



**Date:** December 14, 2017  
**Meeting Place:** San Francisco Health Plan, 50 Beale Street 13<sup>th</sup> floor, San Francisco, CA 94105  
**Meeting Time:** 7:30AM - 9:00AM

**Members Present:** Edwin Batonbacal; LCSW; Jeanette Cavano, PharmD; Daniel Chan, MD; Ellen Chen, MD; Irene Conway; Jeffrey Critchfield, MD; Edward Evans; Jaime Ruiz, MD; Kenneth Tai, MD; Joseph Woo, MD; Albert Yu, MD; James Glauber, MD, MPH (Chief Medical Officer, SFHP)

**Staff Present:** Grace Dadios; Fiona Donald, MD; Jose Mendez; Adam Sharma; Jim Soos  
 Chris Forshee; Laura Grossmann; Michelle Hernandez, Beacon Health Options

Topic	Discussion [including Identification of Quality Issue]	Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
<b>Call to Order</b>	<ul style="list-style-type: none"> <li>Meeting was called to order at 7:30AM with a quorum.</li> <li>No public comments or questions.</li> </ul>	<ul style="list-style-type: none"> <li>No follow up needed.</li> </ul>	<ul style="list-style-type: none"> <li>n/a</li> </ul>
<b>Follow Up Items</b>	<p><u>Follow-Up Items from October 2017</u></p> <ul style="list-style-type: none"> <li>There are no follow up items from October 2017.</li> </ul> <p>Jim Glauber provided the following updates.</p> <ul style="list-style-type: none"> <li>SFHP underwent the final phase of the National Commission for Quality Assurance (NCQA) audit in early December. NCQA audited SFHP’s Utilization Management, Credentialing, and Complex Case Management files.                             <ul style="list-style-type: none"> <li>SFHP projects it may lose two out of the 50 eligible points. 32.5 points are needed to pass.</li> <li>The final determination will be sent in late December.</li> </ul> </li> <li>QIC members will receive notification of elective reappointment to QIC in February 2018.</li> </ul>	<ul style="list-style-type: none"> <li>No follow up needed.</li> </ul>	<ul style="list-style-type: none"> <li>n/a</li> </ul>

<p><b>Consent Calendar</b></p>	<ul style="list-style-type: none"> <li>• Review of Minutes – October 12, 2017</li> <li>• Health Services Update – November 2017</li> <li>• Pharmacy &amp; Therapeutics Committee Minutes – July 2017 <ul style="list-style-type: none"> <li>• SFHP updated the Hepatitis C criteria to maximize the use of Mayvret when appropriate. Mayvret offers significant cost savings as it is half the price of the next lowest cost Hepatitis C medication.</li> <li>• Starting January 2018, DHCS is reducing the Hep C kick payment by 23%</li> </ul> </li> <li>• UM Committee – October 2017</li> <li>• Q3 2017 Grievance and Appeals Report</li> <li>• Q3 2017 Potential Quality Issues Report</li> <li>• UM Clinical Criteria <ul style="list-style-type: none"> <li>○ Interqual</li> <li>○ Hayes</li> <li>○ SFHP Criteria for Genital Gender Confirmation Services</li> </ul> </li> </ul>		<p>Approved:</p> <ul style="list-style-type: none"> <li>• Review of Minutes – October 12, 2017</li> <li>• Health Services Update – November 2017</li> <li>• Pharmacy &amp; Therapeutics Committee Minutes – July 2017</li> <li>• UM Committee – October 2017</li> <li>• Q3 2017 Grievance and Appeals Report</li> <li>• Q3 2017 Potential Quality Issues Report</li> <li>• UM Clinical Criteria <ul style="list-style-type: none"> <li>○ Interqual</li> <li>○ Hayes</li> </ul> </li> <li>• SFHP Criteria for Genital Gender Confirmation Services</li> </ul>
<p><b>Quality Improvement</b></p>	<p><u>Policy and Procedures QI-06 &amp; QI-05</u></p> <p>Jim Soos, Medical Policy Administrator, presented Policy and Procedures QI-06, Member Grievances and Appeals, and QI-15, Quality Improvement Program.</p> <ul style="list-style-type: none"> <li>• QI-06 – Member Grievances &amp; Appeals <ul style="list-style-type: none"> <li>○ Per SB-282 (Health Care Coverage: Prescription Drugs), SFHP is required to forward Healthy Worker (HW) and Healthy Kids (HK) non-formulary drug denial appeals to SFHP’s external review organization (Medical Review Institute of America) for review.</li> </ul> </li> <li>• QI-15 Quality Improvement Program <ul style="list-style-type: none"> <li>○ QI-15 is a new policy that defines SFHP’s Quality Improvement (QI) Program including requirements for the QI Description, QI Work Plan, and QI Program Evaluation.</li> </ul> </li> </ul>		<p>Approved: Policy and Procedures QI-06 &amp; QI-05</p>

	<p><u>2017 Quality Improvement Program Evaluation</u></p> <p>Adam Sharma, Director of Health Outcomes Improvement, presented the 2017 QI Program Evaluation and the 2018 QI Work Plan.</p> <ul style="list-style-type: none"> <li>• QIC’s role in the QI Program include: <ul style="list-style-type: none"> <li>○ Providing leadership for SFHP’s ongoing QI Program.</li> <li>○ Providing oversight of SFHP’s annual work plan through quarterly monitoring (through the QI Scorecard).</li> <li>○ Reviewing and approving the annual QI Evaluation and subsequent year’s Work Plan.</li> </ul> </li> <li>• SFHP’s evaluation process includes: <ul style="list-style-type: none"> <li>○ Determining measures and targets.</li> <li>○ Developing activities to support measures.</li> <li>○ Executing activities.</li> <li>○ Evaluating impact of activities.</li> <li>○ Recommending future measures and activities that influence next year’s measures and targets.</li> </ul> </li> <li>• The 2017 QI Program Evaluation: <ul style="list-style-type: none"> <li>○ Analyzed the QI Program structure, including provider, leadership, and staffing support.</li> <li>○ Assessed target attainment.</li> <li>○ Summarized key results.</li> <li>○ Summarized recommendations for continuous improvement.</li> </ul> </li> <li>• At the time of this evaluation, not all the data for the 2017 measures have been finalized. These measures will be included in the 2018 QI Program Evaluation.</li> <li>• Fifty-six percent (14/25) of QI measures met targets or improved from baseline.</li> <li>• Five Quality of Service and Access to Care measures met the target. <ul style="list-style-type: none"> <li>○ Successes include: <ul style="list-style-type: none"> <li>▪ Significant improvements in the Health Plan Adult Consumer Assessment of Healthcare Providers and Systems (HP-CAHPS) survey,</li> </ul> </li> </ul> </li> </ul>		<p>Approved: 2017 Quality Improvement Program Evaluation</p>
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	<p>specifically in the Rating of Health Plan, Getting Care Quickly, and Getting Needed Care measures.</p> <ul style="list-style-type: none"> <li>▪ Improvements in provider satisfaction with SFHP services and improvement in turnaround times in Potential Quality Issue (PQI) resolution.</li> <li>○ Recommendations include: <ul style="list-style-type: none"> <li>▪ Review of both clinical and non-clinical grievances at Grievance Oversight Committee to address incomplete responses from providers.</li> <li>▪ Providing technical assistance for providers and grant funding for access improvement through Strategic Use of Reserves.</li> <li>▪ Increasing CAHPS measurement frequency to help evaluate improvement activities. <ul style="list-style-type: none"> <li>• SFHP is required to administer CAHPS through written mailed surveys and understands the issue of administering too many member surveys.</li> </ul> </li> </ul> </li> <li>• In the Clinical Quality and Patient Safety area, one measure met the target while two measures improved from baseline. <ul style="list-style-type: none"> <li>○ Notable improvements include: <ul style="list-style-type: none"> <li>▪ 7.2% absolute improvement in Cervical Cancer Screening.</li> <li>▪ 17% decrease in members receiving opiate prescriptions. <ul style="list-style-type: none"> <li>• While the percentage of members receiving an opiate prescription has decreased, the number of hospitalizations related to overdose events is increasing. This is consistent with the national experience.</li> <li>• SFHP established a Pain and Opiate Safety Coalition to discuss and address pain related issues. Fiona Donald,</li> </ul> </li> </ul> </li> </ul> </li> </ul>		
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	<p>Medical Director, will present the workgroup to QIC in spring 2018.</p> <ul style="list-style-type: none"> <li>▪ Exemplary clinical quality as demonstrated by 9 HEDIS measures meeting the NCQA Medicaid 90<sup>th</sup> percentile.</li> <li>○ Recommendations include: <ul style="list-style-type: none"> <li>▪ Adding a chiropractic benefit to SFHP’s Pain Management program strategy.</li> <li>▪ Utilizing Strategic Use of Reserves (SUR) to increase availability of inpatient addiction services. <ul style="list-style-type: none"> <li>• The largest monetary commitment in SUR this year is directed to hospitals to increase the capacity and availability of inpatient and ER services to start people on medication assisted therapy when in an acute facility for overdose or substance misuse related complications.</li> </ul> </li> </ul> </li> <li>• Four Utilization Management (UM) measures met the target while two UM measures improved from baseline. <ul style="list-style-type: none"> <li>○ Successes include: <ul style="list-style-type: none"> <li>▪ Increase in the adult non-specialty mental health (NSMH) penetration rate.</li> </ul> </li> <li>○ Recommendations include: <ul style="list-style-type: none"> <li>▪ Outreach and education to providers and members on how to refer to/access the non-specialty mental health penetration rate.</li> <li>▪ Implementation of a provider Pay for Performance depression screening measure to increase identification of members who may benefit from behavioral health treatment.</li> </ul> </li> </ul> </li> <li>• No Care Coordination measures were evaluated in 2017. These measures will be evaluated in early 2018.</li> <li>• None of the measures for Delegation Oversight met the target or improved from baseline. <ul style="list-style-type: none"> <li>▪ SFHP set a 95% target for the Delegation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Fiona Donald, Medical Director, will present the workgroup to QIC in spring 2018.</li> </ul>	
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	<p>Oversight measures. In retrospect these targets proved unrealistic given the scope of delegated activities.</p> <ul style="list-style-type: none"> <li>▪ SFHP is proposing to remove Delegation Oversight as a discrete domain. This will still be reported but as a Quality Oversight activity.</li> </ul> <p><u>2018 Quality Improvement Work Plan</u></p> <ul style="list-style-type: none"> <li>• SFHP’s 2018 QI Work Plan has fewer measures, moves all delegation oversight to the Quality Oversight domain, and is focused on outcomes.</li> <li>• The Clinical Quality and Patient Safety domain has 6 measures including Medication Therapy Management and Pharmacotherapy Management of COPD Exacerbation. <ul style="list-style-type: none"> <li>○ The Medication Therapy Management measure is focused on identifying the population for the program.</li> <li>○ Adam to create slides on the Pharmacotherapy Management of COPD measure describing measure specification.</li> </ul> </li> <li>• In the Quality of Service and Access to Care domain, SFHP combined the two HP-CAHPS measures into one measure and again includes the Member Grievances and the PQI measures. <ul style="list-style-type: none"> <li>○ Additional measures will be included in early 2018.</li> </ul> </li> <li>• The UM domain has two measures including adult members with primary care visit rate in the last 12 months (64% baseline with a stretch target of 67%) and NSMH penetration rate (3.2% baseline and a stretch target of 4.5%).</li> <li>• The Care Coordination and Services domain contain 4 new measures including screening for Clinical Depression (10% baseline with a target of 70%), follow up on Clinical Depression (0% baseline with a target of 70%), improve SFHP’s Care Management clients’ perception of their health (baseline unknown with a target of 60%), and client satisfaction with SFHP Care Management staff (92% baseline with a target of 80%). <ul style="list-style-type: none"> <li>○ The denominator is members who are already engaged in the SFHP Care Management program.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Adam to create slides on the Pharmacotherapy Management of COPD measure detailing what is being measured.</li> </ul>	<p>Approved: 2018 Quality Improvement Work Plan</p>
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	<ul style="list-style-type: none"> <li>○ Adam to research and inform QIC of the baseline for the measure “improve client’s perception of their health.”</li> <li>● The Quality Oversight domain does not contain measures and instead includes activities including delegation oversight for QI.</li> </ul> <p><u>2017 Beacon Quality Program Evaluation</u>  Laura Grossmann, AVP, Account Partnerships, West of Beacon Health Options presented the 2017 Beacon Quality Program Evaluation and the 2016 Member Satisfaction Survey Results.</p> <ul style="list-style-type: none"> <li>● The Quality Program Evaluation serves to assess the overall effectiveness of the Quality Program, including the performance in clinical and service improvement initiatives.</li> <li>● The report covers SFHP’s Medi-Cal lines of business.</li> <li>● The data presented in the report includes behavioral health (BH) claims only (medical and pharmacy claims are not included) and reflects data as of October 31, 2017. An evaluation amendment will be presented to QIC in April 2018.</li> <li>● Clinical improvement activities/results include: <ul style="list-style-type: none"> <li>○ Depression (HEDIS Antidepressant Medication Management)</li> <li>○ Continuity and Coordination of Care <ul style="list-style-type: none"> <li>▪ The goal is to improve the continuity and coordination between behavioral health (BH) providers and primary or medical care providers. The target for these measures was 80%.</li> <li>▪ None of the records indicated evidence of communication between treating BH provider and member’s PCP or the use of a standardized communication form.</li> </ul> </li> <li>○ Timeliness of Handling Member Complaints <ul style="list-style-type: none"> <li>▪ Beacon received six member complaints in 2017. All were resolved within the timeframe.</li> </ul> </li> </ul> </li> <li>● Service Improvement activities and results include:</li> </ul>	<ul style="list-style-type: none"> <li>● Adam to research and inform QIC of the baseline for the measure “improve client’s perception of their health.”</li> </ul>	<p>Approved: 2017 Beacon Quality Program Evaluation</p>
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- Telephone Accessibility
  - The call abandonment rate, the percent of calls answered within 30 seconds, and average seconds to answer exceeded established goals in 2017.

2016 Member Satisfaction Survey Results

- Beacon contracted with Fact Finders, an independent research company, to conduct the survey.
  - The survey was administered in Quarter 2 2017 to members who received Beacon services in calendar year 2016.
- The survey contained 27 questions and focused on Overall Satisfaction, Satisfaction with Providers, Access to and Utilization of Care, and Outcomes.
- One hundred and seventy surveys were completed with a response rate of 13.2%.
- The survey questions were categorized in four domains and the goal was greater or equal to 85%.
  - Results related to Appointment Access and Availability include:
    - 78.9% percent of members were offered a first appointment within 10 business days of the member's call.
    - 67.5% of members responded they can get to a Beacon counselor's office in less than 30 minutes.
    - 80% of members indicated that Beacon has interpreter services immediately available to them.
  - Three out of five questions in the Acceptability of Services domain exceeded the goal.
    - 90% of members responded very satisfied or somewhat satisfied with the services received from their Beacon counselor.
    - 76.9% and 87.9% of respondents felt their counselor included them in their planning



	<p>treatment goals and felt their counselor has met members' cultural, religious, and language needs, respectively.</p> <ul style="list-style-type: none"> <li>▪ 87.8% and 71.4% of members reported they were satisfied with the behavioral health services from Beacon and that it was easy or difficult to get the care from Beacon they thought they needed, respectively.</li> <li>○ In the Scope of Services domain, 92.5% of members indicated they felt their provider protected confidential information while 45.8% felt their counselor sent information or discussed their care with their primary care provider.</li> <li>○ 85.7% and 77.1% of members reported they were able to handle problems and were better able to get along with others as a result of the services provided by their counselor, respectively.</li> <li>• Opportunities for improvement include continuing to assist members to obtain emergent appointments, continue education on Beacon's availability expectations, and continued education and outreach via the Provider Bulletin.</li> </ul>		
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QI Committee Chair's Signature & Date  1/16/18

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