### 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

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<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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| 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 |
| Follow Up Items            | Follow-Up Items from February 2018  
• April 2018 follow-up items are in progress.  
• 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  
• UM Committee Minutes  
  o March 2018  
  o April 2018  
• P&T Committee Minutes  
  o January 2018  
• Q4 2017 Emergency Room Visit/Prescription Access Report  
• Q1 2018 Grievance Report | Approved:  
• Review of Minutes – April 5, 2018  
• UM Committee Minutes  
  o March 2018  
  o April 2018  
• P&T Committee Minutes  
  o January 2018 |
Two cases in the report identified systemic issues and improvement opportunities within SFHP’s provider network and as a health plan.

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.

- SFHP sent a confirmed clinical quality issue letter to the provider with recommendations for a warm hand-off to behavioral health in such cases.
- To increase provider awareness on SFHP’s behavioral health benefit and Beacon, SFHP conducted three presentations to various clinics in the involved medical group.

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.

Beacon Health Options 2017 Final Annual Quality Program Evaluation

Policy & Procedures Summary of Changes
- QI-01: Quality Improvement Committee
- QI-10 – Governing Board’s Role in SFHP Quality Improvement Program
- QI-11: Physician Advisory Peer Review Credentialing Committee
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<thead>
<tr>
<th>Quality Improvement</th>
<th>Quarter 1 (Q1) 2018 Quality Improvement (QI) Scorecard</th>
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<tr>
<td>Adam Sharma highlighted the following three of six measures from the Q1 2018 QI Scorecard.</td>
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<td>• Care Management Client Satisfaction with Staff</td>
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<td>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.</td>
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<td>• Medication Therapy Management (MTM)</td>
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<td>o The purpose of this measure is to increase the number of members mapped to an MTM program intervention.</td>
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<td>▪ The goal of the MTM program is to optimize medication regimen by promoting safe and effective use of medications.</td>
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<td>o SFHP set a target of 30% of members mapped to an MTM program intervention and the current rate is at 94%.</td>
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<td>• Community Health Network (CHN) Out of Medical Group (OMG) All Cause Readmissions</td>
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<td>o The purpose of this measure is to reduce the rate of All Cause Readmissions for CHN OMG acute hospital discharges.</td>
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<td>o The rate is currently 18% with a target of 22%.</td>
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<td>o SFHP hired a Care Transitions Nurse in March 2018 to assist with discharge planning and follow-up phone calls to members.</td>
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<td>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.</td>
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<td>o SFHP is currently building a new data warehouse which will allow SFHP to breakdown the 30-day readmission rate by week.</td>
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<td>▪ Doing so will allow SFHP to identify when</td>
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<td>• Approved: 2017 Annual Grievance and Appeals Report &amp; Grievance Improvement Opportunities</td>
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<td>• Adam will include the denominators for each measure in future scorecards.</td>
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<td>• Courtney will provide the specific denominators for the Client Satisfaction and the MTM measures.</td>
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<td>• Jim will provide QIC with DHCS’ OMG All Cause Readmission rate.</td>
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<td>• SFHP will conduct a Care Transitions...</td>
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Health Homes Update
Courtney Gray presented an update on the Health Homes Program (HHP).
- 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.
  - Enhanced federal matching funds of 90% are available for two years. The remaining 10% of funding is through the California Endowment.
- The Health Homes Benefit is optional and offered to the top 3-5% most complex, highest utilizing members.
  - The benefit will be offered to members with chronic physical conditions in July 2018 and to members with Serious Mental Illness in January 2019.
    - Children who have asthma and are at risk for chronic conditions such as diabetes, substance use, and depression are also eligible for the benefit.
  - The core requirements of Health Homes are:
    - Comprehensive Care Management
    - Care Coordination
    - Health Promotion
    - Comprehensive Transitional Care
    - Individual and Family Support Services
    - Referral to Community and Social Supports
- The Department of Healthcare Services (DHCS) is utilizing Managed Care Plans (MCPs) as the foundation for Health Homes implementation.
  - San Francisco Health Plan and Anthem Blue Cross of San Francisco County will be the first plans to implement the benefit.
  - There are approximately 6,500 eligible members in San Francisco County.
Francisco.

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

**Hepatitis C Treatment Update**
Adam Sharma and Jim Glauber presented the Hepatitis C Treatment Update.
- Historically the DHCS Hepatitis C Treatment Policy did not
align with the Infectious Disease Society of America’s (IDSA) national guidelines.
  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.
• 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.
  o HCV is the leading cause of infectious disease mortality in the US.
  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.
• 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.
  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.
  o Current grantees are:
    ▪ HealthRIGHT 360
    ▪ South of Market Health Center
    ▪ St. Anthony’s
    ▪ BAART
    ▪ UCSF
• One measure in SFHP’s PIP Program is the Hepatitis C Screening and Treatment Improvement Project.
• Approximately 3% of SFHP members have been diagnosed with Hepatitis C.
  o As of April 2018, 1,193 SFHP members have completed treatment.
• 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.
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.

- The number of members treated varies by medical group which may indicate opportunity for improved outreach or access to treatment through other programs.
- Treatment costs have declined significantly over time with the introduction of new treatment alternatives, with
  - Cost per unit for Mayvret being the most cost-effective.
  - By implementing formulary changes and collaborating with local physicians treating HCV-infected patients, SFHP achieved almost 90% market share for Mayvret.
    - 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.
  - SFHP’s kick payment from DHCS has been declining every year due to these more cost-effective medications.
- Next steps include:
  - Developing a plan to outreach to providers to ensure all known chronic HCV infected members are offered treatment.
  - Considering more opportunities for access to HCV medications at local specialty pharmacies to reduce treatment access barriers.