

San Francisco Health Plan Quality Improvement Program Evaluation 2009

Introduction

The goal of SFHP's Quality Improvement Program is to assure high-quality care and services for our members by aggressively seeking opportunities to improve the performance of our health care delivery system. This report is a summary of activities that SFHP completed in 2009 to monitor and improve the health care delivery system for our members. It highlights our successes, examines lessons learned, and outlines our next steps.

In 2009, the SFHP Governing Board reexamined and expanded our strategic goals to include:

1. **Universal Coverage:** Achieve universal access to health care for all San Francisco residents by partnering with the City/County, Public Health System and community resources.
2. **Quality Care and Access:** Improve the quality of health care received by our members and participants.
3. **Exemplary Service:** Offer exemplary service and support to our members, participants, purchasers, physicians and other health care providers.
4. **Financial Viability:** Sustain and strengthen the financial viability of the health plan and safety-net providers.

In working toward our strategic goals, SFHP made significant accomplishments in 2009:

- We reported significant improvements in most of our HEDIS rates and were awarded the Gold Award for Quality by the California Department of Health Care Services.
- A total of 12 Medi-Cal and 10 Healthy Families HEDIS measures were in the 90th percentile for Measurement Year (MY) 2008.
- Our Childhood Immunizations HEDIS rate is #1 among Medicaid health plans nationally.
- We partnered with the City and County of San Francisco to enroll over 50,000 uninsured people into the Healthy San Francisco Program, offering health care coverage, access to a medical home, and organized delivery of preventive and chronic care.

I. Improving the Health Status of SFHP Members

Promoting Preventive Care

Our goal is to be among the top ten percent of health plans nationally for measures showing our members are getting the right care at the right time. We have programs for members to remind and encourage them to seek care. In addition, we have programs for providers to help them keep track and bring in patients overdue for services. Our efforts have been successful as measured by our HEDIS results on key preventive care measures. While most of our programs have been in place for several years, we continue to look for ways to make our interventions more effective and find new opportunities for improvement. Below is a summary of our preventive health programs:

Preventive Care for Infants and Toddlers

- ***Immunization reminder card:*** Families with children turning five and eight months of age receive an immunization reminder card with educational messages about vaccinations. SFHP mailed a total of 3,896 reminders in 2009.
- ***Immunization member incentive:*** We mail families with children turning 13 and 17 months an offer for a \$50 gift card for completing all immunizations on time.
Measure - Response rate: 15% (represents the percent of complete submissions returned)
- ***Immunization reminder phone blasts:*** Families receive three recorded telephone calls when their child turns 12, 13, 17, and 22 months, reminding them of upcoming well-visits and immunizations.
Measure - Call completion rate: 91%
- ***Outreach to families for immunizations and well-baby check-ups:*** We do reminder calls for Well Child checks and immunizations, targeted to families with children under the age of two, who are either assigned to Department of Public

Health clinics or to clinics using the California Immunization Registry. They are also sent reminder cards showing which immunizations they need to earn the \$50 gift card incentive.

- ***Outreach lists for providers:*** We send monthly outreach lists to PCPs showing members due for well-checks and immunizations.
- ***Targeted outreach to African American families:*** In response to data that shows that our African American members have lower than average well-baby and immunization rates, we call all newly enrolled African American families with children under the age of two to promote well-checks and immunizations. We also work with the families to help ensure they are assigned to a PCP of their choice.

Annual Check-ups for Children and Adolescents

- ***Well-adolescent visit member incentive:*** Our teen members receive a birthday card from SFHP, offering them movie tickets or a \$15 gift card for getting an annual check-up.
Measure – Response rate: 26.2%
- ***Well-adolescent visit phone blast:*** Along with the birthday card, teens receive a recorded telephone message encouraging them to see their doctor and take advantage of our member incentive.
Measure – Call completion rate: 80%
- ***Well-adolescent “robo” calls:*** In previous years, SFHP staff called families with teens and encouraged them to get teen check-ups and reminded them about our member incentive. The call completion rate was 54%. In 2009 SFHP used automated call to teens, ages 12 to 21, with the same message from previous years. This intervention, which was sent to 7,009 teens, was more cost effective and reached more teens.
Measure – Call completion rate: 71%
- ***Well-adolescent visit provider incentive:*** We offer provider sites \$20 for each comprehensive well-adolescent visit. We also provide clinics with outreach lists of teens due for check-ups.
Measure – Sites that participated: 20
- ***Well-adolescent visit summer campaign:*** We worked with the San Francisco Unified School District to distribute posters encouraging teens to see their doctor for a check-up over the summer. All teen members were sent a flyer that encouraged them to make an appointment and reminded them about the incentive that is available.
- ***Well-adolescent visit raffle:*** Every year we hold a raffle for a laptop and an iPod for teens that saw their doctor during the calendar year. Teens are informed of the

raffle through the member incentive offer and an additional mailing at the beginning of summer.

- **Targeted provider site support for adolescent outreach:** SFHP encourages clinics to open teen clinics in response to our provider incentive program. We provided additional support for these clinics by giving them movie tickets and goody bags to distribute at visits.
- **Well-child visit member incentive:** Families with a child between three and six receive a birthday card from SFHP, offering them \$25 gift card for bringing their child in for an annual check-up.
Measure – Response rate: 41%.
- **Well-child visit phone blast:** Along with the birthday card, families receive a recorded telephone message encouraging them to take their child to the doctor and take advantage of our member incentive.
Measure – Call completion rate: 81%

Preventive Health for Women



- **Well-woman preventive health mailing:** Upon enrollment and then once per year, our female members aged 27 and over receive a brochure with preventive health care guidelines for women and health education messages. The mailer also includes a promotion for our prenatal incentive program for members who may be pregnant.
- **Young-woman preventive health mailing:** Members between 16 and 26 years old receive a mailing similar to our well-woman mailing upon enrollment and annually thereafter. The mailing includes additional health information for younger women and a promotion for our prenatal incentive program for members who may be pregnant.
- **Pap smear reminder card:** Members overdue for a Pap smear, according to our encounter data, receive a reminder card encouraging them to check with their doctor about when they should be screened.
- **Mammogram reminder card:** Members overdue for a mammogram, according to our encounter data, receive a reminder card encouraging them to check with their doctor about when they should be screened.
- **Timely prenatal care incentive program:** We offer a \$50 gift card to women who seek prenatal care early in their pregnancy. We include a message about our prenatal incentive program in our well-woman and young-woman preventive health mailings, and we distribute posters promoting the program to provider offices.
Measure – Response rate: 4%

- **Outreach lists for providers:** Provider sites with over 100 SFHP members receive lists of patients overdue for preventative women’s health screenings including Pap smears and mammograms.
- **Measure – Total number of provider sites that received lists: 38** (represents 69% of provider network)

2009 HEDIS Results for Preventive Care Measures

We made improvements in most measures for our Medi-Cal line of business. Eleven measures (those highlighted in yellow) were in the 90th percentile, four more than in 2008. The table below shows our Medi-Cal results compared to last year and the 90th percentile. The scores highlighted in orange are the indicators used by the State Department of Health Care Services to calculate the percentage of the Medi-Cal enrollees that do not choose a health plan that will be auto-assigned to SFHP.

Measure	2008	2007	Medicaid National 90% Percentile
Appropriate Treatment for Children w/URI	95.3%	94.4%	94.1%
Asthma all ages	90.6%	88.2%	91.9%
Breast Cancer Screening 42-51	52.89%	55.5%	58.9%
Breast Cancer Screening 52-69	59.95%	62.8%	64.0%
Breast Cancer Screening 42-69	55.8%	58.3%	61.2%
Cervical Cancer Screening	80.6%	74.2%	77.5%
Checkups After Delivery	69.5%	64.2%	70.6%
Childhood Immunizations with Pevnar	90.3%	90.7%	78.2%
Diabetes Eye Exams	73.1%	66.5%	67.6%
Diabetes HbA1c	89.5%	86.4%	88.8%
Diabetes LDL	80.8%	79.5%	81.8%
Diabetes Monitoring for Nephropathy	87.1%	82.2%	85.4%
Diabetes HbA1c Poor Control** (a lower rate is better)	25.9%	27.7%	32.4%
Diabetes HbA1c Good Control (<8)	61.5%		
Diabetes HbA1c Good Control (<7)	39.2%	39.3%	42.5%
Diabetes LDL Good Control	47.4%	46.0%	42.6%
Appropriate Treatment for Adults w/Acute Bronchitis	32.2%	31.4%	35.4%
Timeliness of Prenatal Care	92.3%	87.7%	91.4%
Well-Adolescent	52.4%	52.8%	56.7%
Well-Baby	80.1%	75.4%	73.7%
Well-Child	82.4%	81.3%	78.9%

 =Auto-assignment measure
 =SFHP in 90th Percentile

2009 Healthy Families HEDIS Results

We maintained our performance in our Healthy Families line of business. Ten Healthy Families measures were in the 90th percentile.

Measure	2008	2007	Medicaid National 90% Percentile
Asthma all ages	93.8%	93.2%	91.9%
Childhood Immunizations w/Prevnar	93.1%	93.6%	78.2%
Lead Screening in Children	79.3%		84.0%
Children's Access to PCPs 12-24 months	98.8%	98.4%	98.4%
Children's Access to PCPs 25 months to 6 years	94.9%	95.0%	92.0%
Children's Access to PCPs 7 to 11 years	94.8%	95.3%	94.1%
Children's Access to PCPs 12 to 19 years	93.6%	94.0%	91.9%
Appropriate Treatment for Children w/URI	94.9%	92.6%	94.1%
Chlamydia 16-20 years old	17.6%	23.9%	65.3%
Appropriate Testing for Children with Pharyngitis	16.8%	13.6%	77.3%
Well-Adolescent	69.7%	74.3%	56.7%
Well-Baby	87.1%	95.0%	73.7%
Well Child	88.9%	88%	78.9%

 =SFHP in 90th Percentile

Improving Chronic Care

Chronic disease affects over 17% of our adult members and the rate is increasing. Our approach to improving chronic care is to ensure that our members and providers have the tools they need to manage chronic conditions. We do this by making health education materials and supplies available to our members and providers. We offer education and technical assistance to providers to put systems in place that improve care. Member incentives also play a key role in our improvement efforts. Both members and providers find that incentives help ensure that necessary screenings are completed every year. Below is a summary of the program in place in 2009:

Diabetes

- **Diabetes clinical guidelines, resources and best practices:** SFHP clinical guidelines and resources, developed with the guidance of our Physician Advisory Committee, are posted on our website.
- **Diabetes member reminder card:** Annually, we send all of our diabetic members a reminder card encouraging them to complete screening tests including HbA1c, cholesterol, kidney protection, foot exam, blood pressure, and eye exam.

- **Coordinator outreach calls to members with diabetes:** In addition to nurse calls, we also conducted after-hours coordinator calls to our members with diabetes who had not yet completed all necessary exams. The calls focused on encouraging members to complete regular screening tests.
Measure – Call completion rate: 86%
- **Outreach lists for providers:** Provider sites with over 100 SFHP members receive lists of patients with asthma or diabetes.
Measure- # of provider sites that received lists: 38
Measure - % of network represented by visits: 69%
- **Provider feedback and education:** This year we made focused visits to 32 provider sites to review charts and offer our support to improve diabetes care. We provided a toolkit of resources including SFHP diabetes guidelines, SFHP diabetes member incentive cards, journal articles on urinary micro-albumin, diabetic flow sheets, information on point-of-service lab tests, and referral tracking tools. The visits raised awareness of our diabetes programs and helped providers identify patterns in their practices around diabetes that could be improved.

 - Most provider sites that did not have standard diabetic flow sheets or registries committed to using the flow sheets we provided.
 - Eleven sites committed to doing outreach to patients not up-to-date with screenings.
- **Eye exam reminder card:** We sent a reminder card to diabetic members who did not have an eye exam in the past 12 months. The card includes a list of optometrists that speak the same language and are located in the member's neighborhood. The card includes a tear-off response form for the eye care provider to fax or mail back to the PCP.
- **Member incentives for completing screenings:** In 2009, we modified our diabetes incentive program to reward members for completed screenings. We offered a \$25 gift card for completing six regular screenings within the calendar year:

 - HbA1c
 - LDL
 - Eye exam
 - Foot exam
 - Kidney Test (Urine microalbumin screening or prescription for ACE/ARB, or other evidence of medical attention for nephropathy)
 - Blood pressure

Measure – Response rate: 7.7%
- **Automated Telephone Self Management (ATSM):** In 2009 we enrolled 260 members into our diabetes management program, Smart Steps. During 2009 more than 60% of the enrolled diabetic members received calls. Members are prompted over the telephone to respond to questions about blood sugar, diet, exercise, and medication adherence. The automated calls are available in English, Spanish or

Cantonese and are programmed to notify the health plan if members key in a response that shows a safety concern. A nurse or coordinator makes follow-up calls to members with out-of-range responses. Preliminary results show a high level of engagement in the automated telephone calls. We will be continuing this program in 2010 and hope to have a full evaluation of the clinical impact by 2012.

Hypertension and Hyperlipidemia

- ***Know Your Numbers mailer:*** In 2009, we mailed a member education flyer called “Know Your Numbers” to our members with diabetes, hypertension, hyperlipidemia and/or heart disease. The mailer encourages members to know their blood pressure and cholesterol levels and provides helpful information on how to stay healthy.

Asthma

- ***Patient profiles for PCPs:*** We sent a packet to PCPs with a cover letter reviewing the percentage of their asthma patients who were on controller medications. We included a profile for each member not on a controller medication listing recent asthma-related encounters, including ER visits and hospitalizations, and medications picked up.
- ***Member health education:*** Health education materials related to asthma are available in the member and provider sections of our website in Cantonese, English, Spanish and Vietnamese.
- ***Disease management of high risk members:*** Representatives from SFHP using scripts approved by the Medical Director called members with asthma who were using rescue inhalers without controller medications. Members were encouraged to talk to their doctor about whether a controller medication would be appropriate for them.
- ***Asthma supplies:*** We supplied provider practices with free spacers, peak flow meters, hypoallergenic pillow cases and mattress cover sets in multiple sizes to distribute to SFHP members.

Strength in Numbers Program

Strength in Numbers provides financial incentives and technical assistance to Medical Homes (Healthy San Francisco Primary Care Providers) so that they can 1) accelerate the integration of chronic care disease registries to make measurable improvements in diabetes measures, 2) spread the use of disease registries to other chronic conditions, and 3) spread the use of panel management to proactively identify and monitor patients overdue for clinical interventions.

Medical Homes that provide care to at least 350 Healthy San Francisco participants are eligible for the program. Required measures are HbA1c and LDL testing and control, and every medical home selected an additional chronic care or prevention project, depending

on their population. Examples include chronic pain (a driver of high emergency room overuse), hepatitis B and C, depression, colon cancer screening, among others. Every medical home received the following interventions:

- Incentive payments based on performance in chronic disease measurements
 - \$5,000 was advanced at the start of the project, to allow medical homes to begin supporting the cost of using medical assistants to do population management activities.
 - Additional incentives are paid out quarterly, dependent on HSF enrollment and level of improvement achieved in chronic care measures over their own baseline.

- Centralized purchasing and distribution of health education equipment, incentive gift cards, and materials, to support chronic care interventions in the medical home

- Technical assistance to improve integration of registries into care:
 - Health coaching and panel management trainings (every medical home is required to bring one nurse manager and two support staff to an eight-hour training).
 - On-site technical assistance for registry training and support.
 - Individual coaching to medical homes when needed on measurement selection, data analysis, and reporting.

Performance Thresholds:

- Diabetes
 - Medical Homes will demonstrate 10%, 25%, 50% incremental improvements over baseline or reach a performance threshold in LDL and A1C testing and control measures (defined as 1 test or control in the last 12 months). See Tables A and B for measures and performance thresholds.
- Optional measures (selected by the Medical Home)
 - Medical Homes will demonstrate 10%, 25%, or 50% incremental improvements over baseline in selected measures (defined by the Medical Homes, based on state and national standards).

Program Results

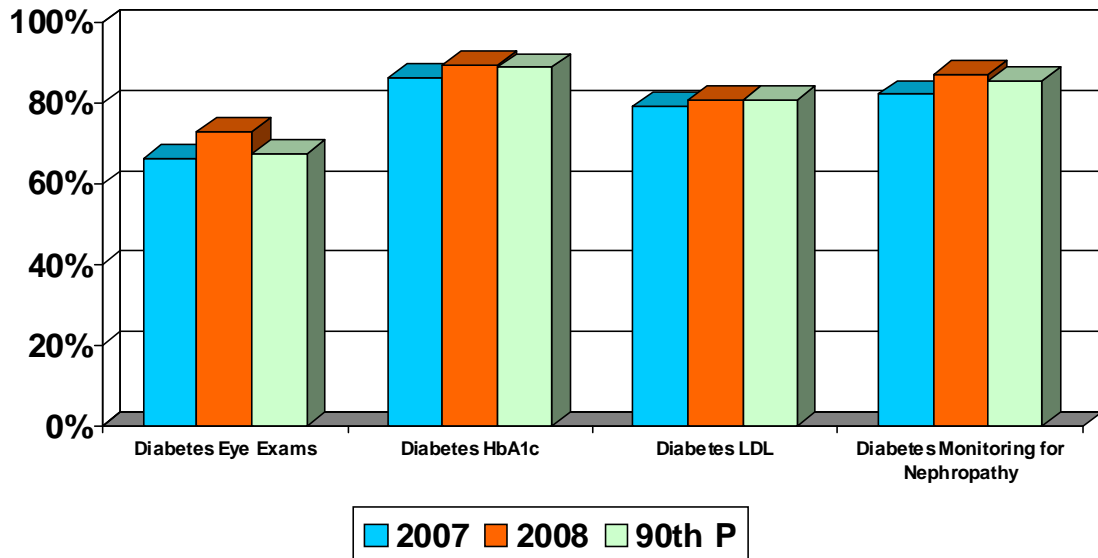
Aggregate Rates of Improvement by Diabetes Measure for SFHP and HSF

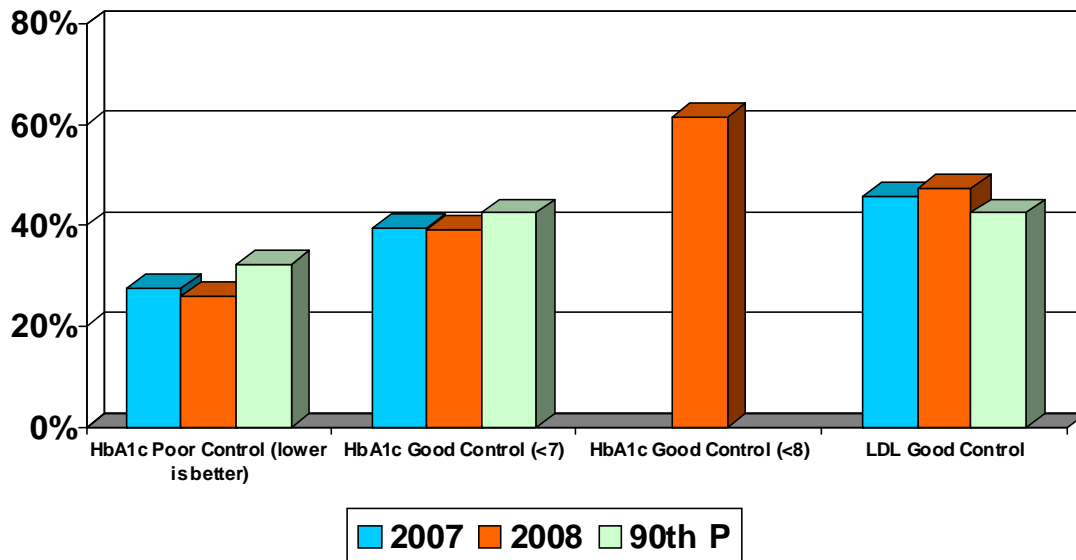
Measure	Baseline (1/31/08-1/31/09)	11 Months (1/1/09-12/31/09)	Rate of Improvement from Baseline
Healthy San Francisco Participants (n=1753 diabetics)			
HbA1c Testing	69.99%	90.19%*	28.86%
LDL Testing	62.24%	81.00%*	30.14%
HbA1c>9	28.77%	25.31%*	12.03%
LDL<100	49.43%	53.90%*	9.04%
San Francisco Health Plan Members (n=1079 diabetics)			
HbA1c Testing	78.13%	89.25%*	14.23%
LDL Testing	73.49%	81.74%*	11.23%
HbA1c>9	19.58%	16.56%	15.42%
LDL<100	56.15%	59.30%	5.61%

An (*) indicates a statistically significant result (p<.01)

HEDIS Results for Chronic Care Indicators

We made improvements in all diabetes care measures since 2008; however, we are short of the 90th percentile in the outcome measures (A1c poor control and LDL good control). We expect improvement in these measures for 2010 (MY 2009) due to preliminary outcomes observed in our Strength in Numbers Program.

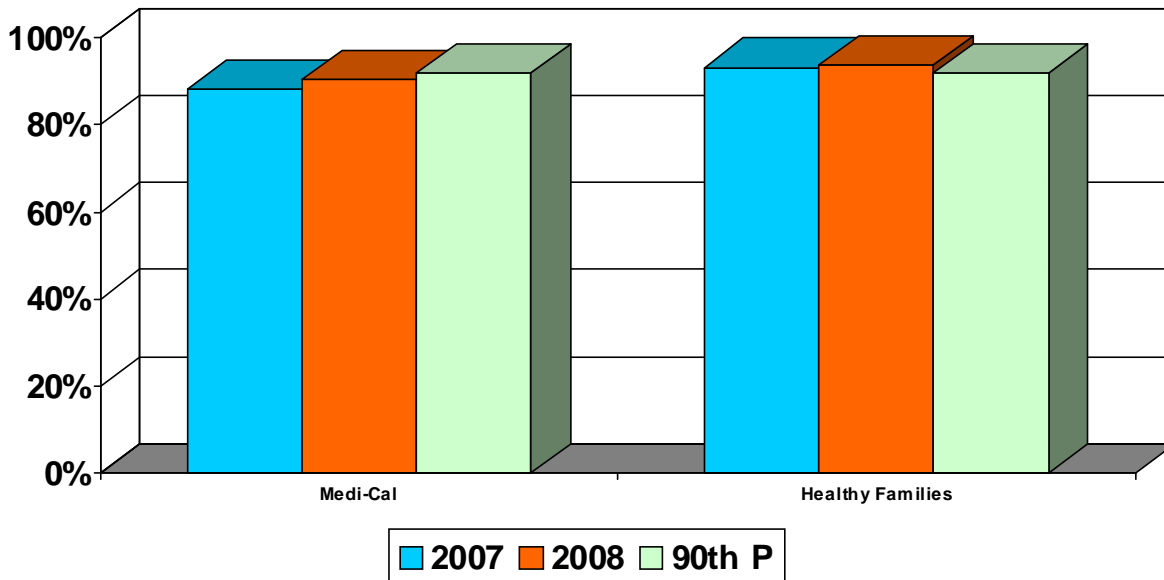




HEDIS Results for Asthma Care

Our 2008 rate is approximately four percentage points away from reaching the Medicaid 90th percentile for our Medi-Cal line of business.

Use of Appropriate Medications for People with Asthma



II. Providing Excellent Member Services

One of SFHP's goals is to offer exemplary services and support to our members, participants, and providers. The Member Services Department helps members understand and take full advantage of their health plan benefits. Members can contact SFHP Member Services by phone, fax, TDD/TTY, email, mail, or in person. By contacting Member Services, members can get assistance with ID cards, PCP changes, covered benefits, medical bills, grievances, access to doctors, enrollment, renewal, dis-enrollment, etc. We represent a safety net for any member who needs help.

Providing Excellent Telephone Services

By far, our members find it easiest to reach us by telephone. Therefore, we are committed to ensuring that we provide excellent customer services over the phone. We monitor our performance in several ways and continue to work on improving our processes.

Call Center Performance

We received 56,364 incoming calls through our telephone automated distribution system in 2009. We met or exceeded our performance standards.

- Our service level was 97%, which exceeded our goal of 90% by 7 percentage points. We continuously improved in this area in the last year.
- The industry benchmark for abandonment rate is 5%; SFHP average abandonment rate in 2009 was 0.4%.
- We maintained language coverage in our threshold languages. Our Customer Service team speaks various languages such as English, Cantonese, Mandarin, Spanish, Russian, Vietnamese, and Burmese.

We continued to work on ways to improve our services. In 2009, we tracked key metrics on wallboards in the Customer Services work area which displayed call metrics in real time. The wallboards displayed the following information:

- Total call volume handled
- Average abandonment rate
- Total abandoned calls
- Service level

The wallboards offer the following benefits:

- Provide current information on call metrics to management so that management can react to unusual situations effectively and timely.
- Motivate Customer Service staff to handle incoming calls more efficiently and promptly.

- Inform Customer Services staff of the team's performance, allowing them to take quick action to help customers and achieve goals.
- Allow staff from other departments to know the importance of customer service, and to provide assistance if it is necessary.

The Customer Services Department conducted the eighth annual satisfaction survey in the last quarter of 2009. The purpose of this survey is to assess the level of satisfaction with the services provided by the Customer Service Department and to improve our services based on feedback from members.

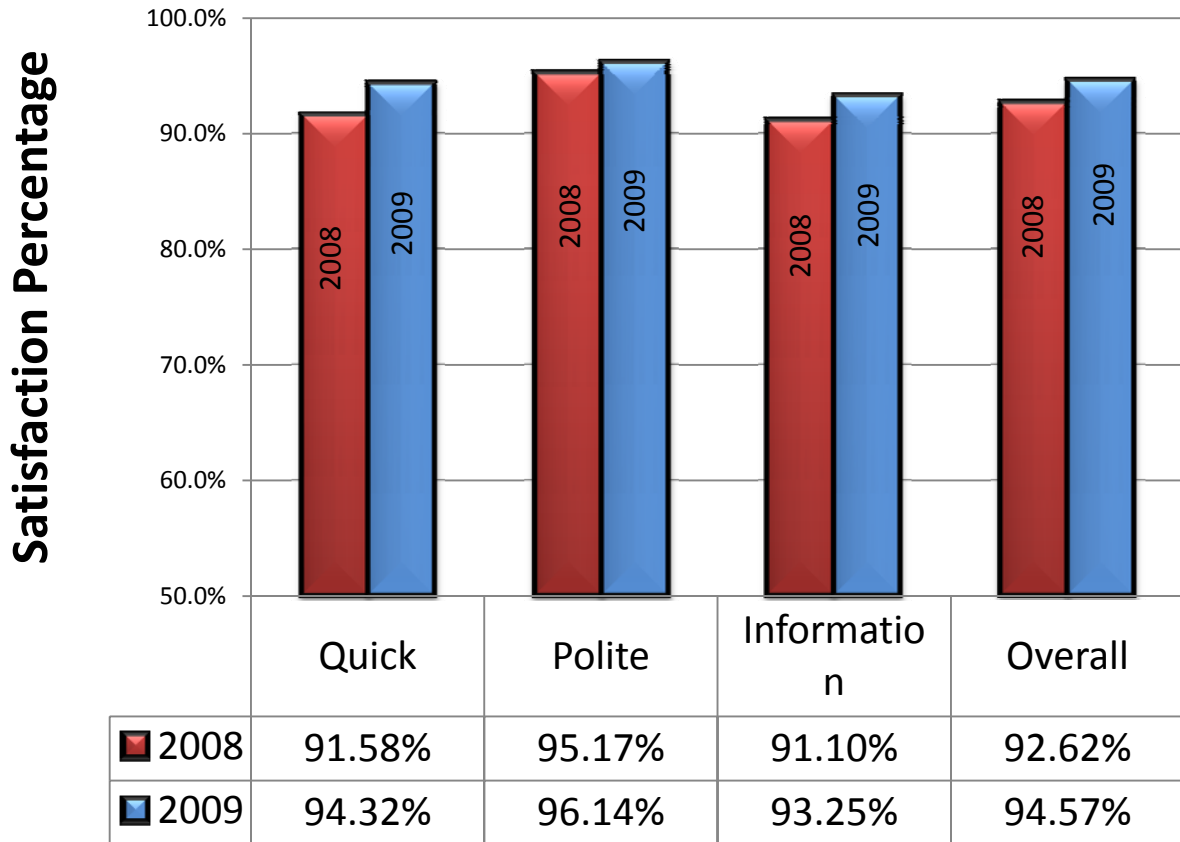
The survey was conducted in English, Spanish and Chinese. Members responded to the following statements regarding recent interactions with SFHP Customer Services staff with a "yes," "no," or "not sure".

- My call to SFHP Customer Service Call Center was answered quickly.
- I received polite service from the Call Center Representative.
- I received the information that I needed.

We sent 6,400 survey cards to members who contacted Customer Service by phone during the months of October through December 2009. We received 994 cards in the mail – a 13.8% return rate.

In all lines of business, the overall member satisfaction rate for all language groups was 94.6%, a 2% increase from 2008. Chinese speaking members had the highest satisfaction rate, 95.5%. Among all lines of business, Healthy Kids members were the most satisfied, with an average satisfaction rate of 96.2%. The results were consistent with those achieved in previous years. The positive responses from our members indicated that they were highly satisfied with the services they received from the SFHP Customer Services team in 2009.

Member Satisfaction Rates (2008-2009)



Ensuring Member Satisfaction

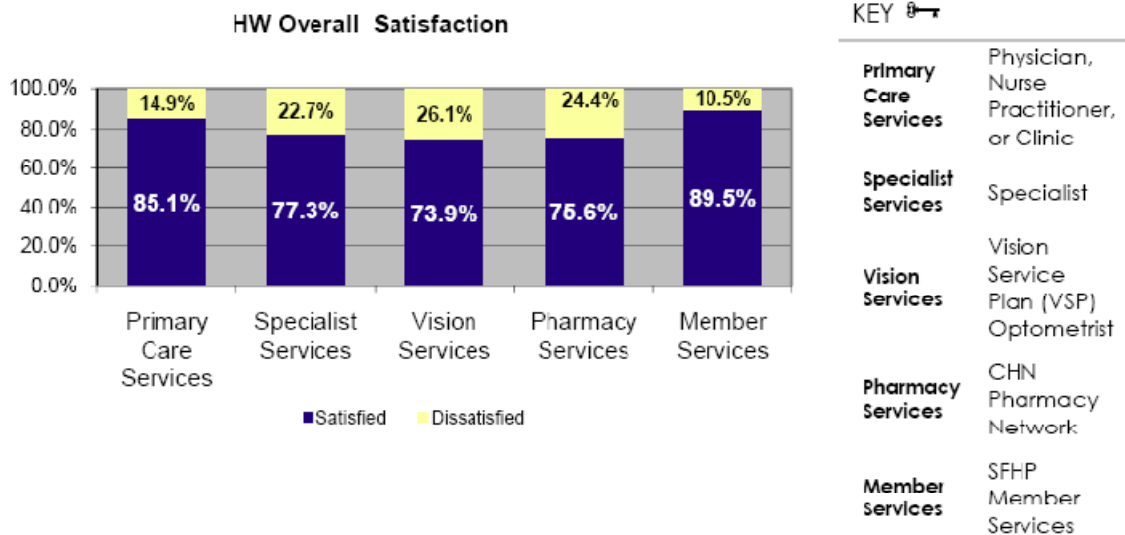
Member satisfaction surveys are one way we monitor members' experience with SFHP and with our health care delivery system. For the Healthy Families and Medi-Cal lines of business, we participate in a State-sponsored member satisfaction survey using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey tool. The surveys are administered by an external vendor every two years for Medi-Cal and for Healthy Families. No survey was conducted in 2009. For Healthy Workers, we administer our own survey tools annually. The results from the Healthy Workers survey are summarized below.

Healthy Workers Satisfaction Survey

Overall Satisfaction

Strong areas of satisfaction were:

- Caring provider network
- Appreciation for comprehensive healthcare coverage
- Highest scoring area was health plan member services



Translating CAHPS and Patient Satisfaction Data into Action

Our trended member satisfaction results, as measured by the CAHPS survey, show room for improvement, particularly in the areas of provider-patient communication, shared decision making and access to appointments. Our results have been consistently below average for Healthy Families and Medi-Cal. In 2009, SFHP conducted a series of focus groups with both providers and members. Members communicated dissatisfaction (across all ethnic and language groups) in key areas: difficulty accessing adult primary care services, difficulty with the phone system, excessive wait times, problems with doctor-patient and staff-patient communication, and difficulty getting services when needed. Members stated “my doctor is too rushed” and my “doctor doesn’t take time to explain things,” and there was a lot of frustration about not being able to get care when needed with a trusted primary care provider. Providers echoed similar frustrations about access and communication, explicitly requesting provider-specific surveys, communication skills training, and assistance with improving access through redesigned patient flow and office systems.

Areas for Improvement

After accounting for language bias, the CAHPS survey results showed that we have several opportunities for improvement. We identified opportunities by looking at where we fell short of the statewide average for both English and non-English speaking respondents, and where there were significant gaps between our performance and performance of other health plans. Four key areas emerged as opportunities for improvement:

- Customer service
- How well doctors communicate
- Shared decision making
- Overall rating of specialists
- Getting needed care

To address these areas, SFHP launched two collaboratives aimed at improving the patient experience in the safety net in quarter 1, 2010. The projects focus on testing four interventions in ten clinics to make measurable improvements in key dimensions of the patient experience: access, doctor-patient, and staff-patient communication:

1. Provide regular, monthly feedback to physicians on their patients’ reported experiences with care.
2. Provide communication skills training for physicians and medical staff addressing culturally appropriate behaviors when eliciting patient concerns, demonstrating empathy, and sharing decision making.
3. Provide shadowing/coaching to observe physicians with their patients and to target specific behaviors/practices for improved interactions with patients.
4. Provide training coupled with technical assistance to improve access to care through same-day access, improved telephone and office wait times, and improved cycle time.

Selected clinics will attend trainings, receive 1:1 coaching/shadowing, and use the Institute for Healthcare Improvement’s (IHI) Model for Improvement (Plan/Do/Study/Act, or PDSA) to test, adapt and implement changes over the course of the project. In between trainings and coaching, practices will receive monthly feedback using a standardized survey to evaluate the effects of interventions tested and implemented.

Monitoring Member Grievances

SFHP monitors grievances on a quarterly basis to identify trends and problems. Our quarterly reports help us look for ways to improve the service to our members. In addition to looking for trends in our grievances, we also monitor the way we handle grievances for timeliness and regulatory compliance. Our goal is to provide excellent service and, at a minimum, meet DMHC standards for responding to and resolving grievances. Below is an overview of the grievances received in 2009 and key indicators showing our compliance with regulatory standards:

- **193** member grievances were processed by SFHP, Kaiser, VSP, and Delta Dental.
- **147** of these grievances were non-delegated and handled directly by SFHP.
- **5** grievances (3%) handled by SFHP were resolved by the next business day.
- **100%** of non-exempt grievances met state regulatory requirements for timeliness of resolution letters sent within 30 days.
- **3** grievances (2%) handled by SFHP had a Cultural and Linguistic component.

Tracking and Trending Grievances

In order to identify patterns and changes in our grievances, we report grievance rates by line of business, medical group and category. Healthy Workers continues to have the highest rate per 1000 members. Healthy Families has shown an increase in the grievance rate, while Medi-Cal and Healthy Kids have shown a decrease since 2008. The top three categories remain as Denials/Refusals, Access, and Quality of Service. Below are the grievance statistics for 2009 and the highlights from our analysis.

The **Lines of Business** ranked by grievances per thousand members:

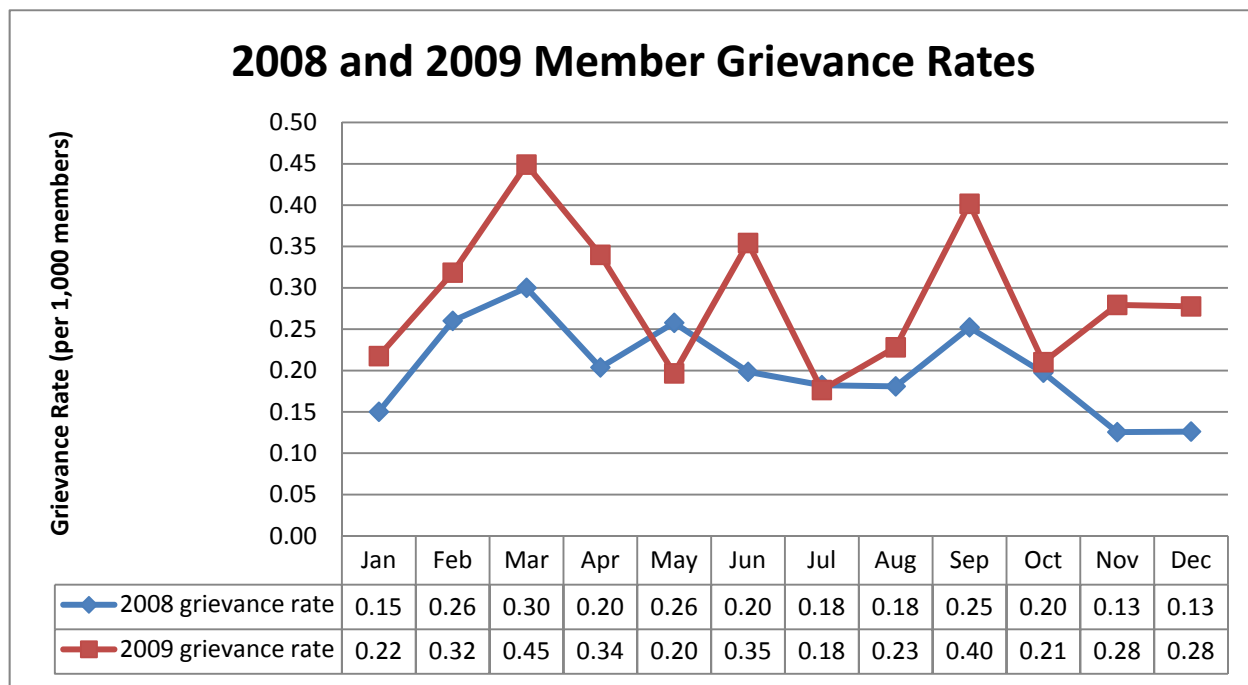
Line of Business	2009 Grievance Rate	2008 Grievance Rate
Healthy Workers	5.0	4.9
Medi-Cal	2.3	3.4
Healthy Families	1.5	0.4
Healthy Kids	1.1	2.7

The **Medical Groups (SFHP & Kaiser)** ranked by grievances per thousand members:

Medical Groups	2009 Grievance Rate	2008 Grievance Rate
University of California San Francisco	6.0	5.5
Physicians Integrated Medical Group	3.8	2.5
Community Health Network	3.0	2.8
Kaiser Permanente	2.0	16.9
Chinese Community Health Care Association	1.8	1.6
North East Medical Services	0.5	0.9

Grievances handled by SFHP by **grievance category**:

CATEGORY	2009 Grievances	2009 % of Total	2008 Grievances	2008 % of Total
Denials/Refusals	48	33%	22	17%
Quality of Service	39	27%	40	30%
Access	34	23%	43	32%
Quality of Medical Care	8	5%	12	9%
Benefits/Coverage	6	4%	1	1%
Enrollment	5	3%	3	2%
Billing	4	3%	8	6%
Other	2	1%	0	0%
Cultural and Linguistic	1	1%	4	3%
TOTAL	147	100%	133	100%



Important Findings for 2009

- In 2008, access-related grievances was the top category; however, in 2009 these decreased by 20%. Denials/refusals became the top category.
- In 2008, there was an upward trend in grievances related to quality of service. In 2009, there was a decrease of 3% and no indication of the trend continuing upward.

III. Ensuring Access to an Excellent Provider Network

The Provider Relations Department focused on creating strong provider/health plan partnerships to support our goal to improve quality of care and access to care. In addition to Joint Administrative Meetings conducted with the medical group administrative staff, SFHP also met with the clinical and administrative staff in our doctors' offices, through redesigned Plan Collaborating with Provider Meetings (PCP Meetings), to strengthen our collaboration on quality activities and improve access to health care. The Provider Relations Department participated in an innovative access improvement project summarized below: the Providing Access to Health Care, our PATH project (helping us create a delivery system accessible by seniors and persons with disabilities). As part of our commitment to continuous quality improvement, the Provider Relations Department measures its performance through regular monitoring of network capacity, access, and provider satisfaction. Summaries of these monitoring activities are below.

Plan Collaborating with Provider Meetings

In 2009, SFHP staff visited 43 sites with more than 100 members or 100 participants and many of those with less than 100 members. Our goals in conducting these visits were to elicit provider concerns and feedback, and share information, best practices, and technical

assistance opportunities to providers and office staff. We gave providers feedback on their quality measurement results and strategized together on ways to improve these results. SFHP shared Patient Rosters for Quality Improvement, which included lists of patients who needed follow-up services and lists of diabetic and asthmatic patients. Most sites were presented with Asthma Profiles, which included a list of patients who may have persistent asthma and who are not on controller medications. In an effort to minimize avoidable ER visits, we presented ER High Utilization Reports of patients who had four or more ER visits within the past 12 months. An emphasis on sharing best practices was also a main focus on the provider visits in 2009. SFHP launched a best practices library on the website and shared this information with providers and community organizations.

In 2009, we continued to offer training topics to provider sites including Managed Care 101, Cultural Awareness and PATH Trainings. In addition, SFHP delivered holiday treat baskets to providers with more than 100 members and hosted a provider recognition and awards dinner to thank them for their continued efforts.

Provider Satisfaction Survey

Annually, SFHP conducts a Provider Satisfaction Survey to gather information about network provider issues and concerns with SFHP and our members. Similar to 2008, the survey was evaluated by our Physician Advisory Committee, and SFHP staff eliminated questions that would not yield actionable feedback. 151 out of 401 PCPs and clinics returned surveys. The response rate of 38% is significantly higher than the 2008 survey (24%). The significant increase in responses is attributed to constant efforts to improve the relationship between SFHP and physicians, a shorter survey design in 2009, and the use of an electronic survey for ease of completion through the internet. No surveys were returned due to incorrect mailing addresses, reflective of the accuracy of our provider contact information. We excluded Kaiser from the survey because we do not have direct relationships with PCPs within the Kaiser group. Even after excluding Kaiser, our survey covered providers serving 95% of our members. Below are response rates by medical group.

Medical Group	Number of Responses	Response Percentage
Community Health Network (CHN)	70	46.4%
Chinese Community Health Care Association (CCHCA)	13	8.6%
North East Medical Services (NEMS)	19	12.6%
University of California, San Francisco (UCSF)	37	24.5%
Physicians Integrated Medical Group (PIMG)	12	7.9%
Total	151	100%

Overall, providers seem to be fairly satisfied with both their medical groups and with SFHP. Overall satisfaction with SFHP increased 9% from 2008 to 2009; we believe this is due to increased efforts to meet with providers, and new SFHP programs that increase our visibility with the provider network. Satisfaction with the PCP meetings at each practice site has increased in the last year, from 61 to 69%.

The following is a summary of other key findings:

- Neutrality or dissatisfaction with the pharmacy prior authorization process
- Lack of use of the SFHP public website and provider secure website
- Increasing interest in accessing resources, clinical guidelines, and related patient education materials from the provider website.
- Lack of knowledge of the Quality Improvement incentive programs
- High level of satisfaction with Claims, Member Services, Provider Relations, Clinic/Provider Visits and the Informed Provider Newsletter
- Desire to receive seed money to develop and implement clinic-based quality improvement projects
- In general, providers and members are overall fairly satisfied with the plan

Each year, SFHP works to improve our provider relations efforts to continue to improve satisfaction with the plan.

Provider Network Access Monitoring

SFHP closely monitors the adequacy of our provider network to ensure that our members have access to the care they need in a timely manner. We measure network access in a variety of ways to assess language capacity, wait times, and availability of specialists and PCPs.

Access to Primary Care Providers

In 2009, as in previous years, there was very little change in the size and make-up of our primary care provider network. Our stable network of PCPs is more than adequate to care for our approximately 59,000 members. Regulatory requirements set forth in our Knox Keene license guide our accessibility standards. State regulations require that a primary care physician panel should contain no more than 2000 patients. While our ratio of members to PCPs falls well within those standards, we cannot accurately measure panel size because our PCPs see patients from several different payors as well as care for the uninsured. Below is a table that shows a snapshot of our PCP and member counts:

Medical Group	# Members < age 18	# PCPs caring for children	# Members > age 18	# PCPs caring for adults
CCHCA	5,771	24	3,548	45
UCSF	3,121	42	1,504	66
NEMS	7,143	34	3,859	47
PIMG	3,710	35	1,798	40
CHN	10, 351	136	15,537	224

Note: PCPs caring for children include physician and mid-level PCP's designated as adolescent medicine, family medicine, family practice, pediatric adolescent medicine, or pediatrics. PCPs caring for adults include physician and mid-level PCP's designated as family medicine, family practice, general practice, geriatric medicine, internal medicine, or OB/GYN.

Access to Specialists

We regularly monitor the number of physicians in our network in specialty areas that our members access the most. In San Francisco, UCSF provides the bulk of specialty care even for those members who are assigned to other medical groups. The table below shows that each of our medical groups had specialists in all of the key areas in 2009:

Specialty	CCHCA	CHN	NEMS	PIMG	UCSF	Grand Total
Cardiology	8	6	1	7	6	28
Endocrinology	2	7	1	1	10	21
Gastroenterology	11	4	5	3	14	37
Obstetrics & Gynecology	14	55	12	15	60	156
Ophthalmology	9	6	14	17	80	126
Pulmonary Disease	5	7	4	7	15	38
Radiology	5	16	4	2	51	78
Grand Total	54	101	41	52	236	484

PCP Language Concordance

SFHP works to ensure that our members have access to primary care providers that speak their language or have access to interpreter services. We monitor the number of PCPs who speak Chinese, Spanish, Vietnamese and Russian because they are the most common non-English languages spoken by our members. Members are encouraged to choose a PCP when they enroll, but if they do not choose a PCP, our systems help optimize the number of patients who are assigned to a PCP that speaks their language. The table below shows that the SFHP provider network had PCPs who speak each of the predominant languages at the end of 2009:

	# Chinese Speaking (Cantonese, Mandarin or Both) PCPs	# Spanish speaking PCPs	# Vietnamese speaking PCPs	# Russian speaking PCPs
CCHCA	98	6	5	0
CHN	25	97	10	0
NEMS	61	8	2	2
PIMG	3	33	1	5
UCSF	8	24	2	0
Totals	195	208	20	7

Wait Times for Key Specialty Areas at SFGH

In 2009 we collected data from our DPH clinics about wait times for appointments for specialty consults and diagnostic testing as a method of measuring access for CHN members. Each month data was collected through a DPH survey of specialty clinics and diagnostic testing centers for CHN. We continue to receive a monthly wait time survey from SFGH and those survey results are monitored for access issues. In addition, CHN was able to add 3rd next available appointment to the standard report in 2009, which greatly increased the ability to analyze the data.

Provider Education and Training

In 2009, to respond to feedback from our Provider Satisfaction Survey, we worked to make more resources and training available to our providers.

In 2009, we expanded the content for providers on our website with the following:

- AWARE patient education materials, to promote a decrease in the use of unnecessary antibiotics
- Health Education materials in our threshold languages that can be downloaded and printed for distribution in the provider office
- Primary care provider processes for HIV testing in the office, since written consent is no longer required for screening
- Expanded STD testing and prevention resources
- Adult and Pediatric Preventive Healthcare Guidelines – revised in 2009
- DHCS-supported Obesity Tool Kits website link (described further below)

San Francisco Health Plan focused on developing educational materials and making them available to our medical groups and providers for the following programs:

1. Obesity resources:

- DHCS encouraged plans to promote the CMA Foundation *Obesity Provider Toolkits: Adult, Child & Adolescent and Pre/Post-Bariatric Surgery*. SFHP distributed copies of each to our medical groups and posted a link on our website.
- SFHP collected a list of pediatric and adult obesity specialists by medical group and researched the availability of scales for members weighing over 300 pounds.
- BMI wheels, pedometers, place mats with adult and child portion sizes, measuring cups, cookbooks, and more were distributed.

2. Cultural Competency/Cultural Awareness Trainings (CCC/CAT):

- Monitored to ensure Medical groups continue to conduct or plan their own trainings for providers.

3. Managed Care 101:

- SFHP maintained a curriculum to inform providers about the basics of working with managed care plans.
- Content includes information about our history, lines of business, network, membership figures, benefits (medical, pharmacy, vision, dental and behavioral

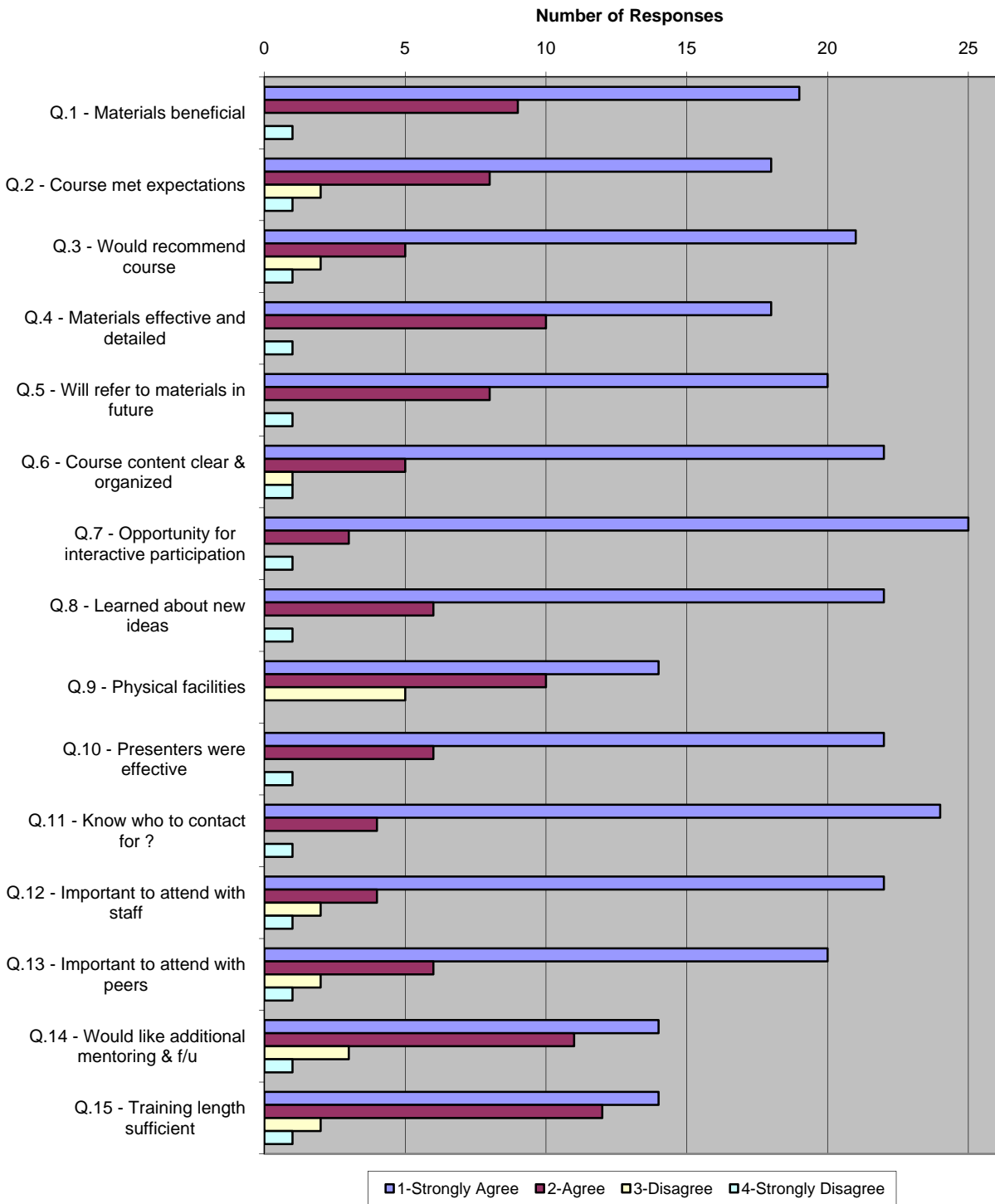
health), how to obtain authorizations, our website resources, health education, and more.

- We trained the providers at many clinic sites and ongoing trainings with Internal Medicine and Pediatric residents through UCSF and SFGH.

4. Health Coaching/Panel Management Training

Over 30 clinical staff from 8 medical homes attended a full day of training on panel management and diabetic health coaching in 2009. Two additional trainings were completed in January and March of 2010. At least 3 members per clinic for 24 clinics in San Francisco attended training. Results are presented in the following graph.

Health Coaching and Panel Management Training Satisfaction Survey All Evaluation Responses



5. Initial Health Assessment (IHA) and Individual Health Education Behavioral Health Assessment (IHEBA):
- During our Joint DHCS and DMHC audit in 2009, SFHP was cited for not stating that members 18 months of age and younger must obtain their IHA and IHEBA within 60 days of enrollment with the Plan. We revised our policy and procedure to reflect this contracted requirement. The facility site nurse reviewers do evaluate this standard on pediatric chart reviews.
 - During 2009, SFHP forwarded the DRAFT pediatric IHEBA tools to the local Child Health and Disability Prevention Program (CHDP) and some of our pediatricians for their input. Their feedback was forwarded to DHCS's Irene Reveles-Chase and Health Education Work Group.
 - As reported last year, DHCS suspended scoring of the IHEBAs during medical record review in an All Plan Letter dated June 9, 2008. DHCS continued this suspension throughout calendar year 2009, as the Work Group continued to make revisions in the pediatric and adult tools. IHEBA Tip Sheets were finalized by the Work Group and distributed to the Plans.
 - SFHP continued to obtain DHCS deeming for tools that already exist in our network that are similar to the IHEBA:
 - Community Health Network's Pediatric and Adult Medicine Medical History and Annual Update Visit forms were deemed by DHCS on March 31, 2009.
 - UCSF's age-specific pediatric primary care visit forms (1 month through adolescence) and the Department of Medicine New Patient Information and Ambulatory Visits Progress Notes were deemed by DHCS July 10, 2008.
 - SFHP continued to educate providers on the importance of IHAs and IHEBA screening through targeted communication through the facility site nurse reviewers, during medical record reviews, and information on our website.
6. Providing Access to Healthcare (PATH):
- SFHP continued an ongoing relationship with the Disability Rights and Education Defense Fund (DREDF) to assess and enhance our provider network's capacity to serve members with disabilities.
 - SFHP sent out a programmatic access survey to all providers and currently have 72% membership represented through primary care surveys received.
 - SFHP published and developed the *Disability Resource Guide for Healthcare Providers* and distributed it throughout the SFHP provider network.
 - During 2009, SFHP worked with DREDF to develop resources and training materials. SFHP held a train-the-trainer session and 5 SFHP staff attended. In addition, SFHP hosted a training for all SFHP staff members

We also communicate with our providers via fax-blasts and our provider newsletter *Informed*. We use the newsletter and fax-blasts to keep our providers up-to-date on upcoming events and trainings, revised clinical guidelines, and resources:

- Childhood Obesity Training
- WIC foods updates
- SLIM (Sharing/Learning/Improving/Measuring) training events
- Conferences related to sharing best practices
- Medi-Cal Optional Benefits and Trigger Cuts
- Healthy Families Wait List and Co-payment implementation
- Out-of-Medical Group and Out-of-Network Guidelines
- SFHP Clinical Guidelines
- All SFHP programs and community partnerships

IV. Medical Management

Utilization Management

SFHP and its medical groups work under a Utilization Management Program and set of policies that assure that effective and appropriate health care services are delivered to our members based on sound clinical principles. Under our QI Program, we monitor under and over-utilization, and continuity and coordination of care. We comply with strict standards for issuing denials and responding to appeals to assure member rights are protected. Quality of care is monitored, and our Quality Improvement, Physician Advisory and Peer Review Committees address instances of poor quality.

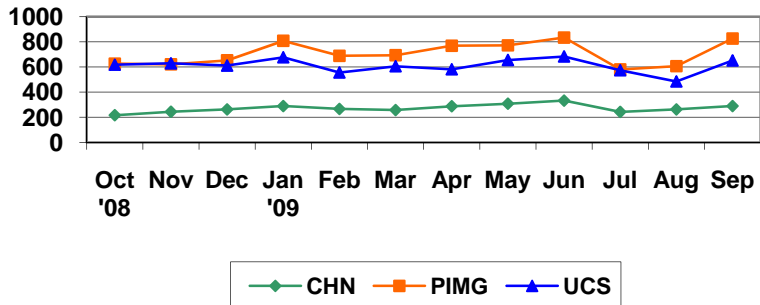
SFHP provides utilization management services for three of our medical groups, University of California San Francisco (UCSF), Physicians Integrated Medical Group (PIMG), and Community Health Network (CHN). We monitor inpatient admissions and emergency department visits for these groups. In 2009, we focused our efforts on making sure services were utilized within the member's appropriate medical group.

The emergency room visits per 1000 members per year have increased slightly for all three medical groups. PIMG and UCSF continue to have higher emergency visit rates and inpatient rates than CHN. We know from previous studies that patients assigned to UCSF tend to be sicker than members assigned to our other groups.

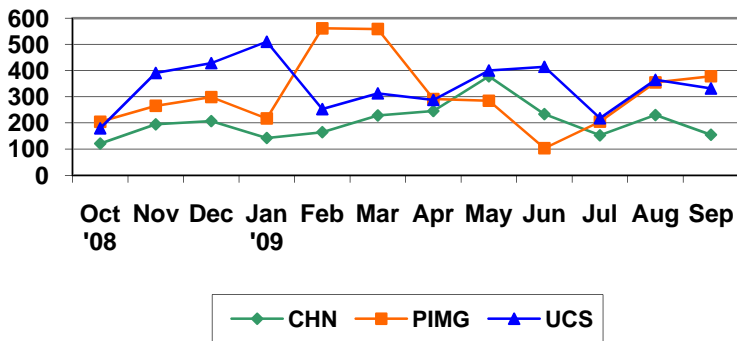
SFHP also provides concurrent inpatient review for these medical groups. The data for all three groups appears to be slightly higher than last year. This may well be a reflection of the acuity of the members admitted this year or a change in the data capture. SFHP will continue to monitor and analyze the data to better understand this trend. The UCSF and PIMG data demonstrates a higher level of bed days and admissions compared to CHN. The higher rates at UCSF may also reflect the lack of specialist care currently available at SFGH, since many cases will be transferred out of SFGH if an unavailable service is

required. The data for the average length of stay is similar for all three medical groups. Due to claims-lag the following graphs are missing data from the last three months of 2009.

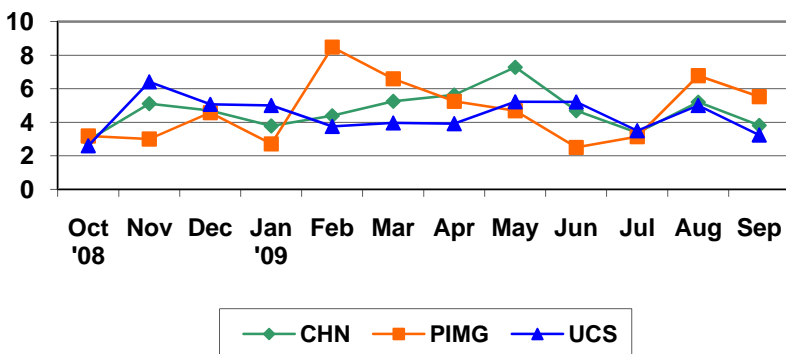
Emergency Room Visits per 1000 Members per Year



Bed Days per 1000 Members per Year



Average Length of Stay



Reducing Avoidable Emergency Department Visits

SFHP participates in the DHCS Statewide Quality Improvement Collaborative, aimed at reducing avoidable emergency department visits. We submitted baseline data in 2007 and Year 1 data in 2008, measuring our total emergency department visits and the percent that were avoidable per the DHCS definition. The data showed a small, but statistically significant increase between Baseline and Year 1. However, no interventions were put into place between Baseline and Year 1.

	Baseline (measurement year 2006)	Year 1 (measurement year 2007)	Year 2 (measure year 2008)
Emergency department visits per 1000 Medi-Cal members per month	21.4	22.8	22.5
Percent avoidable visits	15.5%	16.9%	17.0%

SFHP participated in two workgroups tasked with planning interventions to reduce avoidable emergency department visits: the hospital collaborative workgroup and the health education workgroup. The hospital collaborative workgroup recommended implementing a partnership with at least one network hospital whereby health plans would receive real-time updates on emergency department visits. Health plans use the data to do outreach to members and providers utilizing the emergency department inappropriately. Hospital collaborations were implemented in 2009. The health education workgroup developed a poster and brochure encouraging families to contact their PCP or a nurse advice line before accessing care at the emergency department. The materials are specifically targeted towards colds and fever, as they account for the majority of avoidable visits statewide for Medi-Cal members. Posters and brochures were distributed in 2009 to all pediatric and family medicine PCP offices.

In addition to participating in the statewide interventions, SFHP initiated our own interventions in 2009. We included the Avoidable ER measure on our PCP and Clinic Quality Reports, showing our providers how their clinics performed compared to the health plan average. We accompanied the report with a list of patients who had been to the ER four or more times in the last 12 months. The list showed the number of ER visits and the number which were avoidable. We also conducted a pilot program involving mailing a parent reference book, "What to Do When Your Child is Sick," to families in the PIMG medical group.

Utilization Management Notice of Action (NOA) Letter Audit

The Utilization Management Department has measures in place to ensure members receive NOA letters meeting regulatory guidelines and strict quality standards. In 2009, SFHP was audited by the Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS). Pharmacy and medical authorization request files were reviewed by the DMHC/DHCS auditors for medical decision, completeness,

appropriate notification language and fit with member language needs. SFHP passed the audit with one minor corrective action plan – formatting of DMHC and DHCS phone numbers needed to be bolded; this was remedied. We will continue to monitor the utilization management and NOA letter process to ensure quality and efficiency.

Coordination of Care with Community Agencies and Waiver Programs

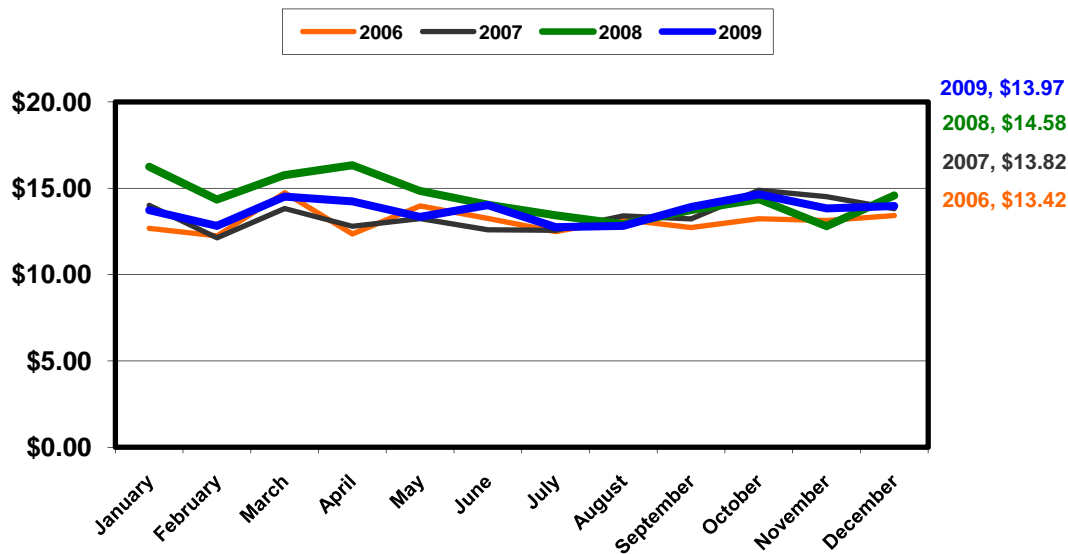
SFHP members who need specialty care are referred by their primary care practitioners to specialists and may also receive services from many agencies in the community with which SFHP has memorandums of understanding. These community programs include California Children's Services (CCS), Golden Gate Regional Center (GGRC), Early Start (ES), Women, Infants and Children (WIC), Community Behavioral Health Services, Sexually Transmitted Disease/Infections Services and the Tuberculosis-Direct Observed Therapy (TB-DOT) Assistance Program. SFHP members are also eligible for services from the federal waiver programs: HIV/AIDS Waiver Program, the Multipurpose Senior Services Program, Nursing Facility/Acute Hospital Waiver, and Home and Community Based Services Waiver for the Developmentally Disabled.

SFHP informs our members and practitioners about these services and how to access them through the SFHP Provider Referral Contacts brochure, Joint Administrative Meetings with our Medical Groups, PCP Meetings, and featured articles in our Provider Newsletters, Informed. In addition, SFHP is responsible for assuring that there is comprehensive care coordination when PCPs make referrals.

Pharmacy Services

SFHP assures the quality of its pharmacy services by offering a generous formulary and maintaining good relationships with our pharmacy providers. Our pharmacy services and formulary are constantly reviewed and updated by our Pharmacy and Therapeutics Committee, a sub-committee of our Quality Improvement Committee. We monitor pharmacy usage monthly through cost and utilization reports. The trend for pharmacy cost per member per month (PMPM) continued to be stable and similar to previous years.

Pharmacy Cost per Member per Month (PMPM) for all Lines of Business



SFHP manages pharmacy costs through our generic-preferred formulary and prior authorization process. In 2009, nearly 85% of prescriptions were filled with generic medications and the average cost per prescription (all prescriptions, brand and generic) was \$29.31 (compared to \$31.38 in 2008).

In 2009, our Pharmacy and Therapeutics (P&T) Committee met four times to maintain the SFHP formulary and to add new drugs as appropriate. The Committee completed the 2009 portion of the three-year drug class rotation and reviewed medications and supplies in the following categories: agents for asthma and COPD, nasal steroids, diabetes drugs, blood glucose monitoring test strips, miscellaneous endocrine agents, anti-emetic agents, ulcer agents, miscellaneous gastrointestinal agents, ADHD agents, migraine agents (acute treatment) and muscle relaxants. The committee also resolved to invite a medical specialist to the P&T meetings for specific expert opinion on medication-related standards of care.

The SFHP pharmacy department has maintained the electronic review and filing of pharmacy prior authorization requests. Changes to the pharmacy prior authorization workflow and inadequate staffing resulted in increased turnaround times for pharmacy prior authorization processing. The number of authorizations processed in five days or less was 77% in 2009, compared to greater than 90% in previous years. To address the issue in 2010, we are updating workflows with the pharmacy benefit management company and increasing staff capacity.

V. Making Health Education and Cultural and Linguistic Services Available to Members

Health education and cultural and linguistic competency principles are actively integrated into our quality improvement activities. In making decisions about quality improvement interventions, we examine the demographic characteristics of our member population. In response to provider recommendations and member input, we continued many existing projects and launched new projects in 2009.

Making Health Education Materials Available for Members and Providers

Health Education on the Web

SFHP maintains a library of health education materials in a wide range of topic areas. We make the materials available both in paper and on-line formats. Our website includes an easy-to-navigate repository of educational materials that providers, members, and visitors can access and print. Currently, we have on-line materials in multiple languages that address topics including asthma, diabetes, breastfeeding, and weight management. Each quarter, we upload newly developed materials to the website for both member and provider access.

To assess website use, we measure the frequency of hits to Health Education pages. In 2009, the Health Education sections of the SFHP website (Provider, Visitor, and Member sections) were accessed a total of 22,875 times.

- Provider Section (7,565)
 - Health Education Materials for Members: 3,620
 - Health Education Materials for Providers: 1,023
 - Health Ed Classes: 2,103
 - HECP: 819
- Member Section: Health Education (7,324)
 - English: 2,984
 - Spanish: 2,048
 - Chinese: 2,292
- Visitor Section (7,986)
 - English: 3,417
 - Spanish: 2,225
 - Chinese: 2,344

A total of 30,812 Health Education materials were downloaded from all three sections.

- English Materials: 35,121
- Spanish Materials: 15,974
- Chinese Materials: 4,045

Targeted Health Education Mailings

As part of our quality improvement initiatives to promote preventive care and management of chronic conditions, SFHP also proactively mails health education materials to members. We mail information and health reminders on the following health topics:

- Immunizations for 0-2 year-olds
- Well-checks for 3-6 year-olds
- Well-checks for 12-21 year-olds
- Cervical cancer screening
- Breast cancer screening
- General women's health, ages 27+
- General young women's health, ages 16-26
- General diabetes management, including information on exercise and nutrition
- Diabetic eye exams
- Initial health assessments
- Pregnancy education books
- "What To Do When Your Child Gets Sick" parent/caregiver education book

Our quarterly newsletter continues to be an important means for communicating health education messages to our members. The newsletter, *Your Health Matters*, regularly includes articles on topics such as child safety, member rights pertaining to language access services, wellness tips, and SFHP's community partnerships.

Quarterly Health Education Messaging

SFHP Health Education and Cultural and Linguistic Services continued to partner with the Marketing Department to follow the quarterly Health Education Messaging Work Plan. Together we identified four themes to be rolled out quarterly over the course of 2008 and 2009. In each quarter, we disseminate information through the Member Newsletter, Provider Newsletter, website materials, materials in SFHP reception area, Member Advisory Committee, and print media. We produced newspaper advertisements that were translated into Spanish and Chinese and placed in local newspapers. Additionally, we adapted text and photos to be culturally relevant to each community. All advertisements are available to download from the SFHP website. We also partnered with community and governmental agencies to create joint messages that targeted specific sub-groups. All materials developed collaboratively were shared with community partners. The topics we chose for 2009 messaging are listed below:

Winter 2009: *Avoidable ER Visits, Should You Fear a Fever? Information on when to call your doctor*

- Partners: DHCS Statewide ER Quality Improvement Collaborative

Winter 2009: *Flu Season: Tips to Stay Healthy*

- Partners: San Francisco Department of Public Health, Infect Me Not Campaign

Spring 2009: *Women's Health (Pap smears, Mammograms, Folic Acid, etc)*

Summer 2009: *Nutrition*

- Partners: Bay Area Nutrition and Physical Activity Collaborative (BANPAC) “Soda Free Summer” Campaign

Health Education Compensation Program

The Health Education Compensation Program (HECP) provides funds to help support health education classes and counseling.

In 2009, SFHP received an additional 6 applications from providers to participate in HECP, bringing the total number of PCPs participating to 20. We received 4,209 records of health education classes and counseling sessions, an increase of 161% over 2008. The table below shows the number of submissions by mode of delivery and health topic:

Mode of health education delivery	# of submissions
Group	528
Individual	3,682
Health topic	# of submissions
Asthma	881
Diabetes	500
Perinatal education	246
Nutrition/weight management	1300
Hypertension	248
Other	452
Hyperlipidemia	38
Behavioral Counseling	339
Dental hygiene/Fluoride varnish	182
Parenting/family wellness	9
Tobacco Abuse	14

Health Education Classes on the SFHP Website

We continue to collaborate with our medical groups to update and post listings of health education classes offered within our network. Users can search for classes by medical group, topic, and the languages in which they are offered.

Nutrition and Physical Activity Resources: Piloting Healthy Weight Initiatives

Our most recent Health Education Group Needs Assessment indicated that the top health education needs of our members and providers are in the area of nutrition and physical activity. In 2009, SFHP continued to respond to these needs by making weight management health education materials and supplies available and by offering a train-the-trainer weight management program with interested clinics.

Nutrition and Physical Activity Health Education Materials Dissemination

To support our provider network in providing tools for maintaining a healthy weight, SFHP made materials ranging from cookbooks to exercise bands available to our providers. These materials were disseminated to clinic sites to be used for health education and as incentives in targeted campaigns such as a Diabetes Days and Nutrition Classes.

Weight Management Train the Trainers Program: “Eat Smart, Be Active”

The “Eat Smart, Be Active” class series program continued to promote weight management classes in our provider clinics. University of California Cooperative Extension provides culturally relevant, low-literacy curriculum. The series offers eight weekly classes and covered healthy eating topics.

We evaluated the program through attendance monitoring, pre/post knowledge surveys, satisfaction surveys, and feedback from clinic leadership.

Attendance: 119 individuals attended at least one class and 32% attended at least five classes.

- *Satisfaction Survey:* Survey results indicated an overwhelmingly high level of satisfaction among participants. Many stated that they felt supported and understood among peers who shared similar concerns and limitations. One diabetic SFGH patient, who previously attended individual nutrition counseling, reported that she preferred the classes because she learned so much more from all of her classmates. All patient comments on the post-test were very positive. All patients would recommend the classes to their friends, and in a few instances, patients brought a friend to one or two classes.
- *Pre/post Knowledge Survey:* Survey results indicated improvements in knowledge and behavior change. All participants stated that they had learned a great deal about eating healthier. Common responses to the question asking participants what they learned included how to cook healthier, fit exercise into their day, calculate the amount of sugar/salt/fat in recipes, read a nutrition label, learn portion control, cut back on salt, and enjoy walking.

UCCEP Pre-Post Survey (n = 25): Knowledge/Behavior Change

Analysis comparing the UCCEP pre and post surveys of knowledge and behavior revealed that participants had both retained new information and had begun to implement changes in maintaining a healthier lifestyle.

	Before Class Series	After Class Series
Utilize nutrition label in making food choices most or all of the time	56%	75%

	Before Class Series	After Class Series
Plan meals ahead of time most or all of the time	44%	68%
Think about healthy food choices when feeding family most or all of the time	50%	94%
Participate in at least 30 minutes of physical activity per day most or all of the time	38%	63%
Compare prices before buying food most or all of the time	56%	88%
Run out of food before the end of the month most or all of the time	38%	19%
Shop with a grocery list most or all of the time	63%	82%
Prepare foods without adding salt most or all of the time	50%	50%
Eat more than one kind of vegetable per day most or all of the time	69%	88%
Eat more than one kind of fruit per day most or all of the time	50%	69%
Wash hands before preparing food most or all of the time	88%	94%
Have meals that consist of a variety of foods most or all of the time	63%	82%

***Reflects data as of October 2009.*

San Francisco CHDP Program Childhood Obesity Prevention Workgroup

In 2009, SFHP continued to participate in a citywide coalition of health care providers and managed care organizations to create a way for PCPs to help families find low-cost ways to engage their children in physical activity. The coalition planned a conference on childhood obesity prevention entitled *Childhood Obesity 2010: The Next Generation of Prevention and Management*. The conference brought health care providers and community organizations together to promote collaboration around improving nutrition and physical activity for young people.

Promoting Cultural Competency and Language Access

UCSF Train-the-Trainer Workshop

As part of our medical group oversight audits, we found that some of our groups needed assistance providing cultural competency trainings for their provider networks. In response, SFHP sponsored a Train-the-Trainer Cultural Competency Workshop in 2008. The training was led by Dr. Sunita Mutha of the UCSF Center for Health Professionals. We identified two medical groups with the greatest need for support in this area and invited them to send staff to the workshop. Four SFHP staff members also attended to create training specific to SFHP employees. Participants created a customized cultural competency training curriculum that they could then take and use for trainings in their provider network. Many of our Medical Groups trained in 2008 provide ongoing training to their providers and staff.

SFHP will repeat the train the trainer model in 2010, expanding to more Medical Groups.

Cultural Competency Trainings for SFHP Staff *New Hire Orientation*

The Manager of Health Education and Cultural and Linguistic Services presented an “An Introduction to Cultural Competency” at the orientation for newly-hired employees in 2009.

All Staff Cultural Awareness Training

In 2009, SFHP developed a work plan to roll out Cultural Awareness Trainings to SFHP staff in 2010. The trainings will cover core areas such as:

- Overview of Cultural Competency
 - Define and understand basic principles of cultural competency.
 - Describe how an emphasis on Cultural Competency in daily work can improve member safety and all measures of quality (HEDIS, etc).
 - Understand SFHP member demographics.
 - Develop skills to communicate effectively in a culturally diverse environment.
- Working with an interpreter (required for employees with regular member contact)
 - Understand SFHP’s Language Assistance Program, key SFHP policies, and the delegation of interpreter services.
 - Develop skills in successful communication using an interpreter.
 - Develop skills in acting as an interpreter in non-clinical settings.

Learn techniques for working with members with limited English proficiency in a culturally appropriate manner

Language Access

SFHP monitors language access through medical group oversight audits, grievances and provider network monitoring. In addition to our regular monitoring activities, we began work on compliance with SB853, new legislation around language services provided by managed care organizations. SB853 requires all Department of Managed Health Care (DMHC) licensed managed care organizations to provide language assistance services to enrollees with Limited English Proficiency (LEP). The regulation stipulates that plans are compliant if they demonstrate that they are fully compliant with Medi-Cal standards and extend these standards across all lines of business. SFHP falls under these regulations and is compliant with SB853 by extending our language access policies and procedures to all of our lines of business.

Reducing Disparities in Care: Examining HEDIS Rates by Race/Ethnicity and Language

While we made progress in improving our overall rates for almost all HEDIS measures in 2009, an analysis by race/ethnicity and language showed continued disparities in the rates for some measures. Our findings are summarized below:

- African Americans and Caucasians tend to score lower than other ethnic groups across multiple measures. While disparities still persist, there have been

improvements in many measures included diabetes eye exams and children’s access to PCPs.

- Chlamydia screening – Chinese speakers are the least likely to receive screening across all age groups; Chlamydia screening rates dropped from 2007 among Asian Pacific Islanders, Hispanics, Chinese speakers, and Spanish speakers.
- Asian Pacific Islanders tend to score highest across HEDIS measures.

VII. Quality Monitoring

San Francisco Health Plan (SFHP) works collaboratively and has an active Memorandum of Understanding (MOU) with Anthem Blue Cross of California to review all primary care providers and sites that are jointly contracted with the Plans in order to ensure compliance with criteria set forth by the California Department of Health Care Services (DHCS). In addition, SFHP delegates and conducts ongoing oversight of these full scope (facility site and medical record) reviews and the interim monitoring activities to its medical groups. In 2009, SFHP also developed an MOU with the Health Plan of San Mateo to jointly review shared PCP sites.

The site review portion evaluates 139 criteria in the areas of access and safety, personnel, office management, clinical services, preventive services, and infection control. The medical record review portion evaluates 32 criteria in the areas of chart format, documentation, continuity and coordination of care, and preventive care. Below are summaries of the **full scope** (facility and medical records) and **interim monitoring reviews** conducted in 2009.

Summary of Facility Site Reviews:

Key: Lowest of the scores (74%) in the category

Medical Group	# Reviews in 2009	Review Scores 90% - 100%	Review Scores 80% - 89%	Review Scores <80%
CCHCA	19 with 3 initial	17	1 (89%)	1 (74%)
CHN	9	9	0	0
KAISER	1 initial	1	0	0
PIMG	17 with 1 initial	16	1 (84%)	0
NEMS	7 with 3 initial	6	1 (80%)	0
UCSF	2	2	0	0
TOTALS	55	51	3	1

**Summary of Medical Record Reviews:
Key: Lowest of the scores (66%) in the category**

Medical Group	# Reviews in 2009	Review Scores 90% - 100%	Review Scores 80% - 89%	Review Scores <80%
CCHCA	17 with 1 initial	10	6 (81%)	1 (66%)
CHN	8	8	0	0
KAISER	1	0	1 (89%)	0
PIMG	17	5	12 (80%)	0
NEMS	6	4	2 (84%)	0
UCSF	2	1	1 (89%)	0
TOTALS	51	28	22	1

Summary:

There were 55 site and 51 record reviews completed in calendar year 2009. Within San Francisco Health Plan's network, nine initial reviews were conducted with new providers and/or clinic locations during the year. Of these nine reviews, two were providers who had moved their office locations.

Two network providers received facility site or medical record review scores that were below 80%. These providers were in Chinese Community Health Care Association's (CCHCA) network:

- One new provider scored 74% on his facility site review in July 2009. His medical record review and a repeat facility site review will be conducted when he has SFHP members.
- One provider received a medical record score of 66% in August. His medical record corrective action plan (CAP) was approved and signed off on October 19, 2009. A follow-up medical record review will be scheduled in 6 months (April 2010) allowing time to fully implement all items on the CAP.

In addition, there were a total of 9 Interim Monitoring/Focused (IM) reviews that were conducted at approximately 18 months following their last facility site review.

Summary of Interim Monitoring (IM) Reviews:

Medical Group	# Interim Monitoring Reviews by Medical Group
CCHCA	6
CHN	0
KAISER	0
PIMG	2
NEMS	1
UCSF	0
2009 TOTALS	9

All of SFHP's certified nurse *Site Review Trainers* participated in the October 2009 Northern California DHCS Inter-rater Reliability (IRR) chart review process and conference. Master Trainers and reviewers from Plans contracted with DHCS in Northern California scored six medical records (2 pediatric, two adult, and two obstetrical charts). The scores for each reviewer are compiled and graphed. All nurses in Northern California scored within ten percentage points of the control score of 84%. The SFHP delegated nurses reviewers scored within 5 percentage points of the control score.

San Francisco Health Plan continues to distribute its Facility Site Survival Toolkit to newly contracted provider offices/clinics. In addition, the Immunization Vaccine Information Statement (VIS) binders, created for offices that did not have web access to download the CDC VISs, were sent VIS updates/revisions twice during the year. Per federal law, VIS forms must be shared with parents of children or adults before receiving immunizations and obtaining consent since they describe the purpose and side effects of the vaccines.

SFHP and its delegated nurse reviewers educate providers and their staff about the facility site, critical element and medical record standards when conducting site audits. A corrective action plan is required for scores below 90% or with an infectious disease or pharmacy deficiency. In addition, SFHP highlighted the four most common reasons for failing medical record reviews in its winter 2008 provider newsletter *Informed*:

- Lack of documentation that Advanced Health Care Directives for members 18 years of age and older have been offered, executed or refused,
- Lack of the Staying Healthy Assessment/Individual Health Evaluation Behavioral Assessment (SHA/IHEBA) or similar deemed forms,
- Notation of annual TB risk assessment or screening (PPD, QuantiFERON, or chest x-ray), and
- Lack of documentation of VISs.

Lastly, in 2009 San Francisco Health Plan had its first oversight review from the Managed Medi-Cal Division Medical Monitoring Unit Nurse Evaluator IIs who conducted twelve (12) full scope onsite reviews on June 10th and 11th. There were no failures in either the facility or medical record reviews. Two sites scored 100% in the FSR, making the average FSR

score 94.83 %. Four sites scored 100% in the MRR, putting the average MRR score at 95.41 %. A total of 64 FSR and 116 MRR findings were recorded.

The reviewers found critical element deficiencies at five sites, mainly in Infection Control, making up 12.5% of the total 64 FSR findings: safety syringe or inadequate personal protective equipment, an oxygen tank that did not have a liter flow gauge, and a site whose MA did not show the pre-labeled medication container to the licensed person prior to administering the medication.

A total of 87 medical records were reviewed (59 adult, 28 pediatric). The four sites that scored 100% represented 24 of these records (5 adults, 19 pediatric). The remaining 63 records (54 adult, 9 pediatric) had 116 findings, 52.58 % of which were in the Adult Preventive Criteria.

SFHP was responsible for creating, forwarding and reviewing all corrective action plan responses. These signed off CAPS were forwarded to the state.

Medical Group Oversight Audit Results - 2009

To the degree that San Francisco Health Plan delegates functions to its medical groups, it implements an oversight program that makes clear the division of responsibilities. Through required submissions of reports, policies and procedures, and work plans, and through an annual medical group audit, SFHP monitors how the medical groups have implemented its delegated responsibilities.

Delegated standards are from our contracts with the Department of Health Care Services and the Department of Managed Health Care. The plan maintains ultimate responsibility for these delegated functions and has oversight of these functions.

2009 Delegated Audited Functions as Listed and Delineated in the Medical Group's Responsibilities and Reporting Requirement Grids							
Network	Grievances (Member Rights & Responsibilities)	Credentialing	Cultural & Linguistic Interpreter Services	Utilization Management	DHCS Contract Requirements (Addendum)	Access Dwell/Wait Time Studies	Claims
Kaiser	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CCHCA	NA	Yes	Yes	Yes	Yes	Yes	Yes
NEMS	NA	Yes	Yes	Yes	Yes	Yes	Yes
PIMG	NA	Yes	Yes	Yes – Outpatient Services only	Yes	Yes	Yes
CHN	NA	Yes	Yes	NA	NA	NA	NA

2009 Delegated Audited Functions as Listed and Delineated in the Medical Group's Responsibilities and Reporting Requirement Grids							
Network	Grievances (Member Rights & Responsibilities)	Credentialing	Cultural & Linguistic Interpreter Services	Utilization Management	DHCS Contract Requirements (Addendum)	Access Dwell/Wait Time Studies	Claims
St. Mary's Medical Staff Office for Sister Mary Philippa	NA	Yes	Yes	NA	NA	NA	NA
UCSF	NA	Yes	Yes	NA	NA	NA	NA

Medical Group Key:

- CCHCA - Chinese Community Health Care Association
- NEMS - North East Medical Services
- PIMG - Physicians Integrated Medical Group
- CHN - Community Health Network
- UCSF - University of California San Francisco

San Francisco Health Plan:

- Utilizes a standard industry tool to perform the quarterly and annual reviews / audits
- Meets with and offers technical support on an ongoing basis to its medical groups
- Reviews annual, biennial, and quarterly submissions
- Develops and signs off on any corrective action plans (CAP) when deficiencies are identified

Oversight Audit Results by Medical Group and Medical Staff Offices (Credentialing only):

Medical Group	Results	Comments
Kaiser Permanente HP San Francisco Audit date: November 10, 2009	<p>All findings were 98% or greater, therefore no corrective action plans (CAPs) were required:</p> <ul style="list-style-type: none"> • Durable Medical Equipment (DME) utilization management of denials, modifications, and deferrals/pended requests - 99% • Member Rights and Responsibilities (Complaints, Grievances, and Appeals) – 98% <p>Delegated functions scoring 100%:</p> <ul style="list-style-type: none"> • Utilization Management Notice of Action letters: denials, modifications and deferrals/pended service requests (speech assessment or therapy, Bariatric surgery, home health evaluation, skilled nursing facility, etc.) • Credentialing Initial and Recredentialing file review • Cultural and Linguistic Services • Health Education • Cycle/Dwell/Wait Time Studies at all primary care clinics (compliant through 2011) • DHCS Addendum – community services and waiver programs 	<p>No corrective action plans.</p> <p>Educated on findings and requirements.</p>
CCHCA	<p>Findings not scoring 100%:</p> <ul style="list-style-type: none"> • Initial Credentialing Attestation of Provider Training where 0 of 	Initial Credentialing Attestation of Provider Training Corrective Action

<p>Audit date: September 18, 2009</p>	<p>the 8 files did not have signed attestation statements within 10days of the new provider's start date = 0%</p> <ul style="list-style-type: none"> • Cultural and Linguistic Services policies and procedures were not fully compliant • CCHCA did not have a medical interpreter proficiency/skills assessment tool • There was documentation of cultural awareness/competency trainings for CCHCA staff, but not within their provider office network <p>Delegated functions scoring 100%:</p> <ul style="list-style-type: none"> • Credentialing Initial and Recredentialing file review • Cycle/Dwell/Wait Time Studies for CCHCA are current, but will be due in 2010 • Utilization Management Notice of Action letters: denials, modifications and deferrals/pended requests • DHCS Addendum – community services and waiver programs • Claims review <p>SFHP requested minor additional changes in their revised CLS policies and procedures (P&Ps).</p> <p>Second year deficiencies:</p> <ul style="list-style-type: none"> • Lack of a medical interpreter proficiency/skills assessment tool • Lack of documented provider office cultural awareness/competency trainings 	<p>Plan (CAP): Starting with any new provider joining CCHCA as of 1/1/2010, Provider Relations staff will train and obtain attestation statements within 10 days of the provider's start date (their contract date with CCHCA). SFHP approved this CAP on 1/11/10.</p> <p>CLS CAP: CCHCA is making additional, but minor changes to their CLS P&Ps and forwarding them to SFHP following Quality Assurance Committee approval during 1st quarter 2010.</p> <p>SFHP provided CCHCA with the industry standard <i>ICE Employee Language Skills Self-Assessment Tool</i> for provider office assessment of their staff's speaking, reading and written proficiency in languages other than English. We encouraged them to assess their network utilizing this tool by 7/1/10.</p> <p>SFHP shared our Cultural Awareness/Competency Training slide deck, Unnatural Causes video tape, and the CMA Foundation CCT materials and offered to assist them to develop a training for their provider network.</p>
<p>NEMS</p> <p>Audit date: October 21, 2009</p>	<p>Findings not scoring 100%:</p> <ul style="list-style-type: none"> • Recredentialing files - of the 8 primary care provider files were missing member complaints and QI activities = overall score of 90%; all other areas 100% • NEMS Cultural and Linguistic P&Ps do not reflect the description of the oversight process and tools used within their CPMC network. • NEMS had not conducted oversight of CPMC's Cultural and Linguistic Services during 2009 • CPMC had attended SFHP's medical group training on Cultural Awareness, but had not implemented a staff or provider training to date <p>Delegated functions scoring 100%:</p> <ul style="list-style-type: none"> • Credentialing Initial file review • Cycle/Dwell/Wait Time Studies for NEMS are current, but will be due in 2010 • Oversight of CPMC Cycle/Dwell/Wait Time P&P and network studies is current, due in 2010 • NEMS's Cultural and Linguistic Services <i>Medical Interpreter Skills Assessment Test</i> implemented 12/19/08 and documented Cultural Sensitivity Trainings for staff and 	<p>Recredentialing CAP: NEMS added a new member satisfaction (a collected QI activity) and complaints section to their recredentialing check off verification sheet at the front of every file effective 11/9/09. "No issues" will be stated, if there are no complaints for the PCP. If the credentialing cycle has a complaint, QI/PR actions will be documented and reviewed before the Medical Director/Credentialing Committee Chair signs off the verification form. SFHP approved this CAP on 11/9/09.</p> <p>CLS Corrective Action Plan (CAP): NEMS revised and submitted their CLS P&Ps, which were approved by SFHP on 12/9/09.</p> <p>NEMS was asked to conduct an oversight review of CPMC CLS P&Ps and obtain a copy of their skills</p>

	<p>provider s during 2009 were fully compliant</p> <ul style="list-style-type: none"> • Utilization Management Notice of Action letters: denials, modifications and deferrals/pended requests • DHCS Addendum – community services and waiver programs • Claims review 	<p>assessment tools. Oversight was completed by NEMS on 2/23/10. NEMS requested that CPMC include language regarding the <i>Rights to Interpreter Services: must document primary language of non-English proficient person in the medical record and/or refusal to accept services of qualified interpreters. CPMC appropriately requires the use of certified interpreters only.</i> This was approved by SFHP staff on submission.</p>
<p>PIMG</p> <p>Audit date: December 9, 2009</p>	<p>Findings not scoring 100%:</p> <ul style="list-style-type: none"> • Initial file review was 100% except for the Attestation of Provider Training where 4 of the 8 files did not have signed attestation statements = 50% • Recredentialing file review identified that 13 out of 30 files were not recredentialed within 36 months of their last credentialing review date = 43% timeliness score. Overall this made their recredentialing score = 90.6% • Cultural and Linguistic policies and procedures were not fully compliant • PIMG did not have a medical interpreter proficiency/skills assessment tool <p>Delegated functions scoring 100%:</p> <ul style="list-style-type: none"> • Utilization Management Notice of Action letters: denials, modifications and deferrals/pended service requests (speech therapy, blood glucose monitor, out of network visits, stress tests, lung scan, etc.) • DHCS Addendum – community services and waiver programs • Cultural awareness/cultural competency trainings were conducted throughout PIMG’s network during 2009 • PIMG’s Cycle/Dwell/Wait Time Studies had been completed throughout their network (except for 3 providers), but had not been tabulated at the time of the audit. PIMG submitted their findings and education approach they took with 14 providers who had wait times greater than 30 minutes. SFHP approved on submission. • Claims review <p>Second year deficiencies:</p> <ul style="list-style-type: none"> • Lack of a medical interpreter proficiency/skills assessment tool <p>SFHP assisted PIMG in revising their CLS policies and procedures which were resubmitted on 2/4/10.</p>	<p>Credentialing CAP: A CAP was not given as PIMG staff had brought this deficiency to our attention before the audit. They had noted it in March, called SFHP, and immediately corrected this deficiency with any new providers credentialed from 4/1/09 onward.</p> <p>CLS CAP: SFHP requested changes in their CLS P&Ps. The revised P&Ps were received by SFHP on 2/4/10. SFHP requested very minor additional changes to two P&Ps: <i>Responsibility for the Provision of Interpreter Services and the Use of Bilingual Staff and the Language Assistance Program.</i> SFHP stated that we would approve these P&Ps when these changes were made.</p> <p>PIMG was unable to develop a medical interpreter proficiency/skills assessment tool by 9/1/09, as planned from their CAP in 2008. SFHP provided PIMG with the industry standard ICE <i>Employee Language Skills Self-Assessment Tool</i> for provider office assessment of their staff’s speaking, reading and written proficiency in languages other than English. We encouraged them to assess their network utilizing this tool by 7/1/10.</p>

SFGH Medical Staff Office - (Community Health Network) December 11, 2009	Initial credential files 8/8 with score = 100% Recredentialing files 8/8 with score =100%	CHN has consistently received 100% scores on files and policies and procedures since 2002
St. Mary's Medical Staff Office (Sister Mary Philippa) November 16, 2009	Initial credential files 8/8 with score = 100% Recredentialing files 8/8 with score =100%	St. Mary's Medical Staff Office has scored 100% since 2008
UCSF Medical Staff Office (UCSF Medical Center) December 4, 2009	Initial files with 8/8 with score = 100% Recredentialing files 8/8 with score = 100%	UCSF has consistently received 100% on files and policies and procedures since 2005

1. New legislation, Senate Bill 853, with new C&L requirements was effective January 2009. There were two medical groups (CCHCA and PIMG), who for the second year, did not have a medical interpreter proficiency/skills assessment tool. SFHP provided CCHCA and PIMG with the industry standard ICE *Employee Language Skills Self-Assessment Tool* for provider office assessment of their staff's speaking, reading and written proficiency in languages other than English.
2. After receiving our findings from the joint DHCS/DMHC review of SFHP in 2009 and conducting our oversight audits, SFHP highlighted the importance of training new providers utilizing the SFHP *Key Summary of Information* document within ten days of the provider's start date with the medical group in our 2010 Responsibilities and Requirement grids. During our oversight audits, CCHCA did not have signed Attestation Statement documentation of the training having been conducted within 10 days of start/contract date with the medical group.

VIII. Quality Leadership

Quality Improvement Committee

The SFHP Quality Improvement Committee provided valuable guidance for our QI activities in 2009. The Committee is made up of SFHP physicians and members and met six times in 2009 to review quality monitoring reports and give input on our quality improvement projects. The Committee also approved our QI Program and UM Program in March 2009. In addition to providing oversight for our QI activities, the Quality Improvement Committee advised us on many topics including the following:

- Setting access standards for primary and specialty care.
- Analyzing our member satisfaction results and action plan.
- Reducing disparities in care as measured by HEDIS rates.

Physician Advisory Committee

To increase the involvement of our providers in our quality initiatives, SFHP created a Physician Advisory Committee, and combined the duties of the Peer Review and Credentialing Committee. This Committee meets six times per year to conduct credentialing and peer review activities, as well as provide advice, comment and recommendations on SFHP's clinical and quality initiatives. Physician representatives from five of our medical groups participated as members of the committee. Some of the key issues the Committee reviewed included the following:

- Approval of out-of-network referrals for mammograms when access standards are not met.
- Improving effectiveness of provider site visits and sharing quality improvement data with physicians.
- Dissemination of member health education materials to provider offices.
- Improving the way we reimburse providers for health education.