## Quality Improvement Committee Minutes

**Date:** April 9, 2015  
**Meeting Place:** San Francisco Health Plan, 201 Third Street, San Francisco, CA 94103  
**Meeting Time:** 7:30-8:30am  
**Present:** Irene Conway, Edward Evans, Albert Yu, MD; Richard Zercher, MD  
**Staff Present:** Odalis Bigler, James Glauber, MD; Anna Jaffe, Kirk McDonald, Adam Sharma, Jim Soos, Nicole A. Ylagan

<table>
<thead>
<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 with a quorum at 7:35 am  
• There were no public comments | | |
| **Follow Up Items** | • The follow up item regarding the approval for non-formulary medications for when members visit the ED was discussed.  
  o Current P&P Pharm-07 establishes a process and details specific non-formulary medications that would be approved.  
• The committee was reminded that SFHP will be moving to 50 Beale Street on May 26, 2015  
• Starting in June 2015, SFHP will | • Still investigating whether SFHP & SFGH hospitals have the same turnaround times for PQI investigations. | |


be in full compliance with the Brown Act. The Brown Act guarantees the public’s right to attend & participate in meetings of local legislative bodies:
  o Meeting packets & minutes will be available on SFHP’s website & a hardcopy packet will be available
  o Meeting agenda will be publicly posted in advance of the meeting
  o Only agenda items can be discussed at the meetings.

| Consent Calendar | The consent calendar was reviewed and approved unanimously.
|                 | • Review of the QIC minutes 2/12/15
|                 | • CMO Update
|                 | • Membership Report
|                 | • Pharmacy updates – 24 hour pharmacies
|                 | • P&Ps:
|                 |   o UM-02
|                 |   o UM-12
|                 |   o UM-22
|                 |   o UM-32
|                 |   o QI-06
|                 | • Comment: Which pharmacies can a Healthy Worker go to for 24/7

| Investigate where Healthy Workers can go to for a 24/7 pharmacy care if need be

| Entire Consent Calendar approved
| Approved P&Ps:
|   o UM-02
|   o UM-12
|   o UM-22
|   o UM-32
|   o QI-06
| Policies & Procedures | UM-48 Repatriation: This was updated in collaboration with SFGH. Added:
- Adds inpatient-to-inpatient (IP) repatriation policy and procedure.
- Links to MEM-01 Other Health Coverage. Updated/Corrected:
  - Corrects the procedure from emergency department (ED) to ED transfer to ED to IP transfer to reflect current practice and implementation of Essette software.
  - Changes policy name from “ED to ED Repatriation” to “Repatriation” to reflect both ED to IP and IP to IP transfer processes.
  - Updates “Monitoring” section to reflect current practice. |
| | UM-26 Discharge Planning: Updated/Corrected:
- Lists the lines of business affected by the policy. | • Approved P&Ps
  - UM-48
  - UM-26 |
• Clarifies notification requirements for unplanned admissions.
• Clarifies that discharge planning requirements apply to Medi-Cal Seniors & Persons with Disabilities (SPD) members and members who meet Care Coordination criteria.
• Delineates the required elements of a discharge plan consistent with the SFHP/DHCS Medi-Cal contract, including:
  o Pre-admission status
  o Pre-discharge factors
  o Post-discharge service requirements and discharge setting
  o Summary of member involvement in discharge planning and any anticipated problems
• Clarifies factors considered as high risk for hospital readmission for purposes of Care Coordination referral.

P&Ps were approved unanimously.

| Quality Improvement | Anna Jaffe provided the committee with updates to selected items in the |
QI Plan 2015:
- IHA Rates
- Medication therapy management working with NEMS & UCSF
- PIP continues to be successful
- Working to improve UM TAT to meet NCQA standards

Adam Sharma presented three timely access standards:

**Telephone Wait Time**
Random samples of 20 providers from each medical group were called to determine the wait time for member’s calling their clinic.

Overall, on hold time was an average of 53 seconds. No additional improvement opportunities identified at this time.

Comment: What are the industry standards for wait time while on the phone?
Answer: We are not sure but we can review with SFHP’s call center standards.

Comment: The phone number for the providers was based on SFHP’s records in QNXT?
Answer: Yes and we are aware that some provider phone numbers may not be correct.

- Follow up: Review SFHP’s Customer Service standards for member wait time on the phone. And review the contact information of providers listed in QNXT.

Prenatal appointments
SFHP found that the Women’s Clinic had a wait time of 35 days for an initial appointment and CPMC Family Health Center had a wait time of 24 days.

SFHP will work with these clinics using Coleman Associates’ Rapid Dramatic Performance Improvement (DPI) intervention. This intervention provides many opportunities to improve clinic functions with a focus on increasing patient access and reducing patient wait time. Currently, SFHP is scheduling Women’s Community Clinic for a Rapid DPI.

Question to Committee: There are a lot of regulations around appointment & access, how can we engage providers more regarding these

- Review SFHP’s Customer Service standards for member wait time on the phone.
- Review phone numbers of providers in QNXT.
regulations:

Answer: It might be good to have one single resource where providers can review these standards.

Follow up: create a basic access standards tool for providers

**Validation Study of Appt Availability Survey:**
The ICE survey results of appointment availability (which assesses next available appointment) showed only two medical groups that did not score 100% on all four questions: CCHCA & UCSF.

However, since the membership satisfaction (CAHPS) survey showed that members were dissatisfied with access availability, SFHP conducted this validation study.

Third Next Available Appointment (TNAA) was used to validate access availability. While SFHP uses both TNAA and Appointment Availability Survey to monitor access, the comparison between TNAA and Appointment Availability is limited. For one the appointment availability survey focuses on next available while

- Create a basic access standards tools for providers.
TNAA is third next available appointment. In addition, TNAA is self-reported for CHN, CHI, and NEMS. The Appointment Availability Survey is completed for the delegated parts of our network. Because these data capture results from different segments of the network, few conclusions can be drawn. As a result, SFHP concludes that the Appointment Availability Survey results cannot be broadly validated through the TNAA data reported through PIP.

SFHP will take the following actions:
- Halt using ICE recommended survey methodology.
- Follow DMHC’s recommended survey methodology.
- Expand survey to non-delegated medical groups
- Participate in DMHC workgroups to improve effectiveness of survey.

Initial Health Assessment Rate 2014
Nicole A. Ylagan presented the IHA rates for 2014.

Issues & Barriers for 2014:
- In cases where newly enrolled members had previously received an IHA under another health plan or another SFHP line of business,
the PCP is less likely to administer another IHA.

- As identified previously, there were reporting changes from fiscal year to calendar year.
- Possible causes of lower compliance rates: San Francisco’s homeless population, the Medi-Cal expansion population are healthier and/or previous had access to primary care, members may not identify IHAs as a priority, making it more difficult to engage.

Interventions for 2015:
- SFHP will improve quarterly reporting to identify specific clinics within medical groups with low IHA compliance scores.
- Work collaboratively with SFHP’s Provider Network Operations team, Health Improvement teams, and low performing clinics/medical groups to develop recommendations on how to improve performance.
- Develop a more accurate report to improve data validation.

Question to Committee: Some providers in the medical community feel that annual routine visits are not helpful to patients. Do you feel annual
Routine visits are necessary? The Choosing Wisely campaign recommends against routine annual physicals for adults.

Answer: Identifying who needs recommended preventive care is more important than doing the IHA and can occur at various care settings. SFHP will monitor the evolution of this debate while encouraging timely completion of the IHA.

**Provider Network Operations**

Odalis Bigler discussed a draft Provider Training Curriculum to correct deficiencies identified during the 2015 audit conducted by DHCS. SFHP will have additional in-depth training on these subjects:

1. Timely Access Requirements
2. Sensitive Services
3. Initial Health Assessment (IHA)
4. Staying Healthy Assessment (SHA)
5. Comprehensive Perinatal Services Program (CPSP)
6. Early Start (ES) Program and GGRC and Coordination of Care
7. California Children Services and Coordination of Care
8. Eligibility Checks
9. Benefits Verification
10. Referrals and Prior Authorization
11. Pharmacy Formulary

State frequency of offered trainings...
| Utilization Management | Kirk McDonald discussed the Q4 2014 UM Report with the committee. Stable utilization trends are noted but SFHP is trying to collect this data from different data sources – MicroStrategy & PEAK. We are seeking to reconcile definitions for Out of Medical Group versus Out of Network since these databases have different definitions. Despite stable overall hospital inpatient trends a relative shift to Out of Medical Group relative to In-Group admissions in Q4 was noted and discussed. |

QI Committee Chair's Signature & Date: 4/16/15
Minutes are considered final only with approval by the QIC at its next meeting.