



Quality Improvement and Health Equity Committee Minutes

Date: December 11, 2025
Meeting Place: 50 Beale Street, 12th Floor
San Francisco, CA 94119

Microsoft Teams Meeting
[+1 323-475-1528,636203727#](https://teams.microsoft.com/join/13234751528636203727?auth=1)

Meeting Time: 8:00AM – 10:00AM

QIHEC Members Present:

Dr. Kathleen Chung, Medical Director, Value Based Care, *SFHN*; Dr. David Ofman, Chief Medical Officer, *SFCCC*; Alecia Martin, Director of Quality Management, *SFDPH BHS*; Yves Tcheutchoua, *SFHP MAC Member*; Maria Contreras, *SFHP MAC Member*

Not present: Dr. Ana Valdes, Chief Healthcare Officer, *HealthRight360*; Dr. Lisa Inman, Co-Chief Medical Officer, Deputy Medical Director, *SFHN BHS*; Dr. Jackie Lam, Medical Director/QI/QA Director, *NEMS*; Dr. Kenneth Tai, Chief Health Officer, *NEMS*; 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*

SFHP Staff Present:

Steve O'Brien, Chief Medical Officer; Edwin Poon, Chief Health Equity Officer; Jenn Moore, Chief Operating Officer; Shenita Hurskin, Director, Quality & Population Health Management; Yves Gibbons, Manager, Quality Improvement; Emily Turpin Srock, Supervisor, Quality Improvement and Population Health; Lauren Jami-Williams, Sr. Program Manager, Quality Programs; Edgar Rodriguez, Program Manager, Population Health; Maya Velardez, Associate Program Manager, Quality Improvement; Rami James, Quality Improvement Specialist; José Méndez, Manager, Quality Data Analytics; Eileen Kim, Clinical Pharmacist; Jean Giggers, Sr. Director, Health Services Clinical Operations; Tommy Williams, Manager, Behavioral Health

Guests Present:

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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 opened with roll call and brief introductions from committee members and guests joining in person and by MS Teams. He noted a recent tragic workplace violence incident at Zuckerberg San Francisco General Hospital and asked attendees to be supportive of county partners. He also highlighted membership concerns related to Medi-Cal recertification changes and the need for coordinated outreach. Dr. O'Brien and Jenn Moore, Chief Operating Officer of SFHP, provided program updates focused on the Dual Special Needs Plan (D-SNP) Care Plus launch and Medicare Stars readiness. Jenn reviewed D-SNP benefits integration, provider administrative simplification goals, and initial enrollment progress. The plan intends to expand provider partnerships while starting modestly to ensure smooth operations. Shenita Hurskin, Director of Quality & Population Health Management at SFHP, described governance changes: beginning March 2026 the Quality Improvement & Health Equity Committee will be bifurcated into two sequential segments during meetings. The first segment covering the Medi-Cal line and the second covering the D-SNP Care Plus Medicare line, to meet separate regulatory/minutes requirements for Medi-Cal and CMS. The initial plan is to keep overall meeting time similar and revisit cadence or duration if needed. Attendees were reminded that reappointment invitations had been sent for committee membership and that leadership welcomes recommendations for additional committee seats to ensure robust participation for oversight of both program lines.		
Consent Calendar	<ul style="list-style-type: none"> • Follow Up Items • QIHEC Minutes <ul style="list-style-type: none"> ○ August 2025 • ER Report <ul style="list-style-type: none"> ○ Q2 2025 • Grievance Reports <ul style="list-style-type: none"> ○ Q4 2024 ○ Q1 2025 ○ Q2 2025 • Appeals Report <ul style="list-style-type: none"> ○ Q2 2025 • UM Committee Minutes <ul style="list-style-type: none"> ○ July 2025 ○ September 2025 		<p>Motion to Approve: Dr. David Ofman Second: Dr. Kathleen Chung Opposed: None Approved:</p> <ul style="list-style-type: none"> • Follow Up Items • QIHEC Minutes <ul style="list-style-type: none"> ○ August 2025 • ER Report <ul style="list-style-type: none"> ○ Q2 2025 • Grievance Reports <ul style="list-style-type: none"> ○ Q4 2024 ○ Q1 2025 ○ Q2 2025 • Appeals Report

	<ul style="list-style-type: none"> • Health Services P&P Updates • PQI Reports <ul style="list-style-type: none"> ○ Q1 2025 ○ Q2 2025 • P&T Reappointments <p>The consent calendar materials were reviewed. Dr. O'Brien drew attention to two operational items from the consent materials: ongoing work to address ED utilization variability across provider groups (noting collaboration with the SF Community Clinic Consortium (SFCCC) to improve ED repatriation and clinic follow up), and a prior spike in grievances tied primarily to transportation vendor implementation issues (Motive Care). Operations reported that remediation and coordination with dialysis providers substantially reduced grievances from the 60–80/month peak down to roughly 20/month. A smaller subset of grievances reflected delegated UM denials where network status was not verified; corrective actions with delegated groups are in progress. A motion to approve the consent calendar was made, seconded, and the consent calendar passed with no objections.</p>		<ul style="list-style-type: none"> ○ Q2 2025 • UM Committee Minutes <ul style="list-style-type: none"> ○ July 2025 ○ September 2025 • Health Services P&P Updates • PQI Reports <ul style="list-style-type: none"> ○ Q1 2025 ○ Q2 2025 • P&T Reappointments
<p>Quality Improvement</p>	<ul style="list-style-type: none"> • Quality Trilogy Documents <ul style="list-style-type: none"> ○ 2025 QIHETP Evaluation ○ 2026 QIHETP Description ○ 2026 QIHETP Annual Workplan <p>Yves Gibbons, Manager of Quality Improvement at SFHP, presented the QI trilogy materials (program description, annual evaluation, and work plan) and summarized the program framework, data cadence and outcomes through October 2025 data. Key successes highlighted included: design and implementation of a scalable comprehensive quality framework in preparation for DSNP; daily admission, discharge, and transfer (ADT)/hospital discharge data sharing via PointClickCare (including HEDIS denominator detail) that materially improved follow up and care coordination measures; relaunch of topic focused Quality Collaboratives across networks (behavioral health, maternal/child, care experience); expansion of point of care member incentives to improve well child visit uptake; and increased supplemental data submissions from providers that improved measured performance. Yves noted that the current evaluation reflects partial year data (through October) and that full year/HEDIS finalization will be reported at future meetings (July was cited for subsequent updates). Domain level performance was reviewed: access measures and prenatal timeliness met targets; care coordination and follow up (7 and 30 day measures) showed strong gains where ADT and supplemental data were used; behavioral health initiation/engagement and some SUD measures remain areas for improvement; several clinical quality measures (BP control, A1c) are depressed on administrative claims-only reporting but are expected to rise when supplemental chart abstraction is completed and as the organization readies for the digital quality transition. Yves outlined 2026 priorities including deeper integration of</p>		<p>Motion to Approve: Alecia Martin Second: Dr. David Ofman Opposed: None Approved:</p> <ul style="list-style-type: none"> • 2025 QIHETP Evaluation • 2026 QIHETP Description • 2026 QIHETP Annual Workplan

	<p>QI and population health work (teams merged), expansion of health equity segmented measures, provider education for digital reporting (including CPT II coding), and continued emphasis on member experience improvement aligned with the PQI program.</p> <p>The committee reviewed Behavioral Health Plan updates and associated quality improvement oversight, noting a major state-driven expansion of accountability measures tied to Proposition 1 and the transition from MHSA to BHSA. Staff reported this change will introduce roughly 43 additional measures starting with 2026 measurement (reporting in 2027) and will require intensive cross-team collaboration to align clinical, data, contract, and population health activities. The quality team summarized ongoing oversight processes (participation in the Quality Improvement & Health Equity Committee, Pharmacy & Therapeutics, Provider Advisory, and Peer Review & Credentialing/PAC) and confirmed that the delegated QI program and DHCS-required performance improvement projects have been completed; those deliverables will be presented to the governing board next month for approval.</p> <p>The committee reviewed and unanimously approved the Quality Trilogy documents presented by Yves Gibbons: the 2025 QIHETP Evaluation, the 2026 QIHETP Description, and the 2026 QIHETP Annual Workplan. The committee discussed planned measurement transitions, including the migration of selected hybrid measures (for example, certain cancer screening measures, adolescent and childhood immunization measures, and diabetes-related measures) toward claims/encounter/ECD reporting. Members emphasized readiness activities needed for the transition—provider education on claims/encounter completeness, use of CPT II codes for clinical values, and expansion of supplemental data collection until digital reporting is fully mature.</p> <p>Operational and technology topics were discussed with a focus on timely access to ADT/HEDIS denominator data and future HIE integration. Alecia Martin requested additional information about portal access; Jenn and Yves described near-term plans to expand PointClickCare portal availability to network partners and a longer-term roadmap to push ADT and denominator data into provider systems via health information exchange and interoperability work. The group also explored AI and language services. Maria Contreras asked whether AI could support real-time translation and interpretation for busy clinics. Dr. O'Brien, Jenn, and Edwin responded that AI use cases are being explored (including pilots in documentation and operational tools) but stressed governance, clinical fidelity, regulatory constraints, and that AI must not be used for utilization management decisions. Dr. Kathleen Chung introduced the Waymark example for population health predictive analytics; Edwin noted RSST/predictive modeling work and tradeoffs around historical bias versus proactive risk-stratification; Shenita highlighted regulatory considerations for AI adoption.</p>		
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	<p>Committee members praised the quality team and provider partners for strong quality performance and NCQA health equity results, acknowledged upcoming personnel transitions for 2026, and thanked Maria and Yves for their service. The group agreed on immediate next steps: operationalize measure reporting transitions through provider outreach on claims/CPT II coding and supplemental data processes; expand portal access and continue HIE planning to improve ADT/denominator visibility; advance AI governance and interpreter/cultural & linguistic services planning; continue monitoring delegated QI and transportation remediation efforts; and return to the committee with updated scorecards and progress reports beginning in March 2026.</p>		
<p>Health Equity</p>	<ul style="list-style-type: none"> Quality, Health Equity, and Community Partnerships <p>Edwin Poon, Chief Health Equity Officer at SFHP, presented the plan's health equity accomplishments and initiatives, including the NCQA Health Equity accreditation (97.9%, three-year accreditation), the race/ethnicity disparity dashboard, the "Health Story San Francisco" cultural awareness training rollout, and targeted efforts such as the Latinx well-child visit initiative that increased completion from ~40% to >60%. Yves Tcheutchoua, SFHP MAC Member, asked Dr. O'Brien to clarify which criteria most heavily influence the plan's NCQA/HEDIS rating. Dr. O'Brien explained that the state selects a subset of HEDIS measures for the rating and that the score is driven primarily by the number of measures at or above the Minimum Performance Level (MPL) rather than the magnitude by which a plan exceeds each MPL. He noted some measures are more difficult to reach than others and suggested the quality team could provide further details on relative difficulty. The committee discussed how this scoring approach emphasizes breadth of measure attainment, reinforced the importance of continued focus on meeting MPLs across prioritized measures, and affirmed ongoing health equity actions (training, provider engagement, data stratification, and measure segmentation) to maintain and improve the plan's ratings.</p>		
<p>Meeting Adjourned</p>	<p>Meeting adjourned at 9:30am</p>		

Signed by:

Steve O'Brien

3/26/2026

QIHE Committee Co-Chair's Signature & Date

Signature:4944C4...

Edwin Poon

4/3/2026

QIHE Committee Co-Chair's Signature & Date

Signature:202F62608ACD401...

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