## Quality Improvement Committee Minutes

### Date:
June 8, 2017

### Meeting Place:
San Francisco Health Plan, 50 Beale Street 13th floor, San Francisco, CA 94105

### Meeting Time:
7:30AM - 9:00AM

### Members Present:
Ellen Chen, MD; Irene Conway; Lukejohn Day, MD; Edward Evans; Shawna Lamb; Dennis McIntyre, MD; Jaime Ruiz, MD; Kenneth Tai, MD; Joseph Woo, MD; James Glauber, MD, MPH

### Staff Present:
Grace Dadios, MPH; Lisa Ghotbi, PharmD; Courtney Gray, MSW; Vanessa Pratt; Jose Mendez; Eloyscia Ratliff, MPH; Keira Truong, Pharm. D; Jim Soos

### Members Absent:
Edwin Batongbacal; Jeanette Cavano, PharmD; Jeffrey Critchfield, MD; Todd May, MD; Ana Valdes, 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                                                                  | n/a                                                                                           |
| Follow Up Items        | Follow-Up Items from April 2017  
                          • Include an agenda item on non-specialty mental health in the June QIC meeting.  
                          • Present year to date Facility Site Review data in the June QIC meeting.                                           | • No follow up needed.  
                                                                  • n/a                                                                  | n/a                                                                                           |

Jim Glauber, Chief Medical Officer, provided a few updates:  
• San Francisco Health Plan (SFHP) is accepting applications for the Strategic Use of Reserves (SUR) program until mid-June and is scheduled to distribute the funds at the end of the month.  
• SFHP recently completed and successfully passed the
National Commission for Quality Assurance (NCQA) mock survey. This is one indicator of the likelihood that SFHP will receive NCQA initial accreditation in October during the actual survey. SFHP currently has interim accreditation.
- Keira Truong, SFHP’s current Pharmacy resident, will be completing her residency on June 30th. Two new pharmacy residents will begin on July 3rd.
- The Teladoc program and benefit went live on June 1st with the first Teladoc visit occurring on June 7th. Member education materials will be sent in weekly waves, with 20,000 members per wave.

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<th>Consent Calendar</th>
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<tr>
<td>• Review of Minutes – April 6, 2017</td>
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<td>• Membership Report – May 2017</td>
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| • Health Services Update  
  o SFHP added local specialty pharmacies, HealthRight 360, Mission Wellness Pharmacy, and North East Medical Services, to the network. USBioservices is supporting these local specialty pharmacies with transition and back-up as needed.  
  o The HEDIS rates will be presented to QIC in August and to the Governing Board in September. |
| • P&T Minutes  
  o January 2017 |
| • UM Committee Minutes  
  o February 2017  
  o March 2017  
  o April 2017 |
| • Q4 Emergency Room Prescription Access Report  
  o San Francisco now only has one 24-hour pharmacy (Walgreens – 498 Castro) as opposed to three. SFHP will closely monitor the data in the |

Approved:
- Review of minutes – April 6, 2017
- Membership Report – May 2017
- P&T Minutes – January 2017
- UM Committee Minute – February, March, April 2017
- Q4 Emergency Room Prescription Access Report
- Q1 2017 PQI Report
- Q1 2017 Grievance and Appeals Report
- Facility Site Review Results – Year to Date
report to see if there are any significant changes due to this network change.
  o The closures were due to the high operational costs of a 24-hour pharmacy.

  • Q1 2017 PQI Report
  • Q1 2017 Grievance and Appeals Report
    o SFHP’s 2015 grievance rate is similar to the Department of Healthcare Services’ (DHCS) 2015 grievance rate, with 2.23 and 2.40 respectively. In 2016, SFHP’s rate was 2.17 while DHCS’ rate was 2.40.
    o DHCS does not report the number of grievances that were resolved in 30 days.

  • Facility Site Review Results – Year to Date

  The consent calendar was unanimously approved.

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<tr>
<th>Quality Improvement</th>
<th>CARE-04 Complex Care Management</th>
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<td>Courtney Gray, Director of Care Management, presented the revisions of P &amp; P CARE-04 Complex Care Management (CCM). CARE-04 was revised to reflect the Care Management Department reorganization.</td>
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<td>Updates to the policy include:</td>
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<td>• Streamlining the Care Management process;</td>
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<td>• Clarifying CCM staffing and defining staff responsibilities;</td>
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<td>▪ Core staffing of the program include a Care Management Community Coordinator, a licensed social worker, and a registered nurse. In addition, the program works closely with SFHP’s Pharmacy team as well as with Beacon for</td>
<td>Approved: CARE-04 Complex Care Management</td>
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behavioral health. A clinician is also highly involved in cases and helps connect members to resources.

- Defining program oversight and documentation.
- The Care Management programs have seen a 60% success rate in targeted member engagement. Engagement is defined as members’ consenting to be in the program and starting the initial assessment.
  - Per NCQA, SFHP has 30 days to outreach to members about the program compared to previously having three months for outreach.
  - In July 2017, Care Management will be reengaging members who they have not been able to contact for several weeks due to members being non-responsive.
    - There are protocols in place about the duration of outreach and what activities should be conducted during that time.
    - Care Management will start tracking the reengagement rate.
- Across all programs, the percentage of members that are homeless and are experiencing substance abuse is approximately 50-60%.
- The department overall has a caseload of 450.
- The structure of the program is in line with the Health Homes program. SFHP will work with interested community based partners to provide Health Homes services. For members that are not in a Health Homes-participating medical group, our internal CCM program will serve as the member’s Health Homes provider.
- In order to reduce program overlap, SFHP uses Care and Case Management Services (CCMS), a city-run platform that contains information on different case management
programs. In addition, SFHP connects with the members to learn what programs they are engaged in.

- Before outreaching to a member, SFHP conducts research on the member to discover what needs are being met and to understand what support is needed.
  - The hospitals implemented PreManage ED, a platform that notifies ED providers in real-time when their patients are admitted to and discharged from inpatient care or have emergency visits.
  - In regards to sharing CCM eligibility criteria with the Delegated Medical Groups, SFHP will be releasing a memo that outlines program criteria and how to refer patients into the program.
- Annual satisfaction surveys are conducted across all programs. The data is analyzed to measure success and assess what program areas can be improved.

**Q1 QI Scorecard**

Vanessa Pratt, Manager, Population Health presented the Quarter 1 Quality Improvement Scorecard. A few measures from the Scorecard were highlighted including:

- SFHP is performing lower in the influenza vaccine measure this year compared to last year (13.41 and 16.4% respectively). This may be due to a harsher flu season in 2015. SFHP is conducting more outreach on the benefits of flu vaccines via member and provider newsletters.
- Pharmacists receive administrative funding from MediCal to administer flu vaccines. SFHP is currently collecting data on which pharmacies have adopted this and which identify which are performing well.
- Pharmacies are to enter vaccination administrations into the California Immunization Registry (CAIR), but there

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<th>Approved: Q1 QI Scorecard</th>
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have been issues with registering new pharmacies which negatively impacts the quality of this data.
  - The committee discussed that because the majority of people qualify for a flu vaccine, the cost of an incentive program would be significant and administratively burdensome.
  - Ninety-one percent of grievances and appeals were resolved in a timely manner.
    - The turnaround time (TAT) for grievances that do not present a safety issue is 30 days. For expedited grievances, the TAT is 72 hours.
  - Pharmacy Point of Sales (POS) Claim Rejection Rate is a new measure in the 2017 QI Workplan. SFHP had a 19.5% claim rejection rate which represents a 7% relative decrease from the 2016 baseline of 21% after just one quarter of improvement activities. The goal is a 10% decrease to 18.9%.
  - Potential Quality Issues (PQI) is also a new measure to QI Workplan. 100% of PQIs were resolved in a timely manner in the first quarter of measurement.
    - The TAT standard for PQIs is 45 days.
    - SFHP created this standard which is not mandated by DHCS or DHMC.

Pain Program Update
Eloysscia Ratliff, Project Manager, Disease Management, presented the Pain Management Program Update.
  - Staff Provider Training: “Pain Day 5.0”
    - The training is scheduled for Wednesday, September 20, 2017.
    - The morning session will include a member and provider panel.
• The afternoon session will be for providers only.
• SFHP relaunched the ongoing online provider training in March 2017.
  • Developed by the San Francisco Safety Net Pain Management Workgroup, San Francisco Health Plan, and Quality Healthcare Concepts, the training is an online learning experience on acute pain management.
  • SFHP is continuing to outreach to providers and to those interested. Free CME credits are given to providers for completing the course.
  • The new Pain Management website will be launched at the end of June.
• The results of the National Safety Net Health Plan Benchmarking study for opiate use (ACAP) will be released in the fall.
  • These results will provide SFHP with information on high dose opiate use in health plan populations comparable to SFHP.
• There is a proposed HEDIS measure for opiate use looking at both chronic high dose use and members receiving opiates from multiple pharmacies and prescribers.
• The committee discussed the importance of activities such as exercise, massage, yoga, and other non-medication modalities for treating pain. The Centers for Disease Control and Prevention (CDC) guidelines emphasize that the focus should be on people’s function and not on treating pain.
  • The committee discussed the member-reported anecdotal long wait time for an appointment with a physical therapist. A referral to a physical therapist is also dependent on the primary care
Regarding the percentage of members that get an opiate prescription, SFHP has seen a 45% reduction per member per month over the past three years.

- The committee discussed that discontinuing members’ opiate prescriptions may lead to members buying opiates through illegal sources. SFHP has processed a few grievances in which illicit supply was asserted by the member.
- The focus has shifted on acute pain management and trying to further reduce the number of people that get an opiate prescription and reducing the amount of medication in the first prescription.
- SFHP’s formulary removed a few pain medications including methadone and phenergan with codeine cough syrup.
- Pharmacy will be conducting an analysis on the dose and day-supply of the first opiate prescription and seeing how many of these members received subsequent refills.

- The committee discussed that activities that are beneficial to health are not always medically necessary and thus are not a covered benefit.
- Opiate use and data will be discussed in future QIC meetings.

Behavioral Health Update:
Jim Glauber presented the Behavioral Health Update.

- SFHP contracts with Beacon to provide non-specialty mental health (NSMH) services to our members while the County provides specialty mental health.
- Highlights from the presentation include:
• In 2013, the percentage of the San Francisco population that has a specialty mental illness (SMI) is 6.95% while statewide the percentage is 7.69%.
• Currently the County is serving a high percentage of members that fall into the NSMH category.
• SFHP’s 12 month penetration rate for children is very low and not increasing.
• The County is serving approximately 10% of children and a majority of these children likely do not have a serious mental illness.
• Although children are getting services, the services may best be provided by the entity being funded to provide the benefit.
• There has been a significant improvement in the adult penetration rate but is starting to level off.
  • As of December 2016, SFHP’s penetration rate is 2.39%.
  • In January 2015, SFHP’s penetration rate was 0.58%.
  • According to Dr. Kenneth Tai, Northeast Medical Services (NEMS) have begun to analyze their penetration rate and results show an 8% penetration rate. They are working closely with the County to transition members who are in the NSMH category back to NEMS.
• SFHP will discuss NSMH and SMI trend data with the County as well as discuss issues of transitioning pediatric cases from the County benefit to Beacon at the SFHP, SFHN, and Beacon Quarterly Join Operating Committee meeting on Friday, June 9.
• The committee discussed a few barriers to providing behavioral health services including the lack of bilingual
providers, operational challenges such as billing, and members with SMI not being able to obtain services at the County due to the increasing caseload.

- Many members being served by the County can be transitioned back to Beacon as most do not have a SMI.
- The penetration rate by medical groups is very different with the San Francisco Consortium Clinics collectively serving over 7% while the lowest in the network is 0.39%.
  - SFHP will work with the medical groups with the lowest penetration rates to improve rates.
- The committee discussed that at times the patient or the therapist is reluctant to transition as there is a bond that forms between them.

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<th>QI Committee Chair's Signature &amp; Date: 6/28/17</th>
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<td>Minutes are considered final only with approval by the QIC at its next meeting.</td>
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