## Quality Improvement Committee Minutes

**Date:** February 9, 2017  
**Meeting Place:** San Francisco Health Plan, 50 Beale Street 13th floor, San Francisco, CA 94105  
**Meeting Time:** 7:30AM - 9:00AM  

**Members Present:** Edwin Batongbacal; Daniel Chan, MD; Ellen Chen, MD; Irene Conway; Jeffrey Critchfield, MD; Lukejohn Day, MD; Laura Grossmann, Kenneth Tai, MD; Ana Valdes, MD; Joseph Woo, MD; Albert Yu, MD; James Glauber, MD, MPH  
**Staff Present:** Fiona Donald, MD; Grace Dadios, Lisa Ghotbi, Pharm. D; Jackie Hagg, RN; Odalis Leon; Kirk McDonald, Jose Mendez, Adam Sharma, MPA; Jim Soos  
**Members Absent:** Jeanette Cavano, Pharm.D, Edward Evans, Shawna Lamb, Todd May, MD, Dennis McIntyre, MD, Jamie Ruiz, MD

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<tr>
<th>Topic</th>
<th>Discussion [including Identification of Quality Issue]</th>
<th>Follow-up [if Quality Issue identified, Include Corrective Action]</th>
<th>Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]</th>
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| **Call to Order**      | • Meeting was called to order at 7:30AM with a quorum.  
  • No public comments or questions. | • No follow up needed | • n/a                                                                               |
| **Follow Up Items**    | Follow-Up Items from December 2016 QIC  
  • Vanessa Pratt, Manager, Population Health e-mailed the 2016 Health Education and Cultural and Linguistic Group Needs Assessment presentation to the committee. | • No follow up needed | • n/a                                                                               |
| **Consent Calendar**   | • Review of minutes – December 8, 2016  
  • Health Services Update  
  • Membership Report – December 2016  
  • UM-54 Evaluation of New Technology  
  • UM Committee Minutes | • No follow up needed | Approved:  
  • Review of minutes – December 8, 2016  
  • Health Services Update  
  • Membership Report –
Jim Glauber, MD, Chief Medical Officer, highlighted one grievance in the Potential Quality Issue (PQI) Report. One member reported she was not notified of a positive sexually transmitted disease test taken in the emergency room (ER) until 17 days after the visit. After a root cause analysis, the involved hospital identified and implemented areas for improvement in their process for notifying primary care practices of abnormal results of tests obtained in the ED.

The consent calendar was unanimously approved.

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<tr>
<th>Policies and Procedures</th>
<th>December 2016</th>
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<tr>
<td>CARE-01: Community Based Care Management and Time-Limited Care Coordination</td>
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  - Jim Soos, Medical Policy Administrator, presented the changes to CARE-01: Community-Based Care Management and Time-Limited Care Coordination.  
  - The policy was updated to distinguish between the two Care Management programs: Community-Based Care Management/CareSupport (for high risk members) and the Time-Limited Care Coordination (for lower-risk members that need short-term assistance). It also identifies member eligibility and staffing for the two programs.  
  - Jim Glauber informed the committee that SFHP is moving towards integrating the Complex Medical Case Management program and CareSupport program as most members have a range of needs and care priorities best addressed through a multidisciplinary approach. This |

| December 2016 |  
| UM-54 Evaluation of New Technology | 
| UM Committee Minutes | 
| Q4 Potential Quality Issue Report | 

- No follow up needed |  
- Approved: CARE-01: Community-Based Care Management and Time-Limited Care Coordination |
would also leverage the multidisciplinary expertise available within each care team. Revised policies will be created to reflect the restructure.

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<th>Quality Improvement</th>
<th>2016 QI Workplan Scorecard</th>
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<td></td>
<td>• Adam Sharma, Director of Health Outcomes Improvement, presented the final 2016 QI Work Plan Scorecard. Sixteen of the 29 reported measures were presented to the committee in December 2016. This scorecard includes the remaining 13 measures that were not finalized until the end of 2016.</td>
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<td>• A few of the 13 measures were highlighted including:</td>
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<td>o Cultural and Linguistic Services (CLS): SFHP scored low (20%) in access to medical interpreter services. This is consistent with the General Needs Assessment findings and the Delegation Oversight results. As a result, the 2017 QI Work Plan will include a thorough investigation of access to medical interpreter services.</td>
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<td>o Member Grievances, Appeals &amp; Potential Quality Issues: SFHP met turnaround times (TAT) for 99% of the grievances and met TAT for 100% of Potential Quality Issues.</td>
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<td>o Non-Specialty Mental Health (NSMH) Penetration Rate (all age groups, Medi-Cal population only): At the beginning of 2016, the baseline rate was 0.55%, and at the end of the year, it had risen to 2.25%. Although SFHP did not meet its goal of 3%, a significant improvement has been made in 2016. In an effort to further increase this rate, this has been added to the 2017 QI Plan and to SFHP’s</td>
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<td>• Approved: 2016 QI Work Plan Scorecard</td>
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Organizational Goals.
  - SFHP met its goal for all internal TATS, including concurrent review and prior authorizations.
  - The committee discussed that the measures for 2017 are slightly different; about 25% of the measures changed relative to 2016. The changes are becoming less frequent every year as we are moving from process to outcome measures.

Q3 2016 Emergency Room Visit/Prescription Access Report
  - Lisa Ghotbi, Director of Pharmacy, presented the Q3 2016 Emergency Room Visit/Prescription Access Report. Included in the report were the number of ER visits by ER facility; number of member ER visits; top diagnoses; key diagnoses category; and pharmacy locations. No barrier to pharmacy after-hours access was identified in the quarterly analysis and no further action regarding ER prescription access is needed.

Q4 2016 Grievance and Appeals Report
  - Adam Sharma and Kirk McDonald, Program Manager, Utilization Management presented the Q4 2016 Grievances and Appeals Report.
  - **Grievances:**
    - A total of 100 grievances were reported in Q4 2016. The overall volume decreased 7.4% from the previous quarter.
    - There were 11 access grievances in Q4 2016. The number of access grievances has decreased from quarter to quarter with a 68.6% reduction

- Approved: Q3 Emergency Room Visit/Prescription Access Report
- Approved: Q4 2016 Grievance and Appeals Report
since Q1 2016. This may be the result of providers’ understanding that access and meeting members’ needs are priorities.

- Regarding grievances by medical group, UCSF has more grievances that could be explained by a need for more coordination of care and higher service use due to a more complex population.

- The committee discussed that there is no industry benchmark for the number of grievances, though the Department of Health Care Services (DHCS) publishes the total number of grievances for each Medi-Cal health plan.

- The committee discussed that grievance reports are not given to each medical group with the exception of San Francisco Health Network (SFHN). SFHN was given quarterly reports because of their high member population and corresponding number of grievances. In addition, SFHN has demonstrated particular interest in resolving issues found in grievances.
  - It may be beneficial to give grievance reports to each medical group for consistency.
  - Knowing the setting of the grievance is an important factor to consider.

Appeals:
- A total of 10 medical and pharmacy appeals were filed during Q4 2016 out of 806 medical and pharmacy denials.
- In the Pharmacy Authorizations graph on page 77, the number of authorizations in Q3 needs to be corrected since 1,200 authorizations were under-reported.
- The National Committee for Quality Assurance (NCQA) recommends that the cover letters for the notice of actions be written in layman’s terms or in a

- Adam to include the grievance rate across California Medi-Cal health plans in future reports.

- Kirk to update the Pharmacy Authorizations graph to reflect the correct number of authorizations in Q3.
sixth-grade reading level. This may lead to a lower number of appeals as members may better understand the rationale for the denial.

- An annual review for medical and pharmacy appeals will be presented in the next QIC meeting.

### 2016 Initial Health Assessment Rate and Activities
- Adam Sharma presented the 2016 Initial Health Assessment (IHA) Rate and Activities. DHCS requires Medi-Cal members receive an IHA by a primary care provider within 120 days of enrollment at the plan. In 2013, SFHP’s rate was 27.1% and currently it is at 23%. The methodology has changed from year to year so the rates are only somewhat comparable.
- IHAs have been challenging for several reasons:
  - Encounter/claims data does not necessarily capture information that indicates if an IHA was completed.
  - SFHP does not know if a member changed health plans and if the member received an IHA previously.
  - Current research does not show strong health outcomes tied to initial appointments.
- In the future, DHCS may allow IHAs to be completed telephonically which could improve compliances rates.
- One finding from the DHCS audit is that SFHP did not validate its methodology for IHA rate. As part of our corrective action plan, we audit a sample of the charts that we are counting administratively as IHAs to determine whether IHA services were delivered during that visit.

### 2016
- Kirk to present an annual review for medical and pharmacy appeals in the next QIC meeting.

### Approved: 2016 Initial Health Assessment Rate and Activities
2016 Facility Site Review Results

- Jackie Hagg, Nurse Specialist, Provider Quality and Outreach presented the 2016 Facility Site Review (FSR) Results. Average scores among the facilities are strong and most providers received passing scores. Jackie will provide the committee with the number of completed FSRs in 2016.

2016 Delegated Groups Audit Results

- Odalis Leon, Manager, Delegation Oversight and Credentialing presented the 2016 Delegated Groups Audit Results.
- Most delegated groups improved in the areas audited. The areas audited include:
  - Quality Improvement (QI)
  - Utilization Management (UM)
  - Credentialing
  - Health Education and Cultural and Linguistics (HECLS)
  - Case Management and Coordination of Care (CM & COC)
  - Grievances
  - Non-Specialty Mental Health
  - New Provider Training
- The 2016 audit focused on the structure of the business while the 2017 audit will focus on file review.
- Beacon failed 4 out of 7 audits. After receiving the corrective action plan, Beacon expressed that the expectations and interpretation of their delegated functions needs to be clarified.
- Chinese Community Health Care Association (CCHCA) underwent a change of its management service.

- Jackie to provide the committee with the number of completed FSRs in 2016.
- Odalis to provide an update on the status of open CAPs in the next QIC meeting.

- Approved: 2016 Facility Site Review Results
- Approved: 2016 Delegated Groups Audit Results
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<th>organization (MSO) which affected the group’s ability to provide documents for the audit. Thus, the group failed all 6 audits. SFHP has placed CCHCA on a corrective action plan.</th>
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<td>• A CAP update will be given in the next QIC meeting.</td>
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**Beacon Provider Satisfaction Survey Results**

- Laura Grossmann presented the Beacon Provider Satisfaction Survey Results. Beacon received an overall 28.7% response rate. Survey questions include:
  - Rate Beacon 0-10 on likelihood of recommending Beacon to a colleague, the so-called “net promoter” score; then explain why.
  - List three adjectives to describe Beacon.
- Despite general satisfaction, providers remain dissatisfied with their ability to have problems resolved easily and having a specific contact for problem resolution.
  - Beacon will remain focused on the targeted improvement areas identified in 2015. These include:
    - Timely resolution of problems
    - Interest in problem
    - Contact for questions or problems

QI Committee Chair's Signature & Date: ________________________ 2/27/17

Minutes are considered final only with approval by the QIC at its next meeting.