SAN FRANCISCO HEALTH PLAN
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Quality Improvement Committee Minutes

Date: April 8, 2021

Meeting Place: Join Microsoft Teams Meeting
+1 323-475-1528 : Conference ID: 275 544 35#

Meeting Time: 7:30AM - 9:00 AM

Members Present: Fiona Donald, MD *Chief Medical Officer, SFHP*; Edward Evans *SFHP Member Advisory Committee Member;* Jackie Lam, MD *Medical Director and QI Director Northeast Medical Services*; Ann Valdes, MD *Chief Healthcare Officer, Healthright 360;* Lukejohn Day, MD *Chief Medical Officer, Zuckerberg San Francisco General Hospital*; Irene Conway *SFHP Member Advisory Committee Member*; Albert Yu, MD, MPH, MBA *Chief Health Information Officer, San Francisco Department of Public Health*; Claire Horton, MD *Chief Medical Officer, San Francisco Health Network*

Staff Present: Ravid Avraham, MD *Associate Medical Director*; Sean Dongre *Manager, Provider Relations*; Abby Ealy *Provider Credentialing Coordinator*; Yves Gibbons *Sr. Manager, Access & Care Experience*; Edward Cho *Provider Relations Specialist*; Se Chung *Health Services Administrative Specialist*; Paul Velasco *Sr. Manager, Systems Administration ITS;* Matija Cale, RN *Director, Clinical Operations;* Nicole Ylagan *Program Manager, Access & Care Experience;* Suu Htaung *Policy Analyst,* Amy Petersen *Sr. Manager, Access & Care Experience;* Lisa Ghotbi *Director, Pharmacy*

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 7:31 AM with a quorum. • Fiona Donald's first QIC meeting as SFHP CMO. • Roll Call.		

Follow Up Items	Announcements/Plan Updates: • Medical Rx Transition: delayed until approximately summer 2021. Update from State in May 2021. Pharmacy benefit to continue to stay with SFHP. DMHC is also reviewing the acquisition under new anti-trust laws. • CalAIM: is the 5 -year Medical waiver that will start in 2022. Some changes to benefits structure including the inclusion of major organ transplants, implementation of new care management and targeted population health programs (ECM Enhanced Care Management).	On-going.	n/a
Consent Calendar	All in favor to approve consent calendar.		Approved: • Review of December 2020 Minutes • UM Committee Minutes - October 2020; November 2020; December 2020 • Q3 2020 ED Report • Q4 2020 Grievances Report • Q4 2020 Appeals Report • Q4 2020 QI Scorecard Summary • Annual FSR Report • Q4 2020 PQI Report
Quality Improvement	**• CO-57 Criteria Update** **Presented by Matija Cale, RN, MS** Former UM Clinical Criteria Hierarchy: 1. State/Federal (Medi-Cal/CMS) Criteria 2. SFHP internally developed and approved criteria 3. MCG Care guidelines 4. SFHP CMO or MD consult with MRIoA for additional review Need for review/reason for change:	None. Review.	

	Medi-Cal criteria are rarely updated. MCG criteria are nationally recognized, updated frequently and used by other sister plans. Updated UM Clinical Criteria Hierarchy: 1.SFHP internally developed and approved criteria (genital gender confirmation services, non-genital gender confirmation services, EPSDT private duty nursing) 2. MCG Care Guidelines 3. State/Federal (Medi-Cal/CMS) Criteria 4. SFHP CMO or MD consult with MRIoA for additional review. Updated criteria has been sent to DMHC for review. **• IHA (Initial Health Assessment) Restart / Telehealth Update** **Presented by Nicole Ylagan** -Requirement of Medical contract to do an initial health assessment after 120 days of enrollment. -DHCS has suspended this regulation until the emergency declaration is withdrawn. But now has asked health plans to restart this regulation. -Process: 2 quarters behind, SFHP sends Medical groups a list of new members via secured email and Medical Groups will reach out to members who have not completed an IHA. Proposed schedule for IHA restart: 04/21: Medical group receive IHA list of new members (12/1/2019-3/31-2020); 07/2021, list for 4/1/2020-6/30/2020; 10/2021, list for 7/1/2020-10/31/2020		

	Dr. Horton: Approximately 40% are in- person. There is a lot of competing demand of in- person. Would like to assess how many enrollees took place before agreeing on schedule. Irene Conway: Does this need to be in person? Nicole Ylagan: No, telehealth is currently accepted; cannot enforce only in person visits. Dr. Valdes: Is this a mandated timeline? Nicole Ylagan: No, we are creating our own timeline. May be good opportunity to align with vaccine efforts and restarting IHA Nicole Ylagan: Action item: collect new enrollee data and revisit QIC (July/Aug/Sept may be a realistic timeframe to review). **Telehealth Utilization Summary** Spike in use since Q2 2020. Language utilized: 47% English, 34% Chinese, 12% Spanish. NEMS, DPH COPC and Kaiser; top 3 utilizers. Jade, Hill Physician and Brown & Toland are bottom 3 utilizers. Upcoming provider training on 4/21/21, 5/18/21, and 6/15/21 for "Maximizing telephone and video visit effectiveness during COVID-19". Dr. Horton: Experiencing more utilization of telephone vs. computer connection. Has been positive overall to reach members who are chronic no show. Hoping that reimbursement will		

	include telephone telehealth and is looking for advocates for that. Dr. Valdes: Telephone has made a huge difference because a lot of members are homeless and does have access to WIFI and equipment. Possible barrier regarding telephone vs. video reimbursements from State can limit access. Dr. Woo: DPH have been identifying technical and device challenges. Dr. Donald: to take this issue to the DHCS Medical Directors meeting; to show creating barrier/access by not recognizing phone visits. • **Accessibility Monitoring Annual Update** **Presented by Yves Gibbons** QI-05: Monitoring of Accessibility of Provider Services Including: perception of access, appointment access, service wait times, and telephone triage access -Wait time & Triage Telephone Time to answer (standard: 10 min); Telephone Time to return (standard: end of next close of business); office wait time (standard: 30 min); daytime non urgent clinical triage (standard: within 30 min) and after operation hours clinical triage response times. 80% compliance rate required; non-response rate does not contribute to compliance; compliance reflects individual PCP site and clinics. Highlight: all medical groups reached 80% compliance for Time		

	to Answer and Office Wait Time. SFHP also reached 80% compliance for Time to Return. Third year surveying for this standard. Increase 74% in 2019 and 98% in 2020 in overall SFHP After Hours Triage compliance Yves Gibbons: Would like some additional input regarding What contributes to consistent triage availability during and after business hours? What works well and barriers in providing telephone triage? Irene Conway: MAC members have overall had a good experience with during business hours and after business hours triage. The PCP office or on call MD was able to look up previous records vs. Teledoc would not have access to past history. Are patients surveyed or only providers? Yves Gibbons: This is only for provider offices. SFHP has a Member Satisfaction Survey. Appointment Access Elements -Primary, Specialty, Behavioral Health, Ancillary Care. First available appointment time for each area. 80% rate required for compliance. If under 80%; CAP (Corrective Action Plan) is sent. Seven days to respond to survey; non-response does not contribute to compliance; 50% response rate required, under 50%; CAP is sent. Highlights: All provider groups reached 80% routine & prenatal appointments, routine behavioral health psychiatry appointments,		

	and for MRI & Physical Therapy appointments. High Impact Specialty saw an increase in urgent and routine appointments. Eleven new surveyed specialists. Majority of medical groups achieved 80% for routine appointments. How to improve Specialty urgent Appointment times? How do you distinguish between Urgent and Non-urgent (Routine) appointments? Dr. Horton: to check with SFZGH to see how they are handling specialty care appointments. **• COVID-19 Vaccine Update** **Presented by Dr. Fiona Donald** SFHP covers 1 in 6 San Franciscans. SFHP goals were to support SFDPH in efforts to allow equitable vaccine access to impacted communities; aligned communications with COVID Command regarding vaccine availability; supported outreach and scheduling for vaccine appointment for SFHP members and populations served by SFHP providers including in house support workers, and Healthy San Francisco residents; continue to address barriers to access hesitancy; SFHP has updated it website to show to access the vaccine. Upcoming work: Addressing barriers to the vaccine (transportation has been identified as a barrier and SFHP has been		

	looking into a rideshare and taxi voucher program); development and monitoring of vaccine data.		

QI Committee Chair's Signature & Date Fiona Darakd, MD 6/10/21

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