from folks. So you can see on the slide there some of the cool resources that are available through the platform.

These last couple of slides, we've talked about some of these, but just generally speaking, you know, Humana has a number of value-added services which are there to help all of our members, including our kiddos, be able to live their best lives and be very thoughtful about what their nutrition looks like. So these are some of those resources that I talked about earlier.

And our Go365 Healthy Rewards Program, I mentioned that before, but these

are some of the things you can get rewarded for. So that well-child visit that I mentioned before, it is one of those things. You know, Stuart talked about the ability to get a Fitbit, so that, too, was something that's available to our members through the Go365 platform. We've got gift cards to Nike and other organizations as well. You could buy outdoor and recreation gear. There's all kinds of cool stuff on the Go365 mall that our members have access to when they earn those wellness points.

And that's all I have for you all. Any thoughts, or questions, or feedback?

MS. GRIGSBY: Thank you. It sounds like you guys have a lot of things going on, and are well, you know, focused on those patient populations that, I think, all of the MCOs are focused on trying to reach folks where they are. So that's really encouraging that all of you guys are really thoughtful about how to get patients engaged in their health, so --

MS. CLEMENTS: Thank you for that feedback.

MS. GRIGSBY: -- thank you. Any other questions or comments?

(No response).

MS. GRIGSBY: Okay.

MS. BICKERS: Anthem.

MS. BROSHEARS: Hi. Dr. Danielle Broshears with Anthem. Can you allow Stuart Cox to share? He's going to be driving our presentation today.

MS. BICKERS: Yes, give me just a second.

MS. BROSHEARS: Thank you. I tried beforehand and PowerPoint was freezing the whole computer, so I figured we would want to avoid that today.

Okay. All right, Stuart, you can go to the second slide whenever you're ready. All right, so this is our pediatric obesity data. We first pulled all members -- pediatric members who had an obesity diagnosis, and that provided a very low percentage of members who actually were showing up. So then we added in the BMI of 95th percentile and greater to add into that, and we're still seeing pretty low

numbers. My feeling here is especially since the most recent data that I've seen is about 20 percent of children in Kentucky are obese, that we are definitely missing some numbers.

We have been working with providers and encouraging them. I know a lot of providers are doing, you know, obesity screening, they're talking about wellness, they're talking about nutrition, they're talking about exercise. But I feel like a lot of them -- what we've gotten feedback is a lot of practices are missing this -- putting actually the diagnosis codes in. So we've been really working to educate and coach providers to provide this, so that way that not only are we getting our HEDIS data, but so that we can also provide better services to the members who need it. If we get those obesity diagnosis, we can reach out to them and help provide them more services.

So if you want to move on Stuart -- slide three. We do have a Healthy Family Lifestyles Program. It is specific for

pediatric members ages 7 to 17, and it involves telephonic coaching. Health educators work to empower families to make positive behavior changes, work on improving their diets, encouraging more exercise and just more movement in the family. They do this through education, online resources, and coaching. We will take referrals, and on the last slide, there will be our case management email, so any provider who would like to refer their patient to this program, we'd would love to have them.

We prioritize members who have obesity or weight diagnoses in their charts, but other than that, we do -- our program coordinators do reach out to all pediatric members that they can get a hold of, so that way they can work with members not only those who are being diagnosed as obese, but other -- sometimes the families just have concerns if their kids are picky eaters, or sometimes those kids are underweight. So we work on all diet and exercise issues if the family is interested.

Can you move on Stuart? We are

working to improve our outreach and participation. A lot of times, we're limited by families who are on the "do not call" list, but in 2023, we reached out to 377 and 14 participated. And so far this year, we've had 4 out of 55, but we would like to improve the members who enroll in this program.

Can you go on? I did want to provide a success for story for a member who has been participating in this program. A 12-year-old overweight female was struggling with her motivation, she wasn't getting much physical activity, and she readily admitted she ate too many snacks and ate too much at meals. Her beginning weight was 180 pounds. A health educator has been working with her on eating smaller portions, working on healthy snacks with her, and trying to educate her on more balanced meals. They're also encouraging physical activity through walking and workout videos, and she's embraced this change and lost 11 pounds. And she's only five months into her program, so she does have another month in the

program. And she's continuing to keep up with these healthy lifestyle changes, so I thought this was just a good story to show, you know, these interventions definitely work.

At Anthem, we have other value-added benefits very similar to a lot of the other, you know, things that the other MCOs have mentioned. We have Boys and Girls Club memberships, which is no cost for members between 6 and 18. We, like the other MCOs, provide sports physicals for free, we have a fresh fruits and vegetables program for members in the household that are 18 and older with obesity as well. We also have food is medicine programs, provide a lot of other value-added benefits, such as free air fryers and such if there is a family member in the home with obesity or diabetes. And as we know, typically obesity runs in the family, so the family does have other resources that they can access other than just these.

Similarly, we do have member incentives for completing the well-check

visits. We definitely want them to be going to the providers. We feel strongly that this is, you know, they need to go to their medical home and discuss weight, nutrition, exercise counseling with them. So we incentivize them to get those annual well-check visits, which you can see on the screen it varies based on what age. And, you know, we also do incentivize providers those who are in our incentive programs to earn money towards completing the WCV measures and the WCC, those nutrition and exercise counseling.

Anthem, additionally, uses our marketing team, and they go out and work with our schools. They've sponsored more than 1,200 -- we've sponsored more than 1,200 school-based events in the last few years, and we've gone into schools in all Kentucky counties. We've donated $15,000 to sports physical -- fitness equipment to two different school districts. We've worked with a summer lunchbox program to help feed kids. We know just having food in their bellies is very important.

And then you can also see, you know, there is a little bit of a blurb underneath the kiddo with the carrot and a broccoli about what these education programs do that we have in the schools. And they go into schools and teach about healthy plates, and show them the different food groups, and the benefits of eating from a healthy diet to help them learn more about how to make their meals healthy.

Can you go on, Stuart? And so this just has our "contact us." So anybody at the -- I think the most important one here is the KentuckyCM@Anthem.com. Any provider who has a patient they would like to enroll in our Healthy Families Program, I would encourage you to reach out, and then that CM case manager will get us -- or connected to the patient that you guys have.

Any questions for Anthem?

MS. GRIGSBY: Thank you.

MS. BROSHEARS: Thank you.

MS. GRIGSBY: And including the email where we can refer patients for case management, I think, is really helpful as

well.

MS. BROSHEARS: Yeah, I know that's the -- we had a direct link to our -- like, a phone number you could call to the healthy reward -- or to the Healthy Families Program, but I feel like that is easier just to get an email, that way you don't have to worry about reaching out and getting called back. But if you do want that phone number, let us know.

MS. GRIGSBY: Okay, thank you.

MS. BROSHEARS: Thank you.

MS. BICKERS: And last but not least, that leaves Aetna.

MS. PULLEN: Hello, everyone, good afternoon. I am Kelly Pullen, I'm the executive director of the SKY program at Aetna Better Health of Kentucky. We are excited to talk to you all here today about our supports and services that we offer our children and adolescents.

I think, you know, for the folks on the call, we all know Kentucky where we stand, and we rank in terms of obesity in the United States for kiddos. Also, as a

single source contract for children in out of home care, we know that there are increased risk factors for obesity based on children entering the foster care system. This can be due to them being prescribed psychotropic medications, it could be due to children developing certain associations with food that are unhealthy as a result of their trauma, and also poses risk factors for our members based on their placement. Some of our members are placed in residential facilities or psychiatric settings where they don't have access to activities to be active and exercise.

So we have created a couple of different initiatives at the health plan that are available for our SKY members. And we'll talk about the SKY specific one next, but for all of our members at the plan at Aetna we do offer care coordination for our children and adolescents who are at risk for obesity, those who are diagnosed with obesity, or those that are overweight. We also provide referrals to weight management specialists. We have a number of VABs that

I'll walk through, and our care coordination team also provides some of that family member and provider education.

In regards to SKY specifically, we have a program that we have launched that is our Health Runs DEEP residential package. And within that program, our team really worked to create a five-session interactive training with residential facilities that are serving our members that are impacted by foster care and juvenile justice. Our team goes to the facility, trains staff, interacts with our members, and there are a number of sessions. The first one is really teaching kids about nutrition and healthy eating habits, teaching them how to draft smart goals, then they have more targeted sessions that go into that healthy nutrition and physical activity. And as part of that package, our kiddos have access to, you know, steps trackers, pedometers for them to be able to start to enjoy some physical activity.

When we wrap these trainings, we have a smoothie bike. I don't know if folks are

familiar with that, but you got to peddle to make your smoothie. We take those to the residential facilities, and the kids absolutely love having the opportunity to spin and make their own smoothies. So these classes have been really exciting for us to launch in the state, in particular for our SKY members, again, just based on their limited ability to participate in some of those more normalized activities in the community.

We also have for the entire health plan, a Population Health Diabetes Program. The focus of this program is really to improve health for our members that have diabetes, hyperglycemia, those that are overweight, prediabetic, those that are diagnosed with obesity, and morbid obesity. The interventions for this particular program, we do run reporting, we have early identification and support. They're referred over to care management where they're receiving that care management and care coordination support. And then they're also provided with access to socially

necessary supports and services, and other educational tools and resources.

From a value-added benefit perspective, you know, I think a lot of the MCOs have spoken to things that are very similar. I'll highlight a few here, and certainly, if you all have questions, let me know, happy to dig a little bit deeper. We have a home delivered meal program that we offer through GA foods. We also provide gift cards for children's after school activities that can be used for things like the Boys and Girls Club. Those can be used for Girl Scouts, Boy Scouts. We allow those gift cards to also be used for sports, so kids can use -- parents could use the gift cards for kiddos to be able to play baseball or play on a sporting team out in the community.

In SKY, we offer all of our members in SKY a YMCA membership. Early on in our program, we had a performance improvement project with DMS that really focused on helping to increase counseling for nutrition and physical activity, and part of our

program was to offer a YMCA membership to certain members that were participating in that initiative. And it was wildly popular, so we expanded that to all of our membership this year. It is our most requested VAB, families love it. It gives a membership not just to the individual child, but the family can request a family membership which allows everybody, right, in the home to be able to go and participate in activities at the Y. I love the Y as a parent. If you have a membership, you get discounts for some of those sports activities, camps in the summer. So we absolutely love this benefit and giving folks the ability to go and get active and participate in physical activity at their local Y.

We also, this year, expanded that benefit, our gift card. We have feedback from our members that there might not be a Y, right, around them in every location in the state. So we are able to utilize that benefit to allow them to be able to go to a local gym if there is not a YMCA that's available in their region.

We also offer slow cooking nutrition classes. We offer this to all of our membership, but in particular, in SKY, this class is really popular. We are teaching our members how to utilize their crockpot to make nutritious and healthy meals. Our team has even partnered with local food banks so that they can tailor what food is available at the food bank that they can use to make healthy meals at home. When our youth complete that course, they get a free slow cooker, so this is one that's really popular, especially with our transition aged youth in the SKY program.

And then we also offer gift card incentives for preventative services, so those well-child visits. We really think it's important for our membership to be able to get to those appointments and see their providers.

And then from a data perspective, this -- we track this, which is our WCC measures. You can see our year-over-year trends. We are increasing with our BMI percentile in ensuring that our members are

getting that counseling for nutrition and that counseling for physical activity.

At the bottom are just a couple of data points for some of maybe the value-added benefits that I talked about. So for that Health Runs Deep Program, we've had 41 participants in that program in 2023 and 2024 thus far. We provide quarterly, we provide our outreach with gaps in care reports. I know a couple of folks mentioned that. We also have gift card incentives for those preventative visits. We do engage in value-based contracting, and these measures that you see here on the screen are a part of those. From the YMCA membership perspective, we have 3,351 members who have secured that membership for the YMCA. We have three residential facilities that are participating in that -- the healthy residential package.

And then really unique to SKY, is that we work really closely with The Department for Community Based Services. And we actually provide them with regionalized gap in care reporting for all

of the kiddos that are in foster care and committed to this state, so that the state social workers can work really closely with our care coordinators to make sure, again, that kiddos are getting to those necessary appointments to close that gap in care.

And then I always like to wrap with a success story, and I'm going to share one in particular for SKY. We had a youth very recently who had been admitted into inpatient facilities quite frequently due to some aggressive behaviors, also some behavioral health acuity. And recently he discharged back into his community with his grandparents in a rural area here in Kentucky.

And one thing that's unique to SKY, we offer high fidelity wraparound care management, so this member was set up with a hi-fi care manager in that community just to make sure that he and the grandparents had all the supports and services that they needed to stabilize the member in the community. And our hi-fi care manager spent some time working with our youth and making

sure that they give their voice into what their goals are and what they want to be focusing on. And this member actually verbalized that he wants to try out for the school football team, but in order to do that, he thought he really needed to get in shape. So they were hooked up with that YMCA membership, and once our team helped him to get that activated, that member actually requested to work out with the hi-fi rep care manager at the Y, which they, of course, did. And through their continued work together, the member has verbalized that this benefit not only is going to help him achieve his goals to be able to try out for the football team, hopefully make that, but also, that going to work out and getting some of that physical energy out is a really good coping strategy for him to reduce some of those behaviors that he was engaging in before. So we're just really excited to be able to provide some of these unique benefits to our membership here at Aetna.

And I will pause and see if you all have any questions for me.

MS. GRIGSBY: Thank you. Lots of good things going on with all of our MCOs. So thank you, all, so much for all of your work around this, and all of your work around making our families healthier. It's really exciting to see all of the good work that's going on, so thank you, all, for this.

Any other questions or comments.

(No response).

MS. GRIGSBY: Okay.

MR. OWEN: Well, this is Stuart with WellCare, I was just wondering where to get a smoothie bike. I'll check with Kelly later on that.

MS. GRIGSBY: That's awesome.

MR. OWEN: Yeah.

MS. PULLEN: Yeah, they are so cool, they really are. We're sharing tips --

MS. GRIGSBY: I need one for my house, yeah.

MS. SMITH: Sometimes I realize during the middle of these wonderful presentations that I am curious about how many people take advantage of all of these

services, but I know that you don't, you know, necessarily have that data right off the top of your head, and there's no reason to go back, and you know -- but I guess I just am always interested in learning about all of them, and then wonder, like, how much, you know, I guess the members are made aware of, and now, we can obviously help them be aware too, and pass along to our people. But anyway, I think they're all amazing and had no idea, so.

MS. GRIGSBY: Yeah, really cool stuff. Okay, thank you, all, again.

MS. CANTOR: This is Dr. Cantor, if I could add on to that last comment. After -- during my private practice days, I really had a different view of health plans. But now, sitting on this side, I think that one thing that you all as caretakers, as providers, as physicians, clinicians taking care of the patients and our members, you don't have to memorize all these things from all these plans. Encourage them to call the number on the back of their ID card, and I'm certain that everyone of us here from the

MCO seats would be able to concur that they call that number, they can be advocating for -- the member can say, "These are the things that I need." But you can say, "I've heard from the MCOs. We are -- they have things for you. They will do things for you, whatever that might be."

I think we all gave a very high-level overview of things. There's a lot more that we all do, and I just had no idea that health plans did this on a daily basis. So it's -- there's a lot for you all to do on every -- at every turn that you go to, so I encourage you just to say, "call the number on the back of your ID card," and we're here to help.

MS. GRIGSBY: Great, thank you. Yeah, that's very helpful because as a provider, as focused as I was on what you were saying, and having the information sent to me, just knowing that "Hey, call the number on the back of your card because there are probably some really cool things and perks that you can get that you may not be aware of."

MS. CANTOR: Yeah, thank you.

MS. GRIGSBY: Thank you. Okay, I think we were going to try to see if we had an update on school-based services, the information about payment for services outside of school hours.

MS. JONES: Hi --

MS. GRIGSBY: Was someone going to update us on that today?

MS. JONES: Yes, this is Erica Jones, manager of the Maternal and Child Health Branch. And the billing for services outside of the normal school hours would affect the Random Moment Time Study, and we contract with the Department of Education to actually administer that part of it.

But what we have done is scheduled a webinar with Public Consulting Group, and they are the vendor that actually does the Random Moment Time Study, and they will explain what the impact would be for billing during those nontraditional hours. That is scheduled for July 24th, and we can share that invitation to all the members of this TAC to make sure you're able to participate

as well.

MS. GRIGSBY: Okay.

MS. JONES: Are there any questions, maybe after the webinar?

(No response).

MS. JONES: Okay, thank --

MS. GRIGSBY: And that's on the 24th at what time?

MS. JONES: That is at 11 a.m.

MS. GRIGSBY: Okay.

MS. JONES: And we can also record that, and that way that can be available if you're not able to attend live.

MS. GRIGSBY: Okay, thank you.

So it looks like the other piece of old business is that our -- I think our plan for the September meeting was to have a report on oral health emergency care and OR delays. But I'm going to be honest, I can't remember who was going to be in charge of that presentation. Can anyone recall?

MS. BICKERS: This is Erin, I might be able to go back through the email chains and see who -- excuse me -- requested that it was added to the agenda.

MS. GRIGSBY: Mm-hmm.

MS. BICKERS: I was also going to ask for clarification if you wanted this information from DMS or if you wanted it from the MCOs?

MS. GRIGSBY: Well, and I feel like this was around our concern that in some areas, the dental providers were having difficulty getting OR times and sedation for emergency cases. But honestly, I can't remember the entire conversation at this point, so I apologize for that. If someone else, if one of the other TAC members can recall the conversation?

(No response).

MS. GRIGSBY: I know there were some concerns that someone brought to the group based on feedback from some of the dental health providers that they were having a real -- really difficult time finding sedation time, finding OR time for these emergency issues.

MS. BICKERS: Was that maybe Amanda who's not with us today?

MS. SMITH: You know, I wonder --

MS. BICKERS: We have two Amandas.

MS. SMITH: I wonder if it was, yeah.

MS. BICKERS: I believe she represents the pediatric dental population, so that could be her item. We could follow up via email --

MS. GRIGSBY: Yes.

MS. BICKERS: -- for clarification if you want to keep it on the September agenda. And it looks like Dr. Caudill with Avesis has his hand raised.

MS. GRIGSBY: Okay.

MR. CAUDILL: Yeah, I can bring a little bit to this conversation. Historically, we had numerous complaints from pediatric specialists that they were having trouble getting OR slots and they were being literally frozen out of the ORs by many hospitals and ASCs in favor of more lucrative cases. And that's been going on for a very long time.

About three and a half years ago, I went on a quest to get in the anesthesiologist teams into Kentucky, and we now have three different groups including

Smile MD, who actually go into an office and if the kid's ASA 1 or ASA 2, that can actually put them under in the office with an MD team there, including an MD anesthesiologist, a technician who is an EMT, and then also, an anesthesia nurse. So they bring everything in, soup to nuts. It's literally a traveling ASC, and we've made great strides in getting kids seen under that program much faster.

But that goes to the crux of the whole problem, they were literally being frozen out of the ORs.

MS. GRIGSBY: Okay. And this was any pediatric -- this wasn't necessarily a pediatric dental case; this was other pediatric subspecialists?

MR. CAUDILL: The reports I was getting were from the pediatric dentists.

MS. GRIGSBY: Oh, okay. Okay.

MR. CAUDILL: And they were being frozen out in favor of more lucrative cases in the ORs.

MS. GRIGSBY: Gotcha. So perhaps we can reach out to the dental representative

to see if this is something that she can bring to the group at the next meeting. Erin, do you want me to do that, or will you do that?

MS. BICKERS: I can send out a group email --

MS. GRIGSBY: Okay.

MS. BICKERS: -- just for some clarification.

MS. GRIGSBY: Okay. And then under new business, the immunization gaps survey, DMS, were they going to give us a report at this meeting, or was that also going to be in September?

(No response).

MS. GRIGSBY: I think they were in the process at the last meeting; was that correct? They were in the process of collecting information.

MS. BICKERS: Yes --

MS. PARKER: Yes, this is Angie Parker with Medicaid.

MS. GRIGSBY: Yes.

MS. PARKER: Yes, I believe Dr. Theriot was going to be able to finalize

that, but I don't think she's on today, so --

MS. GRIGSBY: Okay.

MS. PARKER: -- it's probably best for September.

MS. GRIGSBY: Okay.

MS. BICKERS: Donna?

MS. GRIGSBY: Yes.

MS. BICKERS: Dr. Theriot isn't on, but we do have someone on to speak about it.

MS. GRIGSBY: Oh, cool, okay.

MS. BICKERS: Crystal -- Dr. Theriot asked someone to come on and speak briefly.

MS. GRIGSBY: Okay, okay, great. Thank you.

MS. PARKER: I guess I should have just kept my mouth shut; thanks, Erin.

MS. BICKERS: No worries, Angie.

MS. GRIGSBY: Okay.

MS. BICKERS: Crystal, are you there?

MS. GRIGSBY: Oh, there she is, okay.

MS. BACK: Hi, can you all hear me okay? Let me move this out of the way.

MS. BICKERS: There you go. Yes, we can hear you, thank you.

MS. BACK: Oh, okay. So, hello, everyone. For those of you who do not know me, my name is Crystal Back, and I am the pediatric immunization nurse coordinator at Kentucky Department for Public Health's Immunizations Branch. I'm also cochair of the HPV task force, and I also lead the early childhood vaccine task force group. Dr. Theriot, who could not be here today, asked that I share this -- some of the results from the pediatric provider survey with you guys, so let's get started.

So back in 2013, a research team collaborated with The American Academy of Pediatrics to conduct an anonymous questionnaire evaluating vaccine attitudes among pediatric providers at AAP sponsored vaccine conferences. Survey results underscored pediatric provider vaccine hesitancy as a barrier to achieving high immunization rates. Using that survey, the Department of Medicaid and managed care organizations developed a survey for Kentucky's pediatric providers, and this included MDs, APRNs, PAs, as well as

pharmacists, that was conducted between February 1st through February 29th of this year. The survey comprised of 37 Likert scale, and 8 open response questions, and was divided into 4 categories: General beliefs and practices, insights on vaccine safety, vaccine administration practices, and provider and parental perceptions.

The survey was emailed by Medicaid care organizations to approximately 800 primary care pediatrics and family medicine health care providers in Kentucky who billed Medicaid for pediatric services. There was a total of 115 respondents which came out to about a 14 percent response rate. The study aimed to evaluate vaccine attitudes and identify challenges impacting pediatric provider vaccine promotion, recommendations, and vaccine uptake both during and post-pandemic in Kentucky.

So I'm not going to go over every single question today as most answers are what we would expect, such as this one: "I believe childhood vaccines are safe." Ninety-two percent agree that they believe

childhood vaccines are safe.

And I thought this one was interesting: "I discuss the importance of the COVID-19 vaccine for eligible young children of parents or caregivers." Only 40.9 percent strongly agree, and 25.2 percent agreed, so approximately 65 percent. And after everything we have been through with COVID and the loss of lives even here in Kentucky, I would think that providers would be more on board with vaccinating for COVID, however, we don't know how this would've been answered if it were given when the first vaccine became available.

Approximately 95 percent agree that they feel they stay current and up to date with ACIP's recommendations that they have been -- that have been adopted by the CDC, including new vaccines or immunizations available and changing guidelines for current vaccinations.

And although 95 percent felt they stay current and up to date with recommendations, approximately 28 percent

agreed that they feel overwhelmed at maintaining current awareness of the frequently evolving ACIP-CDC guidance, and the continuous approval and recommendations for new vaccines.

Then we have 37 percent of respondents state that, "Yes, I need help staying well-informed and accessing the most current information sources."

Approximately 57 percent of providers that responded to the survey stated that they routinely administer all medically appropriate vaccines to a child during one visit, including vaccines that are not required for daycare, school, or other, even when the child is on a catch-up schedule.

Seventy percent of respondents disagreed that they were concerned that administering multiple vaccines in a single visit could potentially overwhelm an infant's or child's immune system. And I think this is a big deal with 30 percent possibly feeling that a child's immune system would be overwhelmed by giving multiple vaccines at once.

Almost 30 percent agreed that they believe in all vaccines, but due to cost or other factors, their office doesn't stock all ACIP recommended vaccines. And then there was 12 percent that neither agreed or disagreed.

Fifty-three percent agree that their practice has a system in place to notify patients when seasonal and/or new vaccines are available and waiting for them at their facility.

Approximately 30 percent agrees that "My practice offers pop up vaccine clinics, after hours appointments, or other alternative options to facilitate administration of childhood vaccinations."

"My practice offers immunization only visits to facilitate administration of subsequent vaccine doses not requiring a well-child exam." Approximately 70 percent agreed with this statement.

"If a child comes in for a sick visit and immunizations are due, I will vaccinate the child if he or she is not moderately to severely ill or has another contraindication

to vaccination during that visit." Only 51 percent of respondents agreed, so there's a huge opportunity for education and outreach on this I feel like.

"I advocate for vaccinating the entire family present during immunization appointments even if only one individual is scheduled for vaccination." Approximately 45 percent of respondents agreed with this statement.

"When a patient misses his or her immunization appointment, someone from the office will follow-up to reschedule the missed appointment within the next few days." Eighteen percent strongly agreed, and forty-five percent agreed.

Fifty percent stated that they sometimes come across parents or caregivers who are hesitant or reluctant about vaccinating their children, while 30 percent often have those encounters with parents or caregivers.

And when asked, "Would any staff members in your practice benefit from additional vaccine education to reduce

hesitancy for parents or caregivers," 48.7 percent feel that they would.

And here is one of the "select all that apply" questions that we had. So while 77 percent have no safety concerns, COVID-19 comes in high, so at 22.6 percent having safety concerns. With RSV monoclonal antibody next at 8.7 percent, then we had HPV and influenza at 3.5 percent of respondents.

As far as efficacy concerns, COVID has the highest for providers with RSV monoclonal antibody and influenza following.

"I feel it is challenging getting my patients fully vaccinated before their second and fifth birthdays due to the following barriers or obstacles." This was an open response, so we, kind of, created a word bubble with the -- as you can see. So most of the responses came in surrounded patient or parent compliance, missed appointments, transportation, parent refusal, conflicting schedules between work/school and available appointments.

And another open response with the

word bubble, "I feel it is challenging getting my patients fully vaccinated with HPV, two doses, MenACWY and Tdap before their 13th birthday due to the following barriers or obstacles." And here we had a lot of the same responses as the last one, such as compliance, vaccine refusal, work and school schedules. There were also several comments about HPV not being required or hesitancy around it.

"What are the most significant barriers or challenges your clinic has faced when it comes to administering vaccines effectively and ensuring high vaccination rates among your patient population?" Again, similar responses, including vaccine hesitancy, parent, work schedules, school, transportation, compliance, missed appointments, vaccine refusal, and misinformation.

And "How do you currently address vaccine hesitancy in your office, including patients, parents, caregivers, or staff members?" Several responses included, providing education, having discussions and

explaining the importance of vaccinating, using data and providing facts about vaccines, and giving handouts.

"What strategies have you found most effective in overcoming vaccine hesitancy in your office?" Education was one of the biggest ones here, providing parents information, listing and addressing concerns, and just keeping them informed and explaining the importance of vaccines.

"What other resources would you like to share for overcoming vaccine hesitancy that other practices or providers may find beneficial?" Several responded "none," but equally, there were several around needing information in order to be able to point parents of trustworthy sources such as AAP.org and CDC guideline handouts, videos, and just knowing websites that they should be referred to.

So at the end, we had an optional feedback, and this is some of the responses. Like I said, it wasn't required, and this is just what some providers had listed: "Lifestyle and dietary factors are very

important in health of children." "Homeschooling with reduced exposure to other children reduces much childhood illness." "I support parents who make that decision and recommend vaccinations when children are old enough to enter activities where there is more interaction, such as camp or college. Then they are directed to their public health department to receive vaccinations." "Put more emphasis on debunking misinformation to public, specifically the link between vaccines and autism. We hear concerns about thimerosal in vaccines, aluminum in vaccines, and multiple vaccines overwhelming the child's immune system. Also, the current generation of parents have not seen the effects of the diseases vaccines prevent, so it is out of mind for them." "I do not believe we should be vaccinating young children for COVID-19." "Parents should not be allowed to refuse immunizations for their children." "Our vaccine numbers have been steadily increasing, and we credit that to the education of our parents and caregivers."

All right. And so that is all I have. If anybody has any questions, I'll be happy to do my best to try to answer them for you, or you can email me.

MS. GRIGSBY: It is interesting that at least one person felt the need to comment about the COVID-19 vaccine. I think there's been such -- just so much discussion and controversy and misinformation about that vaccine, and it's interesting that even among -- and again, I don't know the background or how many providers commented, if that was just one, if that was -- you know, if that was multiple folks. But obviously, a provider that doesn't believe in a vaccine is not -- those patients are not probably going to be offered that vaccine, which is a huge barrier to that patient population. So --

MS. BACK: Yeah, and I also thought the other one that, you know, supporting parents when their kids are old enough to interact, such as camp and college, you know, waiting to get vaccinated. I thought that was a very interesting one because, I

mean, do you not take them out to the store, to playgrounds?

MS. GRIGSBY: Yeah.

MS. BACK: You know, they're not interacting with your family and friends?

MS. GRIGSBY: Yeah, I mean, it's interesting.

MS. BACK: Yeah, the one at the end, "I do not support giving the COVID-19 vaccine," that was just one comment, but still, to know that a provider, or, you know, somebody with that influence made that comment.

MS. GRIGSBY: Yeah.

MS. BACK: I thought was really, kind of, concerning and surprising.

MS. GRIGSBY: Yeah, 'cause like I said, again, that provider is not going to be offering that.

MS. BACK: No.

MS. GRIGSBY: So -- well, thank you. That's -- some of those statistics were concerning to me about, you know, some physicians feeling -- or some providers feeling overwhelmed by all of the vaccines

that they have to know information. And certainly, as a pediatrician, thinking about knowing all the adults and the children vaccines is a little daunting to me. But it is concerning that there are providers out there that are overwhelmed -- that feel overwhelmed with this responsibility.

MS. BACK: I agree. But thank you, all, for allowing --

MS. GRIGSBY: Mm-hmm.

MS. BACK: -- me some time to speak today on Judy -- on Dr. Theriot's behalf.

MS. GRIGSBY: Well, thank you for being here.

MS. SMITH: Dr. Grigsby, do you think that's support staff? Like, not having enough infrastructure in the office to help, like, coordinate all of it? Or what do you think when they say they don't -- you know?

MS. GRIGSBY: You know, it could be, it could be multi-faceted. You know, there are a lot of -- there are a lot of vaccines that have come out over the years, and if you're an older provider and you're not doing all the work to try to keep up with

the -- you know, with the latest recommendations it can be pretty frustrating or pretty, you know, overwhelming.

You know, and even I do it every day, and even there are times that based on whether it's the second or the third dose of a vaccine, and the age of the child at the first or second dose versus the third dose, you know? And I'm in a teaching clinic, so I have a little bit more time to think. But if I'm, kind of, cranking through that, you know? And I have a copy of the -- you know, of the information right there at where I'm working. So I could see where it could be very frustrating and very daunting to -- yeah -- to not have that readily available or to not even have the time.

And maybe you are having your staff put in your immunizations and trying to get somebody caught up that's never had the right immunizations, and figuring out which ones are next. I mean, it just takes some minutes, and some of these providers that are seeing, you know, lots of patients during the day because they are maybe one of

two providers in that area, I can see where it would be, kind of, overwhelming.

So that's the only thing I can think of, you know, in terms of that can be -- and, you know, there are new immunizations, you know, even since COVID: The new RSV vaccine --

MS. SMITH: And if your whole day is filled with sick visits, or, you know, you don't have --

MS. GRIGSBY: Yeah.

MS. SMITH: -- time, and, yeah, that's true.

MS. GRIGSBY: Well, and I felt like it was interesting because it reflected -- the statistics reflected the newer vaccines that they didn't trust, right? Like, "I don't trust the RSV, and I don't trust the COVID, the flu." You know, I don't know what it is about the flu vaccine because it's a good -- I mean, it's a good vaccine. It's not great every year, but, you know, you won't die if you get a -- typically, if you get a flu vaccine. You might get the flu, but you're not going to die, but boy

there is so much pushback on that vaccine, particularly, among families, and apparently providers, so.

MR. OWEN: And a quick note -- this is Stuart with WellCare. I know in the Primary Care TAC, one of the providers, one of the docs on that TAC indicated parents expressing concern about the COVID vaccine getting mixed in with the flu vaccine, so they were hesitant to have their child vaccinated with the flu because of that.

MS. GRIGSBY: But where does that come from?

MR. OWEN: Right, right.

MS. GRIGSBY: I don't think anybody's said anything about --

MR. OWEN: No.

MS. GRIGSBY: -- those vaccines being made together or anything, so --

MR. OWEN: Right.

MS. GRIGSBY: -- I just think there's so much vaccine misinformation out there. And, you know, if you've had a family member that's had -- that's gotten sick with a vaccine, you know, may have gotten an

expected side effect of fever or whatever, you know, you're going to be much less likely to get that vaccine for your other family members, so.

But that's -- yeah, there's just such -- it's unfortunate because it's just distrust, you know? If you trusted -- if you trusted the medical profession, you would think that -- or the pharmaceutical profession, you would think that those questions wouldn't continue to come up, but there's a level of mistrust that I don't think many of us that have been practicing for a lot of years have seen when we first started.

MR. OWEN: Yeah, and if I'm understanding correctly, I think with us, we've seen it's particularly young female parents where we're seeing that mistrust, you know, spawned from the COVID.

MS. GRIGSBY: Yeah.

MR. OWEN: And I believe, I think, even nationally, like, we're seeing, I guess, measles coming back. I mean, I think that's probably going to keep happening.

MS. GRIGSBY: Yeah. Well, and, you know, Lexington's had a recent pertussis outbreak. You know, more cases in Lexington than they've seen in, what, the last five years altogether. So it's -- and it was middle school and high school kids, some of which were vaccinated and some of which weren't, so it's just -- it's interesting. And a lot of people feel like COVID allowed kids to, kind of, fall back -- you know, get behind on some immunizations, and nobody really pushed them to get them for some reason, or maybe they were overlooked. You know, you've got a school full of 2,200, 2,500 students, it's going to be easy to miss some vaccines from time to time.

MR. OWEN: And you do have -- you know, like, legislation basically, kind of, broadened the exemptions, you know --

MS. GRIGSBY: Mm-hmm.

MR. OWEN: -- from the vaccines giving more outs basically, you know, for reasons why. Like, basically, parent concern about the child's healthy or something, you know, instead of just being,

I think, historically, maybe a religious objection, you know, then it's been expanded -- the exemptions have been expanded more --

MS. GRIGSBY: Yeah.

MR. OWEN: -- because of legislation during COVID.

MS. GRIGSBY: Well, there have always been states that have had philosophical exemptions, and I feel like -- and we've always -- and I feel like, traditionally, we've been medical contraindications or medical exemptions and religious exemptions, and I do feel like there are parents that are exercising that philosophical refusal.

MR. OWEN: Yes.

MS. GRIGSBY: I like it when they come to me for the religious exemption, and I'm like, "I'm not your pastor, so I can't." You know, it doesn't have to be signed by a physician, so a lot of times I'll be like, "I don't -- I do medical only, right? I do medical exemptions only." I don't -- I can't -- I can't -- I can't know --

MR. OWEN: Attest to their religious beliefs.

MS. GRIGSBY: Yeah, I can't know that. I can't know --

MR. OWEN: Yeah.

MS. GRIGSBY: -- if you're part of an organized religious belief system that doesn't allow you to vaccinate your children. So I'm like, "I think you guys can sign those or you can get a clergy to sign them, but I don't sign them."

So -- but it is interesting how -- I mean, and we've been seeing it coming for a long time. It's not new, but it's just increasing, I think.

All right, anything else about immunizations?

(No response).

MS. GRIGSBY: So I think we have topics for discussion in September, correct? The Item C on old business, and also -- was there another? Were we going to, kind of, go back to Item B and discuss that after the seminar on the -- were we going to add that back to the agenda for September, the school-based services question?

MS. SMITH: That might be a good

idea. I don't know how long the webinar is or how many of us will be able to watch, but if there's just a synopsis or a basic answer to that question, it might be helpful.

MS. GRIGSBY: Okay. And then, I think one thing we had talked about is having a little more information about -- I mean, the gap survey was very helpful, but where are immunizations? Do we have recent data about where we are versus where we need to be? And is that something that we can discuss as well in September? I mean, October. It's October, right, not September?

(No audible response).

MS. GRIGSBY: Okay.

MS. BACK: I know that Nimmi Lavu with KDPH, she's an epidemiologist.

MS. GRIGSBY: Mm-hmm.

MS. BACK: She does the school surveys.

MS. GRIGSBY: Mm-hmm.

MS. BACK: She has some data on that if you would like to reach out.

MS. GRIGSBY: Oh, okay. In terms of

immunizations?

MS. BACK: Yes, immunizations --

MS. GRIGSBY: Oh, okay.

MS. BACK: -- for the annual --

MS. GRIGSBY: Okay.

MS. BACK: -- for the school health grants.

MS. GRIGSBY: Oh, okay. Thank you. Yeah, we can reach out and see if we can get some of that information.

So do we have any recommendations based on what we've heard today that should go to the MAC?

(No response).

MS. GRIGSBY: Okay. And then the MAC is -- Erin, when will the MAC be held -- the next MAC?

MS. BICKERS: It's the 25th of this month.

MS. GRIGSBY: Okay. Sorry, I'm just looking at -- the 25th is a Thursday, right. They're always on Thursday, okay.

Is our next meeting in September or October? I think I'm a little confused.

MS. SMITH: I think it's October 9th;

is that right?

MS. BICKERS: Yes, October 9th.

MS. GRIGSBY: Okay.

MS. SMITH: Because we've gone to quarterly, right?

MS. GRIGSBY: Yes, yes. Okay. Anything else before we adjourn?

(No response).

MS. GRIGSBY: And I will ask that the TAC members stay on so that we can plan for the next meeting. Thank you, Crystal.

MS. BACK: You're welcome.

MS. GRIGSBY: Erin, do you mind sending that to me? That email, or let me see -- hang on, just let me see if I can copy it real quick.

MS. BICKERS: No, I'll grab it out of the chat and send it to you.

MS. GRIGSBY: Okay, thank you. Okay, thank you, all. Do I have a motion to adjourn?

MS. DIMAR: I motion to adjourn.

MS. SMITH: I'll second it.

MS. GRIGSBY: Okay, all in favor?

(Aye).

MS. GRIGSBY: Okay. If the TAC members will stay so we can discuss the agenda for the October meeting. And thank you, again, to all of the folks that joined us with information from Medicaid and from the MCOs. Thank you, all, again, and we will see you in October.

(Meeting adjourned at 3:40 p.m.)

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CERTIFICATE

I, Tiffany Felts, CVR, Certified Verbatim Reporter and Registered Professional Reporter, do hereby certify that the foregoing typewritten pages are a true and accurate transcript of the proceedings to the best of my ability.

I further certify that I am not employed by, related to, nor of counsel for any of the parties herein, nor otherwise interested in the outcome of this action.

Dated this 17th day of July, 2024

Tiffany Felts, CVR