

INLAND EMPIRE HEALTH PLAN

Community Advisory Committee

Minutes for Thursday, June 26, 2025

5:00 PM - 7:00 PM

Location: IEHP Center for Learning and Innovation- 9500 Cleveland Ave. Rancho Cucamonga, CA 91730

Facilitator: Lorena Chandler, Vice President, Health Equity

Present: **In-Person CAC Members:** Abdallah Zaqzouq, Arturo Espinoza, Bianca Fallani, Carmela Garnica, Christian Espinoza, Diana Argandona Sandoval, Jeremy Proctor, John B. Fabrey, Jorge Ruiz Romo, Julia Espinoza; LaBianca McMillan, Marina Lopez, Myia Alston, Nathan Kempe, Richard Giles, Richard Symmes, Robert Jackson, Robert Thumper Pruitt, Sagrario Peterson, Dr. Sheri Stevens-Parker, Tasha L. Samuel, Tim Yin, Thi Bui

Virtual CAC Members: Ileen Cotinola, Dr. Darshan Patel, Heaven Huerta, Shivam Bhakta

IEHP Staff: Adrianna Vellanoweth, Aileen Yan Goh, Akbar Zaki, Amanda Hiraishi, Amrita Rai, Amy Mejia, Anais Sievers, Anna Bassman, Anna Edwards, Balu Gadhe, Belinda Abeyta, Bokanika Kan, Bridget Spargo, Carina Ramirez, Cesar Armendariz, Christina Ornelas, Christine Nguyen, Cosma Cosmin, Crystal Melendez, Dara Francisco, Darren Diekmann, David Kim, Deborah Canning, Diana McDonald, Diana Miller, Dianna Del Toro, Dominique Smith, Dulce Fernandez, Elisa Dimas, Enid Portuguez, Erika Rodriguez, Ernesto Torres, Esther Lee, Eugene Kim, Griselda Roca, Haylie Lau, Heather Waters, Irma Hernandez Rodriguez, Jack Mansour, Jane Maas, Jannette Zito, Jeffrey Pearce, John Keller, Jose Lopez, Juan Ortega, Katherine Rose Kang, Keenan Freeman, Kristy Garan Martinez, Lauren Vanga, Leona Liu, Liliana Romero, Lorena Ramos, Lorgia Banuelos, Malena Cabrera, Mark Gutierrez, Maria Moreno, Maribel Papa, Matthew Wray, Melissa Hayes, Michelle Rai, Mike Grant, Nicole Lacroix, Nina Gregorutti, Nitin Mahan, Olivia Zamudio, Philip Lo, Ray Lim, Ramesh Kunjithapatham, Remington Paul, Rimon Bengiamin, Robert McClure, Rosalinda Nava-Bermudez, Sandy Wyman, Saroj Rath, Satish Mandavgade, Shelley Phillips, Supriya Sood, Susanna Oh, Sylvia Lozano, Tahira Davis, Takashi Wada, Tamara Gutierrez, Tara Tokijkla, Vicki Johnson, Wayne Guzman, Xinyu Zhang, Yahya Dawood

In- Person Guests: Jenny Duong, Mary Obideyi, Marina Carbajal, Cheryl Margolis, Huy Tran, Rowena Rutherford, Amethyst Yater, Jazzmyne Terrazas, Suzette Cunningham, Tom Hanna

Interpreters: Reilly Hughes (ASL), Alana Zurbrugg (ASL), Thumba Hoang (Vietnamese), Kiet Huynh (Vietnamese), Mario Perez (Spanish), Marta Uribe (Spanish), Zheng Fu (Mandarin), Na Zhao (Mandarin), Jenelle Kulle (Captions), Alicia Garispe (Captions)

Minutes by: Mark Gutierrez, Coordinator, Health Equity Operations and Jannette Zito, CAC Program Manager

Agenda Items	Presentation of Agenda Items	Discussion of Agenda Items	Action Items
Welcome	Takashi Wada, MD, MPH Chief Medical Officer	I. Dr. Wada welcomed the Community Advisory Committee (CAC) to the IEHP's Center for Learning and Innovation.	<i>No Action Items</i>

Housekeeping and Meeting Procedures Introductions	Lorena Chandler Vice President, Health Equity, CAC Meeting Facilitator CAC Members	II. Lorena Chandler called the meeting to order. III. Lorena Chandler reviewed housekeeping items, meeting structure, and procedures with CAC Members. IV. CAC Members introduced themselves.	<i>No Action Items</i>
Approval of Minutes	Lorena Chandler CAC Members	V. Lorena Chandler asked for a motion to approve the March 27, 2025, minutes. <ul style="list-style-type: none"> Carmela Garnica motioned to approve the minutes as presented. The motion was seconded by Maiya Alston.	<i>The approved March 27, 2025, minutes will be published on IEHP's website.</i>
Review of Feedback/Response Log	Lorena Chandler	VI. Lorena Chandler reviewed the Action Item/Feedback Response Log from the March 27, 2025, meeting. VII. CAC was asked to share any additional feedback on the Action Item/Feedback Response Log with the CAC Program Manager, Jannette Zito.	<i>No Action Items</i>
Access to Care: Virtual Care & Telehealth Services	Jeff Pearce Director, Innovation and Acceleration	I. Access to Care: Virtual Care & Telehealth Services <ul style="list-style-type: none"> Jeff Pearce shared an overview of IEHP's current state and the potential future state of Virtual Care services to support Member access to the right care at the right time. II. Member Feedback CAC was asked the following feedback question: <ul style="list-style-type: none"> How might you rank the following Virtual Care activities and services by importance/impact to members? <ul style="list-style-type: none"> Additional awareness and easier access to services, audio/video visits, including direct clinical messaging? Kiosk and Mobile Services Preventive care, when a Member's Primary Care Physician is not available timely? 	Action Items:

- **Mental Health services** for talk therapy and psychiatry, in addition to our current provider network?
 - **Specialty care**, such as Dermatology.
 - What else have you used, heard of, or feel would work well in this space?
- Member Responses:**
- **Nathan Kempe** asked if it would be possible to take pictures of a condition and send them to a dermatologist instead of having a doctor's visit.
 - **Jeff Pearce** affirms that this would be a viable option.
 - **Myia Alston** stated that accessible technology, such as video tutorials, QR codes, and apps are a lot more efficient than mailers or pamphlets for staying up to date on health information. Myia also shared that Members living in specialty deserts do not have easy access to care. Virtual appointments would help save time and resources from having to drive hundreds of miles to see a specialist. Myia suggested the ability to communicate with her doctor virtually about getting all the pre-work done before a first visit, such as an MRI, X-Rays or bloodwork would save time and money.
 - **Dr. Sherri Stevens-Parker** asked if asynchronous services (ability to message your doctor) would be virtual, AI, or conducted by a Nurse Practitioner?
 - **Jeff Pearce** stated that the initial components consist of a chat bot or AI. This initial intake would be for symptom-checking. After this initial intake, a real person would be introduced, such as a Nurse Practitioner, Specialist, and eventually a Physician.

1. Create video tutorials in the app and through QR codes to help Members understand Virtual Care.
2. Explore the option of virtual doctor visits for pre-appointment instructions for MRI, X-ray or blood work to reduce Member wait or drive time.

		<ul style="list-style-type: none">• Marina Lopez stated that she has older family members who have trouble working with AI and other technology. Marina suggests having a live-person readily available for Members when they struggle to access the AI technology. Internet access may also be an issue for Members living in rural areas, such as the High Desert.• Robert Jackson asked if medical equipment such as shower chairs or wheelchair parts would be available through a Telehealth service? Robert stated that it is time-consuming for those who live in the High Desert. It may take 3-4 weeks or longer to see a doctor to get a referral for a wheelchair part.<ul style="list-style-type: none">○ Jeff Pearce stated that Telehealth does not usually include durable medical equipment, but he will follow up on this.• Richard Symmes asked if correspondence with Member Services through email is AI or if it is a real person?<ul style="list-style-type: none">○ Jeff Pearce and the Member Services Team confirmed that a real person from Member Services is responding to emails.• La Bianca McMillan, asked if a pilot has been done with the workflow of turnaround time for questions to be answered for the appointments to be scheduled? Does the Provider have the staffing available to maintain these Telehealth appointments?<ul style="list-style-type: none">○ Jeff Pearce stated that asynchronous messaging is not live yet. However, the response times are based on an aggregate of an organization similar to IEHP. IEHP vendors would be held to the standard of providing timely care for Telehealth visits.	<ol style="list-style-type: none">3. Explore the option to have a live person available as an alternative when AI features are used in Virtual Care.4. Explore resources available in rural areas for internet access.5. Follow-up with response about providing access to durable medical equipment within Telehealth services.
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| | | <ul style="list-style-type: none">• Dr. Sherri Stevens-Parker asked how much consideration has been given to utilizing community partners like schools or drug stores to provide services and are there other services for individuals who may have to drive 150 miles for a doctor's appointment?<ul style="list-style-type: none">○ Jeff Pearce stated that there are currently urgent care virtual services in several San Bernardino schools. Additionally, there are initiatives within the company that are focused on mobile care and sending different types of care like kiosks in different areas.• Nathan Kempe commented about how virtual care could help to save a doctor's visit. Getting a referral to a specialist through telehealth would be easier.<ul style="list-style-type: none">○ Jeff Pearce confirmed that Specialty Reviewers will be on the other end, giving prep and advice to those requesting a referral.• Ileen Cotinola (Virtual Attendee): stated there are issues with getting transportation to appointments for Mental Health. IEHP's transportation is not taking the Member to appointments, and appointments are getting cancelled.<ul style="list-style-type: none">○ Lorena Chandler shared that Member Services will take Member's question regarding transportation to mental health appointments as an inquiry and follow-up as soon as possible.• Arturo Espinoza asked if the virtual services would be 24/7?<ul style="list-style-type: none">○ Jeff Pearce stated that certain components of the Telehealth services would be 24/7, | |
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		<p>such as the Nurse's Advice Line and certain components of virtual urgent care. The difference is in specialty care and different types of asynchronous clinical care. The deeper it goes into clinical service, the less likely it is offered 24/7.</p> <ul style="list-style-type: none">• Lorena Chandler encouraged the Members to utilize their notepads if they have more feedback to provide that they were not able to provide during the initial meeting. <p><i>*All Members have access to Member Services at meetings. If any Member is dissatisfied or has a complaint, they can contact the Plan's Grievance Department by calling 1-855-433-4347.</i></p>	
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<p>Introduction to the Riverside County Community Health Assessment and Community Health Improvement Plan</p>	<p>Jenny Duong, Epidemiologist</p> <p>Mary Obideyi, Program Coordinator II</p> <p>Riverside University Health System</p>	<p>III. Introduction to the Riverside County Community Health Assessment and Community Health Improvement Plan.</p> <ul style="list-style-type: none"> This presentation offers an overview of Riverside County’s Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), highlighting key health findings and collaborative strategies to address community health priorities and promote equity. <p>IV. Member Feedback CAC was asked the following feedback questions:</p> <ul style="list-style-type: none"> How does this information and findings relate to you? What thoughts do you have about what IEHP can do, to support the communities’ greatest needs? How might RUHS best communicate resources to the community at large? How can you actively participate? <p>V. Member Responses:</p> <ul style="list-style-type: none"> Myia Alston is concerned about the data being several years behind and asked if they are seeing issues with being constantly behind the curve. Is it on pace with the research and presentation world? Secondly, Myia commented that there are many long-term effects to health, community, and mental health impacted by COVID-19. It doesn’t seem like there is research to get help needed. Myia stated that she is looking forward to research that comes forward from the medical community about the effects of COVID-19. <ul style="list-style-type: none"> Jenny Duong stated that the data sources are updated as much as possible. The research is scientifically done by humans, and the data used is all from reputable sources such as the National Census data, California Department of Public Health 	<p>Action Items:</p>
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		<p>(CDPH), California Health Information Survey (CHIS), and internal data such as vital records. It does take time to put it all together. For the next CHA, new topics are being added as they become relevant, such as Telehealth.</p> <ul style="list-style-type: none">○ Arturo Espinoza would like to know if TV and Radio media will be used to share this available data. Arturo clarifies that these methods would help provide access to people who are blind. Jenny Duong stated that many of their efforts are geared towards social media. However, TV and Radio is a good idea, because it would help get the message out to more people.● Nathan Kempe mentioned that tracking the feedback from the reentry population (formerly incarcerated) would be a tremendous benefit to both members of the group and members of public health. Nathan would also like to know if someone who has been unhoused and is in a hospital situation would be able to get access to renewal services?<ul style="list-style-type: none">○ Mary Obideyi stated that more funding is needed for unhoused individuals. Mary encourages Reentry groups to be part of the action groups to get feedback. Mary welcomes new ideas.● Marina Lopez asked how RUHS is partnering with IEHP and other health plans to help with housing and behavioral health access? What is the county doing to help with access to more providers?<ul style="list-style-type: none">○ Mary Obideyi stated that RUHS partners with the Housing Workforce Development to address the housing issue, as they have a	<ul style="list-style-type: none">6. Consider using TV/ Radio media to share data and request feedback.7. Include the reentry population in gathering feedback.
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strategic plan. IEHP and other managed care plans provide funding for collaboration with the local health departments to ensure access to care, including behavioral health and housing.

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<p>Health Education, Promotion and Prevention: 2025 Strategic Priorities</p>	<p>Rosalinda Nava-Bermudez Director, Health Education</p>	<p>VI. Health Education, Promotion and Prevention: 2025 Strategic Priorities</p> <ul style="list-style-type: none"> Rosalinda reviewed major tactics and activities that support both Prevention and Chronic Condition Management for ALL IEHP Members. <p>VII. Member Feedback CAC was asked the following feedback questions:</p> <ul style="list-style-type: none"> How easy were the questions on this quiz to read? <i>[Easy, somewhat easy, or hard?]</i> How easy were the questions on this quiz to respond to? <i>[Easy, somewhat easy, or hard?]</i> IEHP began offering Digital Health Literacy classes in our Community Wellness Centers. What other locations would the Committee prefer IEHP offers these classes? <p>VIII. Member Responses:</p> <ul style="list-style-type: none"> ○ Julia Espinoza asked how IEHP addresses HPV vaccination and prevention? <ul style="list-style-type: none"> ▪ Rosalinda Nava-Bermudez confirmed that Health Educators go into schools and promote the vaccine. More information is available on the IEHP website. • Rosalinda Nava-Bermudez would like to know if the Members are able to access the quiz. She asked the CAC Members to raise their hand if they could access the quiz and 11 Members were able to access the link to the quiz. • John Fabrey stated that if your phone has too high of a resolution, you wouldn't be able to access the QR code. You would need to lower your phone's camera settings to access the code. <ul style="list-style-type: none"> ○ Rosalinda Nava-Bermudez confirmed that understanding digital literacy challenges and barriers is important feedback. 	
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| | | <ul style="list-style-type: none">• Rosalinda Nava-Bermudez read off the questions from the survey and stated that if a Member answers ‘No’ to any of the questions, then IEHP’s Health Education team reaches out to find the best way to help.• Arturo Espinoza stated that there is too much information on the internet. How do you know what is true and not true?<ul style="list-style-type: none">○ Rosalinda Nava-Bermudez stated that IEHP has a curriculum that has 6 vetted websites for Members to find reliable information.○ Arturo Espinoza asked where are these websites listed?○ Rosalinda Nava-Bermudez stated that the information is presented in that class that is taught by IEHP’s Health Education Team. | |
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Adjourn	Lorena Chandler, Vice President, Health Equity	IX. Meeting Adjourned at 7:00 pm. Next CAC meeting will take place on September 25, 2025.	
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FEEDBACK /ACTION ITEMS	
1.	Create video tutorials in the app and through QR codes to help Members understand Virtual Care.
2.	Explore the option of virtual doctor visits for pre-appointment instructions for MRI, X-ray or blood work to reduce Member wait or drive time.
3.	Explore the option to have a live person available as an alternative when AI features are used in Virtual Care.
4.	Explore resources available in rural areas for internet access.
5.	Follow-up with response about providing access to durable medical equipment within Telehealth services.
6.	Consider using TV/ Radio media to share data and request feedback.
7.	Include the reentry population in gathering feedback.
MEMBER QUESTION (To be Addressed by Member Services)	
1.	Member stated there are issues with getting transportation to appointments for Mental Health. IEHP's transportation is not taking the Member to appointments, and appointments are getting cancelled.