SAN FRANCISCO HEALTH PLAN

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**Quality Improvement Committee Minutes**

**Date:** June 14, 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 Batongbacal; LCSW; Annelie Briones; Ellen Chen, MD; Irene Conway; Lukejohn Day, MD; Edward Evans; Todd May, MD; Jaime Ruiz, MD; Kenneth Tai, MD; Joseph Woo, MD; James Glauber, MD, MPH (Chief Medical Officer, SFHP)

**Staff Present:** Grace Dadios, Health Services Department Specialist; Courtney Gray, Director, Care Management; Nina Golubski, RN, Quality Review Nurse; Adam Sharma, Director, Health Outcomes Improvement

| Topic | | Follow-up [if Quality Issue identified, Include Corrective Action] | Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution] |
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| **Call to Order** | • Meeting was called to order at 7:30AM with a quorum.<br>• No public comments or questions. | • No follow up needed. | • n/a |
| **Follow Up Items** | Follow-Up Items from February 2018<br>• April 2018 follow-up items are in progress.<br>• Grace Dadios, Health Services Department Specialist, accepted a position with San Francisco Health Plan's Access and Care Experience team. | • No follow up needed. | • n/a |
| **Consent Calendar** | • Review of Minutes – April 5, 2018<br>• UM Committee Minutes<br>  ○ March 2018<br>  ○ April 2018<br>• P&T Committee Minutes<br>  ○ January 2018<br>• Q4 2017 Emergency Room Visit/Prescription Access Report<br>• Q1 2018 Grievance Report | | Approved:<br>• Review of Minutes – April 5, 2018<br>• UM Committee Minutes<br>  ○ March 2018<br>  ○ April 2018<br>• P&T Committee Minutes<br>  ○ January 2018 |

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| | • Q1 2018 Appeals Report<br>• Q1 2018 Potential Quality Issues Report<br>    o Two cases in the report identified systemic issues and improvement opportunities within SFHP's provider network and as a health plan.<br>    o The first case identified issues with proper follow-up with a mental health provider given the member presented with a Patient Health Questionnaire-9 (PHQ-9) score of 20. The PHQ-9 is a tool to screen, diagnose, monitor, and measure the severity of depression. A score of 20 has a provisional diagnosis of severe depression.<br>        ▪ SFHP sent a confirmed clinical quality issue letter to the provider with recommendations for a warm hand-off to behavioral health in such cases.<br>        ▪ To increase provider awareness on SFHP's behavioral health benefit and Beacon, SFHP conducted three presentations to various clinics in the involved medical group.<br>    o The second case identified deficiencies in the continuity of care for the member, evidenced by a gap in provider-to-provider communication and provider-to-patient communication.<br>• Beacon Health Options 2017 Final Annual Quality Program Evaluation<br>• Policy & Procedures Summary of Changes<br>    o QI-01: Quality Improvement Committee<br>    o QI:10 – Governing Board's Role in SFHP Quality Improvement Program<br>    o QI-11: Physician Advisory Peer Review Credentialing Committee | | • Q4 2017 Emergency Room Visit/Prescription Access Report<br>• Q1 2018 Grievance Report<br>• Q1 2018 Appeals Report<br>• Q1 2018 Potential Quality Issues Report<br>• Beacon Health Options 2017 Final Annual Quality Program Evaluation<br>• Policy & Procedures Summary of Changes<br>    o QI-01: Quality Improvement Committee<br>    o QI:10 – Governing Board's Role in SFHP Quality Improvement Program<br>• QI-11: Physician Advisory Peer Review Credentialing Committee |

| Quality Improvement | Quarter 1 (Q1) 2018 Quality Improvement (QI) Scorecard<br>Adam Sharma highlighted the following three of six measures from the Q1 2018 QI Scorecard.<br>• Care Management Client Satisfaction with Staff<br>    o A survey measuring members' experience with Care Management staff was conducted from April 9 to April 27, 2018. Based on survey results, 97% of members were satisfied with their Care Management Community Coordinator and this surpassed SFHP's target of 80%. SFHP received a 78% response rate.<br>• Medication Therapy Management (MTM)<br>    o The purpose of this measure is to increase the number of members mapped to an MTM program intervention.<br>        ▪ The goal of the MTM program is to optimize medication regimen by promoting safe and effective use of medications.<br>    o SFHP set a target of 30% of members mapped to an MTM program intervention and the current rate is at 94%.<br>• Community Health Network (CHN) Out of Medical Group (OMG) All Cause Readmissions<br>    o The purpose of this measure is to reduce the rate of All Cause Readmissions for CHN OMG acute hospital discharges.<br>    o The rate is currently 18% with a target of 22%.<br>    o SFHP hired a Care Transitions Nurse in March 2018 to assist with discharge planning and follow-up phone calls to members.<br>    o Compared to the statewide rate, SFHP's rate is higher due in part to a larger Seniors and Persons with Disabilities (SPDs) Medi-Cal population.<br>    o SFHP is currently building a new data warehouse which will allow SFHP to breakdown the 30-day readmission rate by week.<br>        ▪ Doing so will allow SFHP to identify when | • Adam will include the denominators for each measure in future scorecards.<br>• Courtney will provide the specific denominators for the Client Satisfaction and the MTM measures.<br><br>• Jim will provide QIC with DHCS' OMG All Cause Readmission rate.<br><br>• SFHP will conduct a Care Transitions | • Approved: 2017 Annual Grievance and Appeals Report & Grievance Improvement Opportunities |
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| | to best implement interventions.<br><br><u>Health Homes Update</u><br>Courtney Gray presented an update on the Health Homes Program (HHP).<br>• Section 2703 of the Affordable Care Act allowed states to create Medicaid health homes to coordinate the full range of physical health, behavioral health, and community-based long term services and supports (LTSS) needed by members with chronic conditions.<br>  o Enhanced federal matching funds of 90% are available for two years. The remaining 10% of funding is through the California Endowment.<br>• The Health Homes Benefit is optional and offered to the top 3-5% most complex, highest utilizing members.<br>  o The benefit will be offered to members with chronic physical conditions in July 2018 and to members with Serious Mental Illness in January 2019.<br>    ▪ Children who have asthma and are at risk for chronic conditions such as diabetes, substance use, and depression are also eligible for the benefit.<br>  o The core requirements of Health Homes are:<br>    ▪ Comprehensive Care Management<br>    ▪ Care Coordination<br>    ▪ Health Promotion<br>    ▪ Comprehensive Transitional Care<br>    ▪ Individual and Family Support Services<br>    ▪ Referral to Community and Social Supports<br>• The Department of Healthcare Services (DHCS) is utilizing Managed Care Plans (MCPs) as the foundation for Health Homes implementation.<br>  o San Francisco Health Plan and Anthem Blue Cross of San Francisco County will be the first plans to implement the benefit.<br>  o There are approximately 6,500 eligible members in San | presentation at the SFCCC Medical Directors meeting. | |

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| | Francisco.<br>• MCPs will contract with Community-Based Care Management Entities (CB-CMEs) to provide the benefit or serve as the CB-CME .<br>  o The following providers will be certified as CB-CMEs in June:<br>    ▪ Mission Neighborhood Health Center<br>    ▪ St. Anthony’s<br>    ▪ HealthRIGHT 360<br>    ▪ Marin City Health and Wellness<br>    ▪ Asian Pacific Islander Wellness<br>    ▪ NEMS<br>    ▪ Kaiser<br>  o SFHP’s Care Management team will also serve as a CB-CME for eligible members not assigned to the above CB-CMEs.<br>• DHCS will send a Targeted Engagement List (TEL) to MCPs every six months and the MCPs will validate and prioritize members.<br>• The CB-CMEs must show progressive and aggressive outreach to engage eligible members which includes home and/or community visits.<br>  o CB-CMEs must create a Health Action Plan (HAP) which is both a member assessment and care plan.<br>• The reporting requirements include:<br>  o Encounter data from the CB-CMEs.<br>  o Monthly report to DHCS that includes member status in the program, member’s housing/homeless status, HAP completion date, and CB-CME capacity.<br>  o Annual DHCS reporting on specific HEDIS measures.<br><br><u>Hepatitis C Treatment Update</u><br>Adam Sharma and Jim Glauber presented the Hepatitis C Treatment Update.<br>• Historically the DHCS Hepatitis C Treatment Policy did not | | |

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| | align with the Infectious Disease Society of America's (IDSA) national guidelines.<br>o DHCS is changing its policy to align with IDSA's recommendation to allow treatment of those with chronic infections ages 13 and over with life expectancy of more than 12 months.<br>• Since 2010 the estimated number of new hepatitis C virus (HCV) infections in the United States (US) has increased dramatically, largely attributable to the opioid crisis and intravenous drug use.<br>o HCV is the leading cause of infectious disease mortality in the US.<br>o An estimated 22,000 San Franciscans have HCV antibodies, and of those, approximately 12,000 are thought to be currently living with the virus.<br>• SFHP has a Population Health Grant Program funded through unearned dollars from SFHP's Pay-for-Performance Program (PIP) focused on Hepatitis C prevention and diagnosis.<br>o The goals of the three-year program are to support identification and treatment of hard-to-reach patients, fund patient incentives, and leverage and support the city-wide End Hep C initiative.<br>o Current grantees are:<br>▪ HealthRIGHT 360<br>▪ South of Market Health Center<br>▪ St. Anthony's<br>▪ BAART<br>▪ UCSF<br>• One measure in SFHP's PIP Program is the Hepatitis C Screening and Treatment Improvement Project.<br>• Approximately 3% of SFHP members have been diagnosed with Hepatitis C.<br>o As of April 2018, 1,193 SFHP members have completed treatment.<br>• The most restrictive DHCS policy was initiated in 2013 and approximately two-thirds of prior authorization requests were denied for Medi-Cal members during this period. | | |

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| | o Hepatitis C treatment increased after July 2015 when the DHCS HCV Treatment policy was changed to allow infected individuals with less advanced stages of liver damage and significant comorbidities to be treated.<br>• The number of members treated varies by medical group which may indicate opportunity for improved outreach or access to treatment through other programs.<br>• Treatment costs have declined significantly over time with the introduction of new treatment alternatives, with<br>o Cost per unit for Mayvret being the most cost-effective.<br>o By implementing formulary changes and collaborating with local physicians treating HCV-infected patients, SFHP achieved almost 90% market share for Mayvret.<br>▪ In June 2016, Hepatitis C costs represented 49% of SFHP's total pharmacy cost. As of March 2018, it represents only 15% of total pharmacy cost.<br>o SFHP's kick payment from DHCS has been declining every year due to these more cost-effective medications.<br>• Next steps include:<br>o Developing a plan to outreach to providers to ensure all known chronic HCV infected members are offered treatment.<br>o Considering more opportunities for access to HCV medications at local specialty pharmacies to reduce treatment access barriers. | | |

QI Committee Chair's Signature & Date ________________________6/28/18___
Minutes are considered final only with approval by the QIC at its next meeting.