



Quality Improvement and Health Equity Committee Minutes

Date: February 20, 2025
Meeting Place: 50 Beale Street, 13th Floor
San Francisco, CA 94119

Microsoft Teams Meeting
[+1 323-475-1528,,713047099#](https://teams.microsoft.com/join/323-475-1528-713047099#)

Meeting Time: 8:00AM – 10:00AM

QIHEC Members Present:

Dr. Kathleen Chung, Medical Director, Value Based Care, *SFHN*; Dr. Lisa Inman, SFDPH Behavioral Health Services; Dr. Jackie Lam, Medical Director/QI/QA Director, *NEMS*; Yves Tcheutchoua, SFHP MAC Member

Not present: Dr. Ana Valdes, Chief Healthcare Officer, HealthRight360; Dr. Luke Day, Chief Medical Officer, *ZSFGH*; Dr. Blake Gregory, Primary Care Director of Population Health and Quality; Medical Director, Complex Care Program, *SFHN*; Dr. Amy Lu, Chief Quality Officer, *UCSF*; Dr. Jaime Ruiz, Chief Medical Officer, *MNHC*; Dr. Kenneth Tai, Chief Health Officer, *NEMS*; Dr. Albert Yu, Chief Health Information Officer, *SFHN*; Dr. David Ofman, Chief Medical Officer, San Francisco Consortium of Community Clinics (*SFCCC*); Alecia Martin, Director of Quality Management, *SF BHS*; Maria Contreras, SFHP MAC Member

SFHP Staff Present:

Steve O'Brien, Chief Medical Officer; Edwin Poon, Chief Health Equity Officer; Shenita Hurskin, Director, Quality Population Health Management; Yves Gibbons, Manager, Quality Improvement; Emily Turpin Srock, Sr. Program Manager, Quality Improvement; Lauren Jami-Williams, Program Manager, Quality Programs, Quality Improvement; Maya Velardez, Associate Program Manager, Quality Improvement; José Méndez, Manager, Quality Data Analytics; Rina Shah, Sr. Medical Director; Jorge Ramirez, Program Manager, Quality Data Analytics; Matija Cale, Director, Clinical Operations; Tamsen Staniford, UM Nurse Manager, Prior Authorization; Kristin Jones, Nurse Manager, Transitional Care Services; SeDessie Harris, Sr. Manager, Clinical Operations; Courtney Spalding, Nurse Manager, Concurrent Review; Denese Conners, Manager, NCQA & Special Projects; Tammie Chau, Clinical Pharmacist; Mariano Lising, Quality Review Nurse; Leslie Mulhern, Nurse Supervisor, Quality Review; Tommy Williams, Manager, Behavioral Health

Guests Present:

Amber Allred, Senior Clinical Quality Audit Analyst, Carelon

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	Meeting called to order at 8:02am by Steve O'Brien, MD, CMO, San Francisco Health Plan (SFHP)		
Welcome/Updates	Dr. O'Brien, SFHP Chief Medical Officer, opened the session by acknowledging the current political climate and its impact on healthcare policy, particularly as it relates to Medi-Cal and federal regulations. He emphasized the importance of understanding these policy shifts, particularly in the context of contractual obligations with the Department of Health Care Services (DHCS). He also addressed potential changes in funding structures and underscored the organization's commitment to transparency in navigating these challenges. Dr. O'Brien then highlighted the committee's focus areas, including the Dual Eligible Special Needs Plan (D-SNP) and Medicare quality outcomes. He emphasized the significance of quality-based incentive programs and bonus structures, which are essential for achieving optimal patient care and financial sustainability.		
Consent Calendar	<p>Items for Approval:</p> <ul style="list-style-type: none"> • Follow Up Items • December 2024 QIHEC Minutes • Q3 2024 Emergency Room Rx Access Report • Q3 2024 Grievance Report • Q3 2024 Appeals Report • Q3 2024 PQI Report • UM Committee Minutes and supporting documentation <ul style="list-style-type: none"> ○ November 2024 Minutes ○ 2024 UM Program Description • Health Services Policies & Procedures (P&P) Updates Summary • Facility Site Review Annual Report • CLS Program Description 		<p>Motion to Approve: Dr. Jackie Lam Second: Dr. Kathleen Chung Opposed: None Approved:</p> <ul style="list-style-type: none"> • Follow Up Items • December 2024 QIHEC Minutes • Q3 2024 Emergency Room Rx Access Report • Q3 2024 Grievance Report • Q3 2024 Appeals Report • Q3 2024 PQI Report • UM Committee Minutes and supporting documentation <ul style="list-style-type: none"> - November 2024 Minutes

			<ul style="list-style-type: none"> - 2024 UM Program Description • Health Services Policies & Procedures (P&P) Updates Summary • Facility Site Review Annual Report • CLS Program Description
<p>D-SNP</p>	<p>D-SNP Updates: Shenita Hurskin, Director of Quality and Population Health Management, provided an update on the D-SNP program and its ongoing development. She confirmed that the D-SNP application had been successfully submitted and that the Model of Care (MOC) had been developed, including MOC 4, which focuses on quality oversight. Ms. Hurskin emphasized that QIHEC would serve as the oversight body for the D-SNP quality program, ensuring that performance metrics are met. She also explained that Stars Committee would serve as an advisory group, reporting to QIHEC on key performance indicators related to the program’s success.</p> <p>A key development highlighted during the update was that both Medicaid and Medicare lines of business under D-SNP are scheduled to launch in January 2026. She underscored the importance of proper preparation and regulatory alignment ahead of this launch, noting that the MOC will serve as a roadmap for audits and ongoing evaluations.</p> <p>The committee engaged in a brief discussion regarding the oversight structure and anticipated challenges. Ms. Hurskin assured members that once D-SNP receives full approval, the committee would have direct access to review program materials and oversee implementation strategies to ensure seamless integration within SFHP’s care model.</p>	<p>- The committee will review the approval status of D-SNP and discuss any additional requirements or next steps needed for the program’s successful launch in 2026.</p>	
<p>Quality</p>	<p>Items for Approval:</p> <ul style="list-style-type: none"> • 2024 QIHETP Evaluation • 2025 QIHETP Description & Program Updates • 2025 QIHETP Annual Work Plan <p>Yves Gibbons, Manager of Quality Improvement, introduced the Quality Improvement Health Equity Transformation Program (QIHETP). They provided a summary of the 2024 QIHETP Evaluation, outlining key successes and challenges encountered throughout the year. Notably, they highlighted</p>		<p>Motion to Approve: Dr. Kathleen Chung Second: Dr. Lisa Inman Abstain: Yves Tcheutchoua Opposed: None Approved:</p> <ul style="list-style-type: none"> • 2024 QIHETP Evaluation

	<p>the positive impact on provider quality performance, as well as improvements in patient care experience initiatives.</p> <p>However, they also pointed out several challenges in meeting DHCS measures, particularly regarding disparities in healthcare access and outcomes. They stressed the need for further investment in health equity initiatives to bridge these gaps and ensure better service delivery for underserved populations. They introduced the 2025 QIHETP Description, Program Updates, and Work Plan, which includes 27 measures with a strong emphasis on D-SNP and health equity.</p>		<ul style="list-style-type: none"> • 2025 QIHETP Description & Program Updates • 2025 QIHETP Annual Work Plan
<p>Health Equity</p>	<p>Health Equity Initiatives & Updates:</p> <p>Edwin Poon, PhD, SFHP Chief Health Equity Officer, provided an update on health equity initiatives and workforce training programs, emphasizing their critical role in reducing disparities and improving patient outcomes. He began by discussing SFHP's collaboration with DHCS in navigating regulatory changes that directly impact health equity programs.</p> <p>Dr. Poon then provided an update on two major training initiatives currently in progress:</p> <ol style="list-style-type: none"> 1. Diversity, Equity, and Inclusion (DEI) Training: <ul style="list-style-type: none"> ○ The DEI training curriculum was submitted to DHCS in December 2024 and is currently pending approval. ○ Once approved, this training will be implemented across SFHP to support health equity efforts and provider education. ○ DHCS has not yet provided a definitive approval timeline, but updates are expected soon. 2. Transgender and Gender Identity (TGI) Training: <ul style="list-style-type: none"> ○ The TGI training curriculum is still in the early development phase and is being designed to meet upcoming legislative requirements. ○ While the initial deadline for internal training is March 2025, SFHP anticipates potential delays in completion, given the evolving regulatory guidance from DHCS. ○ Dr. Poon emphasized that SFHP will provide an updated training timeline to DHCS, ensuring compliance while allowing for thorough program development. <p>Following this, Dr. Poon discussed the NCQA Health Equity Accreditation process, confirming that SFHP is on track to submit the initial survey materials in June 2025. He noted that five elements within the accreditation scoring framework have been marked as "N/A" due to temporary modifications in NCQA's evaluation criteria. The temporary modifications expire in April 2025, and SFHP will continue to monitor the situation.</p>	<p>- Dr. Poon will provide an update on the approval status of the DEI training and outline any next steps needed for the TGI curriculum rollout.</p>	

	<p>The conversation concluded with a discussion on organizational readiness for DEI efforts, including ongoing data collection on gender identity and internal training requirements. Dr. Poon emphasized that health equity remains a top priority and that SFHP will continue working closely with DHCS to ensure these programs are effectively implemented and aligned with state requirements.</p>		
<p>Utilization Management</p>	<p>Items for Approval:</p> <ul style="list-style-type: none"> Utilization Management Clinical Criteria <p>Matija Cale, Director of Clinical Operations, provided an in-depth overview of the Utilization Management (UM) Division and its operational framework. She explained that decision-making within UM is guided by a hierarchy of criteria, with DHCS regulations taking precedence, followed by Milliman Care Guidelines (MCG) and National Coverage Guidelines (NCG). She discussed top utilization management topics, including criteria for cellulitis, observation care, and heart failure treatment. She also addressed physician-administered drugs, particularly regarding gender-affirming services, and emphasized the need for consistent evidence-based guidelines.</p>		<p>Motion to Approve: Dr. Lisa Inman Second: Dr. Jackie Lam Abstain: Yves Tcheutchoua Opposed: None Approved:</p> <ul style="list-style-type: none"> Utilization Management Clinical Criteria
<p>Other Updates</p>	<p>Infants Enrolled in the Newborn Gateway:</p> <p>Shenita Hurskin, Director of Quality and Population Health Management, provided a high-level overview of the Newborn Gateway Portal, an innovative initiative designed to streamline the enrollment process for newborns into managed care plans (MCPs). She explained that the system is structured to automatically assign a unique number to each newborn, significantly reducing delays in eligibility processing and allowing earlier data capture.</p> <p>Ms. Hurskin emphasized that the previous system required newborns to be enrolled through Fee-for-Service (FFS) before being manually assigned to an MCP, a process that often resulted in delays in coverage and care access. With the implementation of the Newborn Gateway Portal, newborns are now automatically assigned to their parent's MCP at birth, ensuring that they receive appropriate coverage much sooner.</p> <p>She invited committee members to provide feedback on any potential challenges or barriers experienced during the portal's implementation. The committee acknowledged the potential for improved efficiency and more comprehensive data tracking, noting that this system would support mandated encounters and improve overall care coordination for newborns.</p> <p>Discussion Highlights:</p> <p>Dr. Kathleen Chung inquired about the specific assignment process for newborns under the new system. In response, Jose Méndez clarified that previously, newborns were enrolled through FFS and later assigned to an MCP manually, which extended the timeframe for eligibility activation. With</p>	<ul style="list-style-type: none"> SFHP staff will ensure that provider education materials on the Newborn Gateway Portal are distributed via the next SFHP newsletter cycle. The committee will review preliminary enrollment data at the next meeting to assess the system's impact 	

	<p>the Newborn Gateway Portal, however, this process has been automated, ensuring that newborns are assigned to their parent’s MCP immediately at birth. He noted that this change significantly shortens the eligibility gap, with newborn encounters now being reflected in the system within the first month of life.</p> <p>Further discussion focused on whether additional provider education was needed to ensure effective implementation. Ms. Hurskin acknowledged that while the system had been rolled out in November 2024, provider education efforts had not yet been fully implemented. She confirmed that information about the Newborn Gateway Portal would be included in the next SFHP provider newsletter to ensure broad awareness and participation.</p> <p>Committee members raised key questions regarding provider participation and potential barriers to implementation:</p> <ul style="list-style-type: none"> • Provider Enrollment: Committee members asked whether providers needed to take additional steps to enroll in the program. Ms. Hurskin clarified that while participation is not automatic for all providers, most SFHP network providers are already included on the participant list. She stressed the importance of active participation, as the program follows a presumptive eligibility model, meaning that providers must take action to fully integrate with the system. • Barriers to Implementation: When asked about any known challenges in rolling out the portal, no immediate barriers were identified by committee members. However, they agreed to continue monitoring implementation and report any concerns at future meetings. • Enrollment Success: Some members inquired whether newborns were being successfully enrolled under the new system. Ms. Hurskin indicated that early feedback has been positive, but data collection is still ongoing. The committee agreed that tracking real-time enrollment data will be critical in evaluating the system’s overall effectiveness. 	<p>on timely newborn eligibility activation and mandated encounters.</p>	
<p>Meeting Adjourned</p>	<p>Meeting adjourned at 9:34am</p>		

Signed by:

Steve O'Brien

5/15/2025

QIHE Committee Co-Chair's Signature & Date

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Signed by:

Edwin Poon

5/15/2025

QIHE Committee Co-Chair's Signature & Date

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