Whole Person Care Program Successfully Navigated Around COVID-19 Challenges in 2020

California’s Whole Person Care (WPC) Program Pilots were forced to change their approach to care coordination because of the COVID-19 lockdown that started in March 2020. However, pilots were able to keep delivery of primary, specialty, and other health services to WPC enrollees from being reduced, in part due to enrollees’ access to telehealth visits with health providers.

*How COVID-19 restrictions affected WPC Pilots’ ability to deliver services and WPC Pilot’s response*

- **80% pilots limited in-person services** (20 of 25)
- **68% were constrained by hiring freezes, safety concerns, and other reasons** (17 of 25)
- **68% partnered with short-term housing programs to better identify and engage eligible enrollees in WPC services** (17 of 25)

*Overall enrollment increased from 64,725 in March 2019 to more than 96,000 by December 2020. New enrollment grew more slowly during the pandemic.*

*Enrollment in WPC during pandemic*

- New enrollment by quarter
- Total enrollment by quarter

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>16,585</td>
<td>20,270</td>
</tr>
<tr>
<td>June</td>
<td>18,189</td>
<td>18,189</td>
</tr>
<tr>
<td>Sept.</td>
<td>18,698</td>
<td>17,015</td>
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<tr>
<td>Dec.</td>
<td>15,236</td>
<td>14,594</td>
</tr>
<tr>
<td>Total</td>
<td>64,725</td>
<td>96,563</td>
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</tbody>
</table>

*Which WPC enrollees had a reported COVID-19 diagnosis? (March–December 2020)*

- **4.1% of all WPC enrollees**
- **42% used primary care services for COVID-19 related services**
- **33% used emergency department services for COVID-19 related services**

*WPC enrollees with a COVID-19 diagnosis compared to WPC enrollees without a diagnosis were more often:*

- **Latinx (42% vs. 26%)**
- **Ages 50–64 (35% vs. 31%)**
- **Women (47% vs. 44%)**

*Health care service utilization during the COVID-19 pandemic*

- Emergency and hospital visits declined and remained low throughout 2020.

<table>
<thead>
<tr>
<th>Month</th>
<th>2019</th>
<th>2020</th>
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<tbody>
<tr>
<td>Dec.</td>
<td>198</td>
<td>141</td>
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<td></td>
<td>141</td>
<td>141</td>
</tr>
<tr>
<td>Dec.</td>
<td>62</td>
<td>42</td>
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</tbody>
</table>

*Rates are reported as services per 1,000 Medi-Cal member-months*

*Health services delivered to WPC enrollees by telehealth increased significantly.*

*IMPLICATIONS:*

- The COVID-19 pandemic altered the ability of pilots to provide WPC services.
- Challenges were mitigated by partnerships with community-based organizations and data-sharing capabilities.
- Increased use of telehealth, supported by reimbursement allowed under emergency Medicaid waivers, helped to limit the impact of the pandemic on primary and specialty care services.
- Maintaining the WPC infrastructure and delivery of telehealth under Medi-Cal are essential for population health management.

Source: UCLA analyses of Medi-Cal enrollment and claims data from March 2020 to December 2020

Read the policy brief: https://ucla.in/3Farvyh