



# Catalyzing Change: An Evaluation of Health Net's Quality Improvement Campaign to Address Care Gaps in Well-Child Visits

MARCH 2024

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## I. Executive Summary

With over 40 years of experience caring for California’s most vulnerable and historically marginalized residents, Health Net, one of the state’s longest-serving and most experienced managed care plans with approximately two-thirds of its members enrolled as Medi-Cal beneficiaries, has invested more than \$93 million to support 500 community-based organizations to bridge the divide in access, equity, and quality of care.

To build on these longstanding efforts to improve health equity and address individual health-related social needs and community-level social determinants of health, Health Net utilized internal data and collaborated with internal champions to design the focus of their “3 by 120” Campaign. The campaign aimed to support Health Net’s efforts in advancing the California Department of Health Care Services (DHCS) Bold Goal of reducing racial/ethnic disparities in well-child visits (WCV) and immunizations by 50% by ensuring that Black infants in Los Angeles, complete at least two (ideally three) visits by the first 120 days of life. Health Net partnered with two regional community-based organizations (CBOs) and four regional Federally Qualified Health Centers in Central and South Central Los Angeles to support and advance the following 3 by 120 Campaign goals:

- **Goal 1:** Reduce racial inequities in well-child visits among Black children by 50% by 2025.
- **Goal 2:** Increase the percentage of patients who meet the 3 well-child visits by 120 days.
- **Goal 3:** Improve provider knowledge and confidence regarding addressing patients' barriers to well-child visits.
- **Goal 4:** Improve detailer knowledge and confidence in working with care team members to address patients' barriers to well-child visits.
- **Goal 5:** Strengthen clinical-community relationships to enhance trust and collaboration between healthcare providers and community-based organizations

Partner CBOs were trained in and implemented the HealthBegins community health detailing approach - an upstream, equity-focused quality improvement effort aimed at strengthening clinical-community relationships to close care gaps among priority populations.

As a result of the Campaign, detailers and care team members improved their knowledge and self-efficacy to address patients’ barriers to WCV and implemented various strategies to increase WCV. More specifically they worked together to assess and understand patient barriers to attending well-child visits, provide resources to address patients’ health-related social needs, educate patients on the benefits of well-child visits, and improve patient outreach and follow-up. Due to lags in practice-level data collection and reporting, practice-level changes in WCV rates have not yet been assessed by Health Net but will be assessed within the next several months. Opportunities to advance data collection and reporting efforts as well as build upon successes to achieve longer-term campaign goals have been identified in this report.



## II. Introduction

Closing the care gap in well-child visits is paramount, particularly among Black infants and children in Los Angeles, as it directly impacts their overall health outcomes and well-being. Regular well-child visits facilitate early detection of developmental delays, chronic conditions, and other health issues, ensuring timely intervention and treatment.<sup>1,2</sup> By addressing disparities in access to and utilization of healthcare, healthcare systems can promote equitable health outcomes and improve the long-term health trajectories of Black infants and children in historically marginalized communities.

To improve health equity, address individual health-related social needs and community-level social determinants of health, and advance the California Department of Health Care Services (DHCS) Bold Goal of reducing racial/ethnic disparities in well-child visits and immunizations by 50%,<sup>3</sup> Health Net launched an upstream, equity-focused quality improvement effort - known as the “3 by 120” Campaign.

## III. Campaign Overview

Health Net launched the “3 by 120” Campaign between October 2023 and February 2024 with a focus on ensuring that Black infants and children in Central and South Central Los Angeles complete at least two (aiming for three) well-child visits by 120 days of life. With support from HealthBegins, Health Net identified the following key goals and measures of success for the campaign:

- **Goal 1:** Reduce racial inequities in well-child visits among Black children by 50% by 2025.
- **Goal 2:** Increase the percentage of patients who meet the 3 well-child visits by 120 days.
- **Goal 3:** Improve provider knowledge and confidence regarding addressing patients' barriers to well-child visits.
- **Goal 4:** Improve detailer knowledge and confidence in working with care team members to address patients' barriers to well-child visits.
- **Goal 5:** Strengthen clinical-community relationships to enhance trust and collaboration between healthcare providers and community-based organizations

To achieve the campaign goals, Health Net engaged community experts (“detailers”) to leverage their knowledge and experience and work closely with clinical providers and care teams (“learners”) to identify and address individual-level and upstream barriers to attending well-child visits. Detailers included staff from community-based organizations - Win LA and Frontline Doulas - with aligned missions and experience serving the priority populations for the campaign. Detailers participated in a one-day training led by HealthBegins on the Community Health

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<sup>1</sup> Flores, G., & Tomany-Korman, S. C. (2008). Racial and Ethnic Disparities in Medical and Dental Health, Access to Care, and Use of Services in US Children. *Pediatrics*, 121(2), e286–e298. <https://doi.org/10.1542/peds.2007-1242>

<sup>2</sup> Nader, P. R., Horwitz, S. M., & Eriksen, M. P. (2016). The importance of well-child visits in the second year of life. *JAMA Pediatrics*, 170(10), 931–932. <https://doi.org/10.1001/jamapediatrics.2016.1503>

<sup>3</sup> California Department of Health Care Services. (n.d.). CalAIM: Bold Goals. Retrieved from [https://calaim.dhcs.ca.gov/pages/bold\\_goals](https://calaim.dhcs.ca.gov/pages/bold_goals)

Detailing (CHD) approach, focused on techniques for delivering key messages and conducting brief repeat face-to-face visits with clinical providers and care teams, and making specific recommendations for improving screening, assessment, and referrals. Key partners involved and roles in the campaign are described in Table 1, below.

**Table. 1: 3 by 20 Campaign - Key Partners**

Organization(s)	Organization Type	Description and Campaign Role
Health Net	Health Plan	Health Net, a wholly owned subsidiary of Centene Corporation and one of the state’s largest Medi-Cal managed care plans in California, invested in planning and launching the 3 by 120 Campaign
HealthBegins	Consulting & Training Firm	HealthBegins, a national mission-driven strategy and implementation firm that specializes in helping healthcare, and community partners collaborate to improve the social and structural drivers of health equity, partnered with Health Net as the lead experts in Community Health Detailing.
Win LA and Frontline Doulas	Community-Based Organizations (CBOs)	Win LA and Frontline Doulas have experience in and a passion for reducing disparities among children and infants, and advancing equity for historically marginalized communities.
<ul style="list-style-type: none"> <li>● Dr. Solomon Laktineh, MD</li> <li>● St John’s Well Child &amp; Family Center</li> <li>● T.H.E Clinic Wellness</li> <li>● Dr. Annette Coronel Perey, MD, INC.</li> </ul>	Federally Qualified Health Centers	CBO detailers will engage clinical providers and care team members in Central and South Central LA who share a commitment to serving patient populations most impacted by care gaps and inequities.

#### IV. Evaluation Domains & Methods

This report represents a summative evaluation assessing the outcomes of the campaign according to the following domains aligned with the five campaign goals:

- A. Addressing Racial Inequities & Increasing WCV (Goals 1 & 2)
- B. Detailer and Care Team Member Knowledge & Self-Efficacy (Goals 3 & 4)
- C. Clinical-Community Relationships (Goal 5)

A description of measurement areas within each domain is provided in Table 2. A detailed list of measures is provided in Appendix A.

### Data Collection

The evaluation collected quantitative and qualitative data using pre- and post-campaign surveys and qualitative data at monthly touch points with detailers between October 2023 to January 2024. Data collection methods are summarized in Table 3.

**Table. 2: Evaluation Domains & Measurement Areas**

Evaluation Domains	Description & Measurement Areas
Addressing Racial Inequities & Increasing WCV	<ul style="list-style-type: none"> <li>• HEDIS measure data (W30-15, W30-30)</li> <li>• PUMAS data</li> <li>• Compliance rate data for Black population by region (South LA and South Central LA)</li> <li>• HealthNet data systems and capabilities</li> </ul>
Detailer (CBO staff) & Care Team Member Knowledge & Self-Efficacy	<p>For Detailers:</p> <ul style="list-style-type: none"> <li>• Use of key messages and other communication techniques</li> <li>• Detailer relationships with and influence on care team members</li> <li>• Leveraging experience to address racial inequities and barriers to attending well-child visits</li> </ul> <p>For Care Team Members:</p> <ul style="list-style-type: none"> <li>• Assessing and understanding racial inequities and barriers to attending well-child visits</li> <li>• Informing and educating patients on the benefits of well-child visits</li> <li>• Addressing identified patient barriers to attending well-child visits</li> </ul>
Clinical-Community Relationships	<ul style="list-style-type: none"> <li>• Detailer communication and experience with care team members</li> <li>• Outstanding questions and/or objections raised by care team members</li> <li>• Strategies identified in detailer visits and/or tested to increase well-child visits</li> </ul>

**Table. 3: Data Sources & Collection Methods**

Data Source	Data Collection Method	Frequency
Campaign participants - detailers	Pre/post individual assessment survey via SurveyMonkey	Pre and post-campaign
	Detailer visit tracking forms	Upon completion; up to 3 visits
	Detailer check-in call notes via Zoom	Monthly (Oct 2023 - Jan 2024)
Campaign participants - learners	Pre/post individual assessment survey via SurveyMonkey	Pre and post-campaign
Program activities &	Document review of HB-Health Net	Ongoing

documents

check-in call notes and CHD Master Project Tracker

## V. Evaluation Outcomes, Lessons Learned & Opportunities

The sections below summarize campaign outcomes, key challenges, and insights gained, as well as opportunities for leveraging the campaign's lessons within each evaluation domain.

### CHD Campaign Participation & Detailer Visit Overview

Seven community-based organization (CBO) staff, representing two CBOs, served as campaign detailers, interacting with eleven target learners across four clinical sites in Central and South Central Los Angeles (Table 4). Each detailer was paired with a target learner and conducted three 15-minute face-to-face visits to convey essential messages. Additionally, four out of the seven detailers were assigned to two target learners each. A total of twenty-six detailing visits were completed throughout the duration of the 4-month campaign.

**Table 4: 3 by 120 Campaign Participation & Detailer Visit Summary**


Total # of CBOs engaged	2	
Total # of detailers trained (CBO staff)	7	
Total # of clinic sites engaged	4	
Total # of learners (provider/care team members)	11	
Detailer Visit Summary	Total # completed	Percentage completed
Visit 1: # of Visits Completed	10	91%
Visit 2: # of Visits Completed	9	82%
Visit 3: # of Visits Completed	7*	77%*
Total Detailer Visits Completed	26	84%

\*Two detailer visits were exempt from completion due to reasons described below (in "Detailer Visit Challenges and Lessons Learned" section) reflecting an adjustment in the denominator (n=9)

### Detailer Visit Successes

Reported successes from detailer visits included **helping providers/care team members better understand patient context and challenges, identifying opportunities to connect patients to community-based resources, and improving communication and outreach to patients.** Below are highlights and activities as a result of detailer visits.

- Learners were receptive to exploring and understanding patient barriers to attending well-child visits; detailers found asking open-ended questions helpful.

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- Detailers worked with care team members to identify barriers and solutions to increasing well-child visits, including transportation, access to healthcare, and mistrust in healthcare.
  - Detailers reminded care team members of the Health Net resources (i.e., FindHelp) for linking patients with community-based social services and supports.
  - Learners implemented various strategies to assess and understand patient barriers to attending well-child visits, provide resources to address health-related social needs, educate patients on the benefits of well-child visits, and improve follow-up with patients.

### *Detailer Visit Challenges & Lessons Learned*

The overall decline in subsequent visits completed over the course of the campaign was primarily due to difficulties regarding communication and scheduling, including unresponsiveness, redundancy, and meeting conflicts among target learners. For example, one detailer noted redundancy in communication with a clinic site from multiple detailers which contributed to confusion and delays with scheduling.

Moreover, detailers encountered challenges pinpointing the designated target learner at one site and experienced staff turnover with a care team member contact at another site. These issues led to the forgoing of the third detailer visit.

### *Opportunities*

Insights gleaned from monthly check-in calls, detailer tracking forms, and post-campaign surveys shed light on the potential for follow-up interactions between detailers and care team members after individual visits and the conclusion of the overall campaign. Opportunities include:

- **Post-visit Follow-Up:** Detailers suggested the potential value of sending follow-up emails to care team members after visits to summarize discussions, outline action steps, share resources, and schedule future visits.
- **Post-Campaign Follow-Up:** Detailers noted an opportunity to follow up with learners and clinic sites after the campaign to explore potential partnerships beyond the campaign scope, aiming to expand and sustain clinic-community relationships.

### *Domain A: Addressing Racial Inequities & Increasing WCV (Goals 1 & 2)*

Health Net utilized health plan Race/Ethnicity (R/E), Public Use Microdata Areas (PUMAs), and Healthcare Effectiveness Data and Information Set (HEDIS) data to identify priority care gaps, determine patient populations most affected by these gaps, and pinpoint geographical areas with the highest concentration of care gaps. Following this internal data analysis, Health Net identified a strategic approach: collaborating with in-network primary care practitioners (PCPs) in Central and South Central Los Angeles, **focusing on those with the lowest compliance rates, and serving a significant number of Black members.** Moreover, Health Net employed health plan data to establish both the current compliance rate among the Black population and target compliance rates necessary for addressing identified care gaps, as detailed in Table 5.



**Table. 5: FY22 - Target Compliance Rates for W30-15 and W30-30 to Reduce Care Gap Disparities in Campaign Priority Population by Region**

Metric by Region	Compliance Rate for Black Population	Target Compliance Rate for Black Population	# of People to Reach to Achieve Target Compliance Rate
<b>Central Los Angeles</b>			
<b>W30-15</b>	26%	35%	5
<b>W30-30</b>	30%	65%	72
<b>South Central Los Angeles</b>			
<b>W30-15</b>	26%	36%	14
<b>W30-30</b>	40%	59%	69

### Challenges & Lessons Learned

Because of limitations in internal staffing capacity, discrepancies in coverage, and the campaign's duration, the project team encountered obstacles in monitoring progress toward achieving performance measures linked to campaign goals 1 and 2. Below is an overview of challenges and issues the project management team identified during core-team meetings:

- **Internal staffing capacity:** Limited resources internally hindered the collection, management, and analysis of data on a monthly basis to furnish updated reports to clinical providers.
- **Unforeseen coverage discrepancies:** Monitoring WCV visits proved challenging due to discrepancies in coverage between the mother's insurance during pregnancy and childbirth and the separate coverage secured for the newborn post-birth.
- **Short-term campaign duration:** The campaign was implemented over four months and should be followed by data analysis. Additional time is required to assess for practice-level changes in well-child visits and associated care gaps.

### Opportunities

Building on best practices specific to the CHD model for data collection and measurement, there are opportunities to advance data collection and reporting efforts. To effectively monitor performance measures associated with campaign goals 1 and 2, HealthBegins has identified the following opportunities and next steps for Health Net:

- **Build practice-level data reporting and data analysis plan:** Existing plan-provider data systems support the plan's ability to track compliance rates at a population level, but are not necessarily designed to support real-time collaboration and quality improvement (QI)

efforts. To that end, participating clinical sites lacked systems to track, use, and report on process measures and well-child visits in a timely manner. Health Net has an opportunity to provide clinical practices with more timely relevant baseline data and build systems to help them gather data and track changes in well-child visits following the campaign.

- **Follow-up with providers:** Follow up with healthcare providers to provide user-friendly and comprehensible data reports, ensuring accessibility and ease of interpretation.
- Establish long-term goals:** Explore the feasibility of offering data reports to PCPs on an ongoing basis, aiding them in monitoring and enhancing long-term progress in closing care gaps.

*Domain B: Detailer (CBO) & Care Team Member Knowledge & Self-Efficacy (Goals 3 & 4)*  
*Detailer Knowledge & Self-Efficacy*

Detailers showed an overall increase in knowledge and self-efficacy by the end of the campaign (Table 6). The areas with the most significant gain include the level of confidence in meeting and sharing information with healthcare providers (Q1) and the ability to influence their behavior (Q2). Areas where detailers had a higher overall mean score at baseline resulted in a modest increase in confidence, specifically regarding delivering key messages and managing objections and follow-up with health care providers (Q3), followed by leveraging their expertise to address inequities and patient barriers raised in the detailer visit (Q4).

**Table 6: Mean Scores for Pre/Post Campaign Assessment - Detailers (1=not at all confident; 5=very confident) (n=5)\***

Question	Pre	Post	Difference
Q1. How confident do you feel to meet and share information with healthcare providers?	3.8	4.6	0.8
Q2. How confident do you feel in your ability to influence healthcare providers' behavior?	3.6	4.4	0.8
Q3. How confident do you feel in your ability to succinctly deliver key messages, handle barriers and objections, and follow up with health care providers?	4.0	4.6	0.6
Q4. How confident are you in leveraging your expertise as you engage with healthcare providers to address inequities?	4.0	4.4	0.4

*\*individuals missing one or both assessments were omitted from the analysis to eliminate compositional differences (biases) in a small sample size.*

*Detailer Reflections: Skills Gained*

Techniques or aspects of detailing learned during the campaign that can be used to support day-to-day work that was most frequently mentioned included **asking open-ended questions and pivoting**. Additional techniques detailers found helpful were **steps to handling learner objections and challenges, being personable and confident in delivering key information, and consistent follow-up**.

### Care Team Member Knowledge & Self-Efficacy

Learners also showed an overall increase across all domains of knowledge and self-efficacy (Table 7). Pre- and post-survey data show modest improvement from baseline, which reflect higher mean scores (average level of confidence) compared to detailers and within domains that are more specific to provider and care team member roles and scope. Areas showing the most improvement in knowledge and self-efficacy from pre- to post-campaign include level of confidence in assessing patients’ barriers to attending a well-child visit (Q2) and scheduling well-child visits and follow-ups as needed (Q4).

**Table 7: Mean Scores for Pre/Post Campaign Assessment - Target Learners (i.e., Care Team Members) (1=not at all confident; 5=very confident) (n=4)\***

Question	Pre	Post	Difference
Q1. How confident do you feel in informing infant families and pregnant persons, especially Black patients, of the benefits of completing three well-child visits within the first 120 days of life?	4.8	5.0	0.3
Q2. How confident do you feel in assessing your patient’s barriers to attending a well-child visit?	<b>4.3</b>	<b>4.8</b>	<b>0.5</b>
Q3. How confident do you feel in referring patients to appropriate resources to address identified barriers to attending well-child visits?	4.5	4.8	0.3
Q.4 How confident do you feel in scheduling well-child visits and follow-ups as needed for infant families and pregnant persons to ensure the family has what they need to attend?	<b>4.5</b>	<b>5.0</b>	<b>0.5</b>

*\*Individuals missing one or both assessments were omitted from the analysis to eliminate compositional differences (biases) in a small sample size.*

### Care Team Member Reflections: Insights Gained

Learners reported gaining insights from their involvement in the campaign, primarily focusing on learning and knowledge exchange regarding community resources, and strategies and best practices to enhance patient engagement and care delivery. Additional insights reported by care team members include:

- **Learning best practices** on improving clinic settings for a better environment and



patient-centered care.

- **The importance of knowledge exchange with** community-based partners regarding community resources and services.
- **Obtaining resources and information** on programs and services that support pregnant persons and families and address their social needs.
- **Learning about community-based organizations** in the area and different community events serving marginalized communities.

### *Domain C: Strengthening Clinical-Community Relationships (Goal 5)*


As a result of the campaign, detailers and care team members worked together to identify strategies to improve well-child visits among Black infants and children. Specifically, they identified opportunities to better assess and understand patient barriers to attending well-child visits, compile and share community resources with patients that will address their health-related social needs, educate patients on the benefits of well-child visits, and strengthen patient outreach and follow-up efforts. Moreover, they utilized the visits to explore tests of change and identify implementation opportunities. Examples of strategies implemented at participating clinic sites include:

- **Patient Surveys:** One clinic created a survey to ask patients about the challenges and barriers they are facing to attending their scheduled visits.
- **Information Packets:** With support from detailers, clinical sites created information packets for patients and resources about wellness visits for children. They also pulled together a list of trauma-informed information and resources to share with patients, including housing and local food banks, family resources, and community events to share with patients.
- **Patient Portal:** One clinical site updated the patient portal to make scheduling easier for patients and activated text reminders a month prior to scheduled appointments for vaccines.
- **Patient Engagement:** Clinical sites increased patient outreach efforts by providing incentives during the campaign (e.g., backpacks, school supplies).

### *Challenges & Lessons Learned*

Key barriers and challenges highlighted by care team members during detailing visits centered on establishing trust and garnering patient buy-in regarding the importance and benefit of well-child visits. For example, care team members identified the “lack of family support and overcoming patient bias and mistrust of the healthcare system” (i.e., noncompliance, patients do not/prefer not to immunize their children) as a key challenge to improving well-child visits. Another care team member expressed concern about the level of patient engagement, stating, “[patients] just don’t care, so how do we make them care?”.

One detailer expressed that there was an opportunity to acknowledge and address the effects of racism in health care for African American people; by educating clinic staff:



*“It felt like the MAs were starting to have a bias towards patients that weren’t attending visits - it’s almost like they gave up on the patients (i.e, ‘if the patient doesn’t care about their health why should I’). [I] used this opportunity to talk about historical trauma in black communities - like Henrietta Lacks, Tuskegee Airmen - and how that has led to mistrust and not attending visits.”*

*- CBO Detailer*

Although some care team members were able to better assess and provide educational resources regarding community-based services to address identified health-related social needs, additional information, resources and support are needed to sufficiently acknowledge and address the confluence of social and structural barriers to accessing and attending well-child visits. The following are additional concerns raised by care team members during detailing visits:

- **Challenges in Addressing Social Needs:** Care team members identified challenges in supporting patients in prioritizing and managing care given stress associated with socio-economic challenges (e.g., work and childcare responsibilities, housing instability, maintaining phone service).
- **Parking Shortages:** Care team members identified lack of access to transportation and limited availability for patient parking as a key challenge
- **Lack of Clarity Regarding Insurance Coverage:** Some care team members were unsure if limitations in health insurance coverage pose barriers for infants and children attending well-child visits

### *Opportunities*


Drawing from insights and feedback provided by detailers throughout the campaign, key opportunities and suggestions emerged for care team members to further enhance community partnerships, bolster patient engagement, and elevate well-child visit rates. Opportunities include:

#### **1. Make clinic waiting areas more inviting and informative**

During a detailer check-in call, a detailer mentioned that one of the clinics visited had “very bare walls and no posters in the sitting area. They only had one poster that felt very ‘negative’”. Detailers recommend that clinics have more infographics in the waiting area that patients can relate to and deliver positive and educational messages representative of the communities served.

#### **2. Build authentic relationships with patients and improve patient-centered experiences**

Detailer expressed the importance of building genuine relationships with patients to make patients feel comfortable and cared for. Per detailer feedback, this will increase the likelihood of patients attending follow-up appointments as recommended by providers. One detailer shared the need for care team members to use basic customer service skills to make patients feel welcomed and cared for:



*“These families are already dealing with life and all of the trials and tribulations that come with it. If I go to my child’s MD for a well-visit (which in a lot of their minds is not NECESSARY), they don’t want to deal with no parking, not being acknowledged in the waiting room, and long wait times.”*

In support of improving patient-centered experiences, another detailer mentioned the need for tailoring communication, information, and care to meet the specific needs of different families, acknowledging cultural, linguistic, and socioeconomic factors.

### **3. Prioritize patient outreach and engagement within the Black community**

Detailers also acknowledged the importance of clinical sites leveraging the skills of their patient engagement team to develop and implement strategies to encourage Black families to visit their clinics. For example, one clinical site implemented a new outreach strategy that entailed calling patients one week ahead of the visit. Detailers expressed the need for other clinical sites to adopt this strategy. In addition, detailers also suggested that clinical site teams create a system to track the status of each patient and to inform outreach and engagement efforts. Lastly, detailers expressed the need for care team members to continue to educate patients on the importance and benefits of well-child visits as well as of advocating for quality healthcare.

### **4. Build collaborative relationships with CBOs serving Black families and children in the same community/geographic area**

Clinical care teams and CBO staff have voiced their eagerness to sustain collaboration and joint efforts in addressing community needs. This ongoing partnership entails leveraging newfound alliances to convene regularly and devise solutions for addressing care gaps and meeting the needs of community members and patients. By working together toward a common goal of addressing health equity and social determinants of health, these partnerships aim to create a lasting impact in the community.


## **VI. Conclusion & Recommendations**

Overall, the campaign was successful in increasing knowledge and self-efficacy for both detailers and learners and providing a positive experience. Of the majority of campaign participants (56% inclusive of detailers and learners) who responded in the post-campaign survey, **70% are likely or very likely to recommend Community Health Detailing as a method to closing care gaps**. In comparison, 30% are neutral (neither likely nor unlikely).

### *Recommendations to Build on Campaign Successes*

Drawing from key insights lessons learned, and reflections from both detailers and care team members engaged in the campaign, this evaluation report highlights key avenues for Health Net to build on the campaign's successes and drive progress toward health equity, DHCS bold goals, and improved HEDIS measures in the short-, medium-, and long-term.

### **1. Leverage the CHD approach to address other priority care gaps**



Apply the CHD approach, including community and context-specific learnings and successes from this campaign experience, to address additional care gaps affecting members beyond the scope of the current campaign.

## **2. Facilitate continued engagement of provider engagement representatives**

Facilitate continued engagement between provider engagement representatives and clinics on an ongoing basis to address inquiries and issues concerning patient engagement, insurance matters, and other potential obstacles.

## **3. Foster and support capacity building for community engagement**

Identify opportunities to directly engage with community partners and members to discern their specific needs and challenges to attending well-child visits, and ensuring that programs and services are culturally attuned and community-centric. In addition, assess additional needs for further capacity building to support care teams in meaningfully engaging with patients and community members to identify upstream barriers and solutions to attending well-child visits.

### *Recommendations to Improve Campaign Implementation*

Detailers expressed many opportunities to improve campaign implementation, streamline administrative support and communication, and improve technical and peer support. Specific recommendations to improve future campaign implementation efforts include:

#### **1. Extending detailer training given the content provided**


Although detailers found the 1-day detailer training to be helpful, many felt “it was a lot of information given in a very short period of time. A two-day training at a minimum would have been better.” Given this, there is an opportunity to improve the training approach.

#### **2. Streamlining administrative support and communication**

Several detailers suggested that rather than relying solely on email introductions between themselves and the point of contact, initiating a Zoom call would have been beneficial to establish rapport before clinic visits. Alternatively, they proposed the idea of sharing a photo accompanied by a brief biography of both the detailer and the point of contact, facilitating familiarity prior to in-person interactions during clinic visits. Further instances of streamlining administrative support encompass:

- Not sending multiple detailers to the same clinic to push the same message and agenda because “the clinics have said we already talked about this with someone and it makes it hard to schedule a visit.”
- Better communication regarding resources specific to the patient's needs that HealthNet can provide.
- Improving the detailer tracking form. One detailer expressed, “I thought the campaign was great. The detailers report form can use some improvement.”

#### **3. Providing more opportunities for technical and peer support**



While the detailer found the monthly check-in call beneficial, some flagged the need for a dedicated contact person available for ad-hoc technical assistance. This would allow detailers to seek immediate feedback or address queries rather than waiting for scheduled monthly calls. This real-time support can allow the project team to look at patterns and offer insight into addressing these issues.

Areas for further exploration and clarification in enhancing ongoing campaign implementation include **identifying optimal local regions** to target and reach priority patient populations, as well as **refining the detailer report form**.

## VII. Acknowledgments

HealthBegins extends heartfelt gratitude to Health Net, for their invaluable partnership and dedication to advancing health equity and community well-being. We would also like to express our appreciation to the individuals who contributed their time, insights, and expertise to the success of this Campaign. Finally, we extend our sincerest thanks to the participating clinical sites, Win LA and Frontline Doulas, for their unwavering support and collaboration throughout the campaign, exemplifying a shared commitment to improving health outcomes and fostering equitable access to care in their communities.

## VIII. Appendices

- A. Campaign Priority Performance Measure: Description & Reporting Frequency
- B. Campaign Measurement & Data Collection Plan
- C. Pre & Post Campaign Survey Questions for Detailers (CBOs)
- D. Pre & Post Campaign Survey Questions for Learners (Providers & Care Team Members)



## Appendix A - Campaign Priority Performance Measures: Description & Reporting Frequency

Measure	Description (includes the definition of numerator/ denominator)	Reporting Frequency
<b>WCV</b>	Child and Adolescent Well Care Visits-Assesses children 3–21 years of age who received one or more well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	---
<b>W30-15</b>	Well-Child Visits in the first 15 months of life-at least six well-child visits with a primary care physician during their first 15 months of life.	September 2023: Baseline Data November 2023-January 2023: Monthly Data Reports May 2023- Final Report (120 days after the campaign completion)
<b>W30-30</b>	Well Child Visits 15mo-30mo of life- at least two well-child visits with a primary care physician in the last 15 months.	September 2023: Baseline Data November 2023-January 2023: Monthly Data Reports May 2023- Final Report (120 days after the campaign completion)

## Appendix B - Campaign Measurement & Data Collection Plan

Who has overall responsibility for this evaluation plan?		How often will data collection be checked?		How will data collection be checked?		
HealthBegins		Monthly		Taleen will check data on a monthly basis		

Metric Name	Definition	Data Source	Who Collects	Frequency	Process to Collect	Tools
<b>Campaign Success</b>	Increase in 3 by 120 well-child visits at target clinic sites	Health Net Data Reports	Health Net & HealthBegins	Monthly from November 2023-January 2024 and once in April 2024	Health Net data team generates reports and shares with HealthBegins team to review and analyze data	N/A
<b># of CBOs engaged</b>	The number of Community Based Organizations (CBOs) who participated in the campaign as detailers.	HealthBegins Tracking Form	HealthBegins-Alejandra Cabrera	Pre and Post Campaign		Survey Monkey
<b># of Detailers Trained</b>	The number of individuals trained as a detailer to participate in the campaign.	HealthBegins Tracking Form	HealthBegins-Alejandra Cabrera	Pre and Post Campaign		Survey Monkey
<b># of Detailing Visits</b>	The number of total visits	Detailing Visit Tracking Form	HealthBegins-Alejandra	Pre and Post Campaign	Review and analyze survey data that was	Survey Monkey

Metric Name	Definition	Data Source	Who Collects	Frequency	Process to Collect	Tools
<b>Conducted</b>	detailers conducted with care team members. Each detailer was required to complete 3 visits with each assigned care team member.		Cabrera		sent to detailers participating in the campaign.	
<b>Detailer Experience</b>	The detailers overall experience in participating in the campaign.	Detailer Post-Campaign Survey & Monthly Check-in Calls	HealthBegins-Taleen Yepremian	Monthly & Post Campaign	Review and analyze survey data that was sent to detailers participating in the campaign.  Review notes taken during monthly check-in calls with detailers.	Survey Monkey  Zoom Video Calls
<b>Care Team Member Experience</b>	The care team members' overall experience in participating in the campaign.	Care Team Member Post Campaign Survey	HealthBegins-Taleen Yepremian	Post Campaign	Review and analyze survey data that was sent to care team members participating in the campaign.	Survey Monkey
<b>Use of Key</b>	Detailer's	Detailer Pre and	HealthBegins-	Pre and Post	Review and analyze	Survey

Metric Name	Definition	Data Source	Who Collects	Frequency	Process to Collect	Tools
<b>Messages &amp; Other Communication Techniques.</b>	ability to succinctly deliver key messages during detailing visits.	Post Campaign Survey	Taleen Yepremian	Campaign	survey data that was completed by detailers participating in the campaign.	Monkey
<b>Detailer's relationship with care team members</b>		Detailer Post Campaign Survey & Monthly Check-in Calls	HealthBegins-Taleen Yepremian	Post Campaign	Review and analyze survey data that was completed by detailers participating in the campaign.	Survey Monkey
<b>Care Team Member's knowledge of care gaps and racial inequities for well-child visits</b>	Care Team member's level of confidence in informing infant families and pregnant persons, especially Black patients, of the benefits of completing three well-child visits within the first 120 days of life	Care Team Member Pre and Post Campaign Survey	HealthBegins-Taleen Yepremian	Pre and Post Campaign	Review and analyze survey data that was completed by care team members participating in the campaign.	Survey Monkey

## Appendix C - Pre & Post Campaign Survey Questions for Detailers (CBOs)

### Pre-Campaign Survey Questions

Please indicate your level of confidence following the close out of the campaign in the following statements.

1. How confident do you feel to meet and share information with health care providers?
2. How confident do you feel in your ability to influence health care providers behavior?
3. How confident do you feel in your ability to succinctly deliver key messages, handle barriers and objections and follow up with health care providers?
4. How confident are you in leveraging your expertise as you engage with health care providers to address inequities?

### Post-Campaign Survey Questions

Please indicate your level of confidence following the close out of the campaign in the following statements.

5. How confident do you feel to meet and share information with health care providers?
6. How confident do you feel in your ability to influence health care providers behavior?
7. How confident do you feel in your ability to succinctly deliver key messages, handle barriers and objections and follow up with health care providers?
8. How confident are you in leveraging your expertise as you engage with health care providers to address inequities?

#### *Open-ended questions*

9. What were successful strategies that care team members tested to increase well-child visits?
10. What outstanding questions and/or objections did the care team members have during the visit?
11. What three techniques or aspects of detailing did you learn during this campaign that you can use to support your day-to-day work?
12. Based on your experience, what would you recommend care team members do to continue to increase well-child visits or address patient barriers? Please be as specific as possible.
13. What, if any, opportunities exist to improve campaign implementation? (e.g., communication, training, reporting, etc.)

## Appendix D - Pre & Post Campaign Survey Questions for Learners (Providers and Care Team Members)

### Pre-Campaign Survey Questions

Please indicate your level of confidence following the close out of the campaign in the following statements.

1. How confident do you feel in informing infant families and pregnant persons, especially Black patients, of the benefits of completing three well-child visits within the first 120 days of life?
2. How confident do you feel in assessing your patient's barriers to attending a well-child visit?
3. How confident do you feel in referring patients to appropriate resources to address identified barriers to attending well-child visits?
4. How confident do you feel in scheduling well-child visits and follow-ups as needed for infant families and pregnant persons to ensure the family has what they need to attend?

### Post-Campaign Survey Questions

Please indicate your level of confidence following the close out of the campaign in the following statements.

5. How confident do you feel in informing infant families and pregnant persons, especially Black patients, of the benefits of completing three well-child visits within the first 120 days of life?
6. How confident do you feel in assessing your patient's barriers to attending a well-child visit?
7. How confident do you feel in referring patients to appropriate resources to address identified barriers to attending well-child visits?
8. How confident do you feel in scheduling well-child visits and follow-ups as needed for infant families and pregnant persons to ensure the family has what they need to attend?

Open-ended questions

9. Have you implemented new strategies to increase well-child visits as a result of participating in this campaign? (yes/no) If yes, please describe.?
10. What were your top 3 insights gained as a result of participating in this campaign?
11. What, if any, opportunities exist to improve campaign implementation? (e.g. communications, detailer visits, etc.)