



Here for you

Date: August 9, 2018

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

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

Members Present: Jeanette Cavano, PharmD; Ellen Chen, MD; Irene Conway; Jeffrey Critchfield, MD; Lukejohn Day, MD; Jaime Ruiz, MD; Kenneth Tai, MD; Joseph Woo, MD; James Glauber, MD, MPH (Chief Medical Officer, SFHP)

Staff Present: Grace Dadios, Access and Care Experience Specialist; Julie Wong, Health Services Specialist; Lisa Ghotbi, Director of Pharmacy; Adam Sharma, Director, Health Outcomes Improvement; Vanessa Pratt, Manager, Population Health; Yves Gibbons, Program Manager, Access and Care Experience; Sean Dongre, Manager, Provider Relations; Jackie Hagg, Nurse Specialist, Provider Quality and Outreach; Amy Petersen, Manager, Access and Care Experience; Edward Cho, Provider Relations Coordinator

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
Call to Order	<ul style="list-style-type: none"> Meeting was called to order at 7:30AM with a quorum. 	<ul style="list-style-type: none"> No follow up needed. 	<ul style="list-style-type: none"> n/a
Follow Up Items	<ul style="list-style-type: none"> Julie Wong is the new Health Services Department Specialist at SFHP. <p>Jackie Hagg presented the Facility Site Review & Medical Record Reviews – 2017 County Comparison Results.</p>	<ul style="list-style-type: none"> No follow up needed. 	<ul style="list-style-type: none"> n/a
Consent Calendar	<ul style="list-style-type: none"> Review of Minutes – June 14, 2018 UM Committee Minutes <ul style="list-style-type: none"> May 2018 June 2018 P&T Committee Minutes <ul style="list-style-type: none"> The P&T Committee Minutes in the QIC packet were incorrect. The June 2018 P&T minutes will be e-mailed to QIC members for an e-vote. 		<p>Approved:</p> <ul style="list-style-type: none"> Review of Minutes – June 14, 2018 UM Committee Minutes <ul style="list-style-type: none"> May 2018 June 2018 <p>Approved:</p> <ul style="list-style-type: none"> P&T Committee Minutes <ul style="list-style-type: none"> April 2018

	<ul style="list-style-type: none"> • Q1 2018 Emergency Room Visit/Prescription Access Report • Policy & Procedures <ul style="list-style-type: none"> ○ UM-02: Medi-Cal and Dual Eligible Members Admitted for Lower Level of Care Services ○ UM-48: Repatriation ○ CARE-09: CB-CME Audit and Oversight 		<ul style="list-style-type: none"> ○ Q1 2018 Emergency Room Visit/Prescription Access Report ○ Policy & Procedures <ul style="list-style-type: none"> ○ UM-02: Medi-Cal and Dual Eligible Members Admitted for Lower Level of Care Services ○ UM-48: Repatriation ○ CARE-09: CB-CME Audit and Oversight
<p>Quality Improvement</p>	<p><u>Quarter 2 2018 Quality Improvement (QI) Scorecard</u> Jose Mendez, Reporting Analyst, highlighted 1 or 2 measures from the Q2 2018 QI Scorecard.</p> <ul style="list-style-type: none"> • Pain Management Opioid Safety <ul style="list-style-type: none"> ○ The purpose of this measure is SFHP Pain Management Program’s aim to reduce the % of members receiving at least one opioid agonist prescription annually to 7.75% or less (across all lines of business.) For the period of July 2017 to June 2018, the rate was 7.69%. This is an improvement over the baseline rate of 8.82% and SFHP currently meets the measure target. • Members with a primary care visit in last 12 months <ul style="list-style-type: none"> ○ This purpose of this measure is to increase percentage of continuously enrolled members with at least one primary care visit in the past 12 months. SFHP met and exceeded its target of 67%. SFHP is working with Teladoc, our telemedicine provider, to actively increase the number of new registrations. 		<ul style="list-style-type: none"> • Approved: Q2 2018 QI Scorecard

	<p><u>HEDIS Results</u></p> <p>Vanessa Pratt presented results on the 2017 Healthcare Effectiveness Data Information Set (HEDIS) Results.</p> <ul style="list-style-type: none"> • National Committee of Quality Assurance (NCQA) publishes over 100 measure specifications that assess various aspects of member care. <ul style="list-style-type: none"> ○ Thirty-six indicators are reported as part of the External Accountability Set to the California Department of Health Care Services. ○ In 2020, SFHP will report an additional 40 indicators as part of NCQA reaccreditation. • SFHP measures indicators by the DHCS External Accountability Set and NCQA Accreditation Set, with some overlap. • HEDIS is important because it represents the quality of care our members receive. HEDIS is also used for Auto assignment, NCQA Accreditation and Benchmarking so that we can identify and prioritize improvement opportunities. <ul style="list-style-type: none"> ○ Auto assignment when a member does not choose a health plan upon receiving Medi-Cal benefits. They will be auto assigned to SFHP based on health plans (SFHP versus Anthem) past performance on a number of auto-assignment parameters, including selected HEDIS measures. In the past years, SFHP received 100%, though this past year it dropped because Anthem performance improved. ○ HEDIS represents 37.5% of the total NCQA accreditation score. ○ . • SFHP is among the top 3 Medicaid managed care plans on aggregated quality score in California for the last 10 years. • There are 4-four areas prioritized for improvement in SFHP HEDIS performance: <ul style="list-style-type: none"> ○ Breast Cancer Screening 		
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	<ul style="list-style-type: none"> ○ Chlamydia Screening ○ Tobacco Cessation ○ Pharmacotherapy for COPD exacerbation ● How does SFHP maintain and improve HEDIS results? <ul style="list-style-type: none"> ○ Engage Provider Community ○ Evaluate Measure Changes ○ Measure & Improve Data Quality ○ Provider Pay-for-performance (PIP) ○ Health Education & Member Incentives (Gift Cards) ○ Provider Grants & Projects ● How did SFHP do in 2018 QI Plan HEDIS Measures? <ul style="list-style-type: none"> ○ Chlamydia Screening <ul style="list-style-type: none"> ▪ SFHP is below the 25th percentile. SFHP to address this is by seeking additional data since this measure relies only on electronic data. In addition, this measure was added to Pay-for-Performance program (PIP) in 2017. ○ Cervical Cancer Screening (increased by 1.60% compared to 2016). <ul style="list-style-type: none"> ▪ In 2017 in the 90th percentile. ▪ Piloted on-hold phone messages ▪ Enhanced funding for 2018 PIP program ▪ Member health education in “Your Health Matters” newsletters ▪ Only 3 charts away from hitting 90th percentile. ○ Pharmacotherapy for COPD Exacerbation <ul style="list-style-type: none"> ▪ Pharmacotherapy for COPD Exacerbation is measured by member receipt of two indicated medications: ▪ Bronchodilator (decreased by 2.3% compared to 2016) ▪ Systemic Corticosteroid (increased by 4.2% compared to 2016) ○ Improvements SFHP undertook: 		
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	<ul style="list-style-type: none"> ▪ Identified dispensing pharmacies for bronchodilators. ▪ Assessed data gaps from dispensing pharmacies. ○ Depression Screening and Follow-up <ul style="list-style-type: none"> ▪ Depression Screening is brand new measure in the EAS. ▪ MY2017 – 1.19% ▪ Follow-Up on Positive Screening: MY2017 – 100% ▪ Created new PIP measure in 2017. ▪ Implemented Adult Wellness incentive ▪ SFHP Care Management screening ● FY 2018-19 Organization Goal <ul style="list-style-type: none"> ○ The goal is to obtain 90% of NCQA HEDIS points earned for 2018. The measurement is based on NCQA-defined points earned methodology. In 2017, the score is 88.96%. ○ The influences NCQA HEDIS points earned from SFHP Performance, Other Health Plans’ Performance, Medi-Cal Covered Benefits and Medicaid Special Scoring Rules. <p><u>CAHPS Results</u></p> <p>Yves Gibbons presented the 2018 CAHPS Results.</p> <ul style="list-style-type: none"> ● CAHPS is a mailed survey that was fielded from February 16 to May 15. ● The results are for Adult Medi-Cal Members who have been enrolled in SFHP for six months in 2017. ● SFHP follows the NCQA Methodology except that the surveys are also administered in Chinese (in addition to English and Spanish). ● Regarding the age group, the percentage of CAHPS respondents skew older than SFHP’s membership with 57% being 55 and up among the CAHPS respondents and 36% being 55 and up among SFHP’s membership. 		
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	<ul style="list-style-type: none"> • The Asian or Pacific Islander and Caucasian populations are overrepresented while African American/Black population is underrepresented. • The Getting Care Quickly and Getting Needed Care are SFHP organizational goals. • The top priorities for CAHPS improvement include: <ul style="list-style-type: none"> ○ Improving member access to care (ease of getting needed care, tests, or treatment), ○ Improving saliency, availability, and clarity of information about how the health plan works in written materials or on the Internet, ○ Improving the ability of the health plan customer service to provide members with necessary information or help, ○ Improving member access to care (scheduling appointments for routine care) ○ Strengthen the provider-patient relationship with focus on communication. • Regarding the Getting Care Quickly composite, SFHP’s score of 73% exceeded the stretch target of 71.1%. The Getting Care Quickly composite is comprised of two questions: <ol style="list-style-type: none"> 1) In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? <ul style="list-style-type: none"> ▪ 80.77% of respondents indicated “usually” or “always.” 2) In the last 6 months, how often did you get an appointment for a check-up or routine at a doctor’s office or clinic as soon as you needed? <ul style="list-style-type: none"> ▪ 65.16% of respondents indicated “usually” or “always.” • Regarding the Getting Needed Care composite, SFHP’s score was 68.4% which did not meet the minimum target of 69.5%. The Getting Needed Care composite is 		
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	<p>comprised of two questions:</p> <p>1) In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?</p> <ul style="list-style-type: none"> ▪ SFHP scored significantly lower in this question this year compared to last year with 67.87% and 74.67%, respectively. ▪ This is a question that SFHP should focus on to improve CAHPS performance. <p>2) In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?</p> <ul style="list-style-type: none"> ▪ SFHP's percentage increased by 6.5% this year compared to last year with 68.97% and 62.37%, respectively. <ul style="list-style-type: none"> ○ After averaging the above percentages, SFHP's score in this composite stayed the same this year compared to last year at 68%. <ul style="list-style-type: none"> ● For the question "in the last 6 months, did you make any appointments to see a specialist?" 37% of members said "yes" compared to the national average of 43%. <ul style="list-style-type: none"> ○ Those who had more specialist appointments rated SFHP higher. ● SFHP has seen significant improvement in the following composites since 2015. <ul style="list-style-type: none"> ○ Rating of Health Plan – 64.2% in 2015 compared to 74.8% in 2018. ○ Rating of Specialist Seen Most Often – 73.4% in 2015 compared to 81.6% in 2018. ○ Rating of All Health Care – 64.8% in 2015 compared to 74% in 2018. ○ Getting Needed Care – 62% in 2015 compared to 68.4% in 2018. ○ Getting Care Quickly - 66% in 2015 compared to 73% in 2018. ○ Customer Service – 74.4% in 2015 compared to 84.2% in 2018. ● The Rating of Personal Doctor composite increased from 		
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	<p>75.5% in 2015 to 80.7% in 2017. In 2018, the percentage decreased to 75.5%.</p> <ul style="list-style-type: none"> • The Coordination of Care composite decreased from 77.5% in 2015 to 73.6% in 2018. • SFHP’s current CAHPS improvement efforts include: <ul style="list-style-type: none"> ○ Partnering with Providers to implement post-visit satisfaction surveys, funded by Strategic Use of Reserves grants, and technical assistance and training focusing on service recovery. ○ Internal improvements such as Teladoc, Access to Care Committee, improved internet landing page, and Customer Service communication standards. <p><u>Provider Satisfaction Results and Discussion</u></p> <p>Sean Dongre presented the Provider Satisfaction Results and Discussion. SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) Certified Survey Vendor, was selected by SFHP to conduct its 2018 Provider Satisfaction Survey.</p> <ul style="list-style-type: none"> • Motives/Objectives of the survey <ul style="list-style-type: none"> ○ Comparison/benchmarking against other SPH clients – 78 Medicaid plans, 114 total insurance plans. ○ Supports NCQA Accreditation by demonstrating our attention to provide feedback on the quality of our network. ○ Demonstrates our attention to provider impressions of our network’s performance towards access standards. ○ Allows SFHP to access and improve providers’ experience with many aspects of SFHP. • Survey was administered from April to June 2018. <ul style="list-style-type: none"> ○ 3 rounds: email, mail and phone followup • From a sample of 900 providers, 124 surveys were returned (13.7% net response rate). <ul style="list-style-type: none"> ▪ About the same response rate as last year ▪ Compare with 5-20% among ICE peer plans and 		
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	<p>nationwide Provider Network contacts (e.g. Oregon, Alaska and Detroit)</p> <ul style="list-style-type: none"> ▪ First 100 respondents are being rewarded with coffee gift cards <ul style="list-style-type: none"> • Summary <ul style="list-style-type: none"> ○ <i>Specialist</i> physicians and practices are better represented than in any previous year (44.3% of respondents). ○ Overall approval, and approval in each sub-area (Finance, UM, Customer Service, Provider Relations, etc) are not significantly different compared with last year. ○ SFHP is significantly better than 78-plan Medicaid group in almost every category, but not overall satisfaction. ○ Largest net improvement was in Customer Service – 47.1% to 53.4%. • Medicaid Percentiles <ul style="list-style-type: none"> ○ SPH's data from comparison plans allow them to calculate percentiles for us (SFHP). ○ Low percentiles: <ul style="list-style-type: none"> ▪ Overall satisfaction with SFHP (61st). ▪ Would you recommend SFHP (62th) to peers. ▪ Availability of non-formulary alternative drugs (66th). ▪ Timeliness of claims processing (68th). ○ High percentiles: <ul style="list-style-type: none"> ▪ Provider communications, policy bulletins, and manuals (99th). ▪ Provider orientation (97th). ▪ Ease of reaching health plan staff over the phone (94th). ▪ Timeliness of feedback/reports from network specialists (93rd). ▪ Prior authorization process (92th) and timeliness (93th). 		
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	<ul style="list-style-type: none"> ▪ Plan encourages preventative care and wellness (91st). ▪ Variety of drugs in formulary (91st). ▪ Provider Relations representatives' ability to answer questions and resolve problems (90th). ▪ Quality of specialists in our network (90th). ▪ Access to knowledge UM staff (90th). • Provider Satisfaction with Access (CA only) <ul style="list-style-type: none"> ○ Referral/PA Process – 85.1% in 2018 compared to 85.7% in 2017. ○ Patients' access to urgent care – 94.3% in 2018 compared to 91.5% in 2017. ○ Patients' access to primary care – 95.6% in 2018 compared to 89.2% in 2017. ○ Patients' access to specialty care – 83.1% in 2018 compared to 83.1%. ○ Patients' access to ancillary care – 85.9% in 2018 compared to 88.3% in 2017. ○ Patients' access to nonspec. MH (Mental Health) (Beacon) – 73.5% in 2018 compared to 61.5% in 2017. ○ Patients' access to specialty MH (CBHS) – 67.7% in 2018 compared to 51.6% in 2017. ○ Interpreter language range – 88.7% ○ Interpreter training & competency – 94.5% • Provider Satisfaction with Incentives (SFHP only) <ul style="list-style-type: none"> ○ Are you familiar with SFHP incentives? – 44.0% in 2018 compared to 66.3% in 2017. ○ Does this help your patients' health care behaviors? ○ There were variable responses, depending on the specific incentive, on providers' perception that it helps patients improve health behaviors. • Segmentation <ul style="list-style-type: none"> ○ SFHP can divide responses by the segment of the network in which they participate. ○ Providers in CHN and UCSF will usually interact 		
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	<p>with SFHP more directly than IPA providers. IPA providers work with their IPA for most UM and finance issues.</p> <ul style="list-style-type: none"> • Next steps <ul style="list-style-type: none"> ○ SFHP will conduct segmentation analyses, comments, etc. for more insights. ○ SFHP needs to maintain high performance in our strengths, especially the issues that correlate highly with overall satisfaction (Provider Relations, Pharmacy, UM) ○ SFHP will work with vendor to improve contact information, fielding strategy and response rate. ○ Provider knowledge of member incentives is waning – will work with Health Services and Member Services to address. 		
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QI Committee Chair's Signature & Date _____

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