Date: April 5, 2018
Meeting Place: San Francisco Health Plan, 50 Beale Street 13th floor, San Francisco, CA 94105
Meeting Time: 7:30AM - 9:00AM

Members Present: Edwin Batonbacal; LCSW; Annelie Briones; Jeanette Cavano, PharmD; Ellen Chen, MD; Jeffrey Critchfield, MD; Lukejohn Day, MD; Edward Evans; Todd May, MD; Jaime Ruiz, MD; Joseph Woo, MD; James Glauber, MD, MPH (Chief Medical Officer, SFHP)

Staff Present: Grace Dadios, Health Services Department Specialist; Fiona Donald, MD, Medical Director; Yves Gibbons, Program Manager, Access and Care Experience; Amy Petersen, Manager, Access and Care Experience; Eloysscia Ratliff, Disease Management Program Manager; Adam Sharma, Director, Health Outcomes Improvement; Nicole Ylagan, Grievance Analyst

<table>
<thead>
<tr>
<th>Topic</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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<tr>
<td>Call to Order</td>
<td>• Meeting was called to order at 7:30AM with a quorum.</td>
<td>• No follow up needed.</td>
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<td>• No public comments or questions.</td>
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Follow Up Items

Follow-Up Items from February 2018

- There are no follow-up items from February 2018.
- San Francisco Health Plan (SFHP) underwent the Department of Healthcare Services (DHCS) annual medical audit in March 2018. SFHP has not yet received its preliminary findings.

- No follow up needed.
- n/a

Consent Calendar

- Review of Minutes – February 8, 2018
- Health Services Update
- UM Committee Minutes
  - January 2018
  - February 2018
- P&T Committee Minutes

Approved:
- Review of Minutes – February 8, 2018
- Health Services Update
- UM Committee Minutes
  - January 2018
<table>
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<tr>
<th>Quality Improvement</th>
<th>2017 Annual Grievance and Appeals Report &amp; Grievance Improvement Opportunities</th>
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<td>Nicole Ylagan</td>
<td>presented the 2017 Annual Grievance and Appeals Report.</td>
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<td>• SFHP reported 302 grievances and 57 appeals in 2017 compared to 353 grievances</td>
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<td>and 65 appeals in 2016. In 2017, the grievance and appeal volume decreased by</td>
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<td>14.4% and 12.3%, respectively.</td>
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<td>• SFHP’s performance threshold for each grievance and appeal category is less</td>
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<td>than or equal to 1.00 per 1,000 members. SFHP established this threshold in</td>
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<td>collaboration with SFHP’s National Committee for Quality Assurance (NCQA)</td>
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<td>consultant.</td>
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<td>o SFHP met performance threshold for all categories.</td>
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<td>• Four grievances were reviewed that resulted in significant changes and</td>
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<td>improvements in SFHP systems:</td>
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<td>o The first grievance resulted in the removal of prior authorization for Urgent</td>
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<td>Care across SFHP’s network.</td>
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<td>o The second grievance recognized a deficiency in the continuity of care</td>
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<td>evidenced by a gap of provider-provider communication and provider-patient</td>
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<td>communication of abnormal lab results. The following interventions were</td>
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<td>initiated as a result:</td>
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<td>• Contact information posted in various locations for patients requesting</td>
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<td>lab results,</td>
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<td>• Standard reporting and documentation procedures for lab results requested</td>
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<td>by phone,</td>
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<td>• Meeting scheduled between the involved parties to identify additional</td>
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<td>high value improvements.</td>
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<td>o The third grievance resulted in a member being referred to SFHP’s Care</td>
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<td>Management program where the member received information about medical and</td>
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<td>vision</td>
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benefits, transportation, and access to homeless shelters. Member will complete his Care Management goals by August 2018.

- The final grievance involved a member who was experiencing medication adherence challenges. SFHP suggested using bubble packs as these organized the medications by dosage and the time of day.
  - CVS currently offers bubble packs.

2017 Access Monitoring Results

- Jim Glauber discussed the quarterly DHCS Medicaid Managed Care dashboard.
  - The dashboard indicates that utilization has increased in several areas including outpatient visits, mental health, emergency room visits, and inpatient visits.
    - Jim will follow up with DHCS to determine if they have metrics on unduplicated patients utilizing mental health services.
  - Jim speculated that increase in utilization could be due to better access to healthcare services.
- Yves Gibbons presented the 2017 Accessibility Monitoring Annual Update.
- SFHP monitors access in four main areas:
  - Member perception of access (CAHPS)
  - Appointment access
  - Wait times in providers offices
  - Telephone and triage access
- Wait time and triage comprise of Time to Answer, Office Wait Time, Daytime Triage, and After Hours Triage.
  - SFHP established a threshold of 80% compliance rate. Those who did not respond to the survey were considered noncompliant.
  - SFHP surveyed the office staff at the different medical groups by calling during business and after hours and asking questions related to wait time and triage. The office staff self-reported the amount of time they

- Nicole will follow up on whether Walgreens offers bubble packs.
- SFHP will add a section in the Provider Newsletter listing the pharmacies that offer bubble packs.

- Jim will follow up with DHCS to determine if they have metrics on unduplicated patients utilizing mental health services.

- Approved: 2017 Access Monitoring Results
believed it took for providers to respond back to a member expressing an urgent need to speak with a clinician, how much time a member spent in the waiting room, etc.

- SFHP’s network scored 99% in provider telephone wait time within 10 minutes and 85% in provider office wait time in 30 minutes.
- Compared to 2016, SFHP’s compliance decreased from 74% to 49% in providing triage after hours.
  - Possible explanations could be the increased sample size of 55 sites and the use of a different surveyor this year.
- Out of 11 medical groups:
  - 11 were compliant in Time to Answer
  - 4 were compliant in Daytime Triage
  - 5 were compliant in After Hours Triage
- 9/9 medical groups were compliant in Office Wait Time.
- Next steps include resurveying the non-responders to the Daytime Survey, completing the Corrective Action Plan process, and offering technical assistance for 2018 fielding.

- SFHP administers the Provider Appointment Availability Survey (PAAS) and the Daytime Survey to evaluate appointment availability.
  - The provider types included in the PAAS are:
    - Primary Care Providers
    - Specialty Providers
      - Endocrinology, gastroenterology, gynecology, oncology, and cardiology.
      - Gynecology and oncology were identified as the top high volume and high impact specialties and were included to follow National Commission of Quality Assurance (NCQA) network access recommendations.
  - Behavioral Health
Ancillary services include mammography, physical therapy, and MRI.

SFHP requires 80% compliance. Provider sites that did not respond to the survey within 48 hours were considered noncompliant.

Survey highlights include:
- Primary Care and Cardiology providers’ response rates and compliance with appointment availability requirements significantly improved for urgent and routine appointments.
- SFHP reached 80% compliance in availability for routine primary care, prenatal care, and physical therapy appointments.
- Specialty and behavioral health providers significantly contributed to low response rates.

The 2018 Daytime Survey and PAAS fielding methodology will have the following changes:
- SFHP will initiate the survey via e-mail or fax instead of conducting a phone survey. The provider has seven business days to respond. If there is no response after seven business days, SFHP will conduct a phone survey.
- If a specific provider does not have appointments available within the required time frame, the provider is considered non-compliant whereas in 2017 methodology, if a specific provider did not have appointments available within the required time frame, surveyors asked if sooner appointments were available with alternative providers.
- Non-responses will be omitted from final PAAS results.

SFHP Pain and Opioid Stewardship
Fiona Donald and Eloyscia Ratliff presented the SFHP Pain and Opioid Workgroup.
- SFHP has been involved in a variety of opioid and pain management activities since 2012 including:
• San Francisco Safety Net Pain Management Workgroup
• SFHP’s Annual Pain Day Conference
• Pain Management resources on the SFHP website
  ▪ Continuing medical education (CME) courses
• New opioid related measures in SFHP’s Practice Improvement Program (PIP).
• Strategic Use of Reserves
  ▪ Hospital grants to develop/expand inpatient addiction treatment services.

SFHP created the workgroup in response to the following:
• The National Opioid Crisis
• New Centers for Disease Control and Prevention (CDC) guidelines for prescribing opioids for chronic pain
• DHCS contract requirements for pharmacy drug utilization review metrics
• NCQA Population Health Standards
  ▪ This entails stratifying a defined population and creating strategies for care based on the population needs.
• New 2018 opioid HEDIS measure related to the number of opiate prescribers and dosage.

• The percentage of SFHP members utilizing opiates has decreased from 12.55% in 2014 to 8.28% in 2017.
  o Despite this decrease, opiate poisoning ED visits and hospitalizations have increased with large spikes in Quarter 4 2016 and Quarter 2 2017.
• The Association for Community Health Plans (ACAP) conducted a benchmark study assessing opioid use across the affiliated health plans.
  o The study results found that SFHP has a lower percentage of members on opiates but of these a higher percentage are on high doses (8.56% compared to 3.76% benchmark).

• The SFHP Pain/Opiate Workgroup is a cross-functional workgroup comprised of various health services programs that work on pain and opiate related activities. There is representation
from the following teams:
  - Pharmacy
  - Health Outcomes Improvement
    - Access and Care Experience
    - Population Health
  - Care Management
  - Business Intelligence (BI)
  - Beacon Health Options

- The priorities and goals of the workgroup are to:
  - Reduce opioid poisonings by implementing activities focusing on improvement on safety management.
  - Enhance internal data and reporting methods by building one shared data report.
  - Create a comprehensive set of resources to address the needs of SFHP members with chronic pain and opioid dependence.

QI Committee Chair's Signature & Date ____________________________

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