



Here for you

Date: May 16, 2024
Meeting Place: 50 Beale Street, 13th Floor
San Francisco, CA 94119

Microsoft Teams Meeting
[+1 323-475-1528,,519741547#](https://teams.microsoft.com/join/323-475-1528-519741547)

Meeting Time: 8:00AM – 10:00AM

QIHEC Members Present:

Dr. Kathleen Chung, Medical Director, Value Based Care, *SFHN*; Dr. Jackie Lam, Medical Director/QI/QA Director, *NEMS*; Alecia Martin, Director of Quality Management, *SF BHS*; Dr. David Ofman, Chief Medical Officer, San Francisco Consortium of Community Clinics (SFCCC)

Not present: 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. Ana Valdes, Chief Healthcare Officer, HealthRight360; Dr. Albert Yu, Chief Health Information Officer, *SFHN*

SFHP Staff Present:

Claire Anderson, Senior Program Manager, Population Health Management; Matija Gale, Director, Clinical Operations; Tammie Chau, Clinical Pharmacist; Yves Gibbons, Supervisor, Quality Improvement; Shenita Hurskin, Director, Quality Improvement; Eileen Kim, Clinical Pharmacist; Stephanie MacAller, Associate Program Manager, Quality Improvement; José Méndez, Manager, Health Services Product Management; Leslie Mulhern, Nurse Supervisor, Quality Review; Steve O'Brien, Chief Medical Officer; Edwin Poon, PhD, Licensed Psychologist, Health Services Officer/ Interim Chief Health Equity Officer; Jorge Ramirez, Associate Program Manager, Quality Data Analytics; Suzanne Samuel, Manager, Population Health Management; Jessica Shost, Clinical Pharmacist

Guests Present:

Maria Contreras, SFHP MAC Member; Yves Tcheutchoua, SFHP MAC Member; Dr. Lisa Inman, SFHP Behavioral Health Services, Amber Allred, Senior Clinical Quality Audit Analyst, Carelon; Andrea Champagne-Small, Clinical Quality Program Manager – West Region, 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 8:03 am		
Welcome/ Updates	<ul style="list-style-type: none"> • Shenita Hurskin opened the meeting by announcing that the agenda would be slightly adjusted due to the lack of quorum at the start. Introductions and updates would proceed, with voting items to be addressed once quorum was established. <p>Introducing Dr. Steve O'Brien (SO)</p> <ul style="list-style-type: none"> • Role: Chief Medical Officer (CMO) at SFHP • Background: • Recently joined SFHP, previously with Alameda Alliance for six and a half years as CMO; Former hospital CMO for seven years; Ran an HIV clinic for 20 years. • Emphasized the importance of quality in healthcare services and looked forward to contributing to SFHP's high-quality care legacy. <p>NCQA Re-Survey Preparation:</p> <ul style="list-style-type: none"> • The committee was informed about ongoing preparations for the NCQA re-survey scheduled for January 2025. • A consulting firm, TMG, has been engaged to assist with the re-survey preparation. • Several sessions have been conducted with external providers to improve coordination of care between different specialties and transitions of care. • Ongoing meetings with providers to identify and address improvement opportunities and interventions. 		
Consent Calendar	<p>Items for Approval:</p> <ul style="list-style-type: none"> • March 2024 QIHEC Minutes • Q4 2023 Grievance Report • Q4 2023 Appeals Report • UM Committee Minutes and supporting documentation: <ul style="list-style-type: none"> ○ January 2024 ○ February 2024 ○ Q1-2023 Internal Audit PA, CCR, and Non-Clinical Results 		<p>Motion to Approve: Jackie Lam Second: David Ofman Opposed: None Approved:</p> <ul style="list-style-type: none"> • March 2024 QIHEC Minutes • Q4 2023 Grievance Report • Q4 2023 Appeals Report

	<ul style="list-style-type: none"> ○ IRR 2023 • Health Services Policies & Procedures (P&P) Updates Summary • Q2 & Q3 PQI Report 		<ul style="list-style-type: none"> • UM Committee Minutes and supporting documentation: <ul style="list-style-type: none"> - January 2024 - February 2024 - Q1-2023 Internal Audit PA, CCR, and Non-Clinical Results - IRR 2023 • Health Services Policies & Procedures (P&P) Updates Summary • Q2 & Q3 PQI Report
Appointment of New QIHEC Members	<p>New QIHEC Members</p> <ul style="list-style-type: none"> • Maria Contreras • Yves Tcheutchoua • Dr. Lisa Inman 		<p>Motion to Approve: Edwin Poon Second: Katie Chung Opposed: None Approved:</p> <ul style="list-style-type: none"> • Maria Contreras • Yves Tcheutchoua • Dr. Lisa Inman
Previous Action Items	<p>Review of Action Items:</p> <ul style="list-style-type: none"> • Stephanie MacAller: Provided an update on the status of previous action items, highlighting completed actions and those still on hold. • Several actions from previous meetings were reviewed: • Data Recording on the Site: Discussion of advocacy with DHCS on various measures. • Feedback and Advocacy Around Certain Measures: Pending updates from Alicia Martin and Sarah regarding ECM processes. • Transitions of Care Services: Noted the need for improved coordination with ECM and quality measures. <p>Comments:</p> <ul style="list-style-type: none"> • Stephanie MacAller: Mentioned the challenges faced in completing certain actions, particularly due to the transition of responsibilities and ongoing discussions with DHCS. • Yves Gibbons: Agreed to follow up with Sarah on the ECM process and provide an update at the next meeting. 	<ul style="list-style-type: none"> • Stephanie MacAller: Continue to monitor and track the status of all action items, providing updates at subsequent meetings. • Yves Gibbons: Schedule a meeting with Sarah to discuss ECM processes and report back to the committee. 	

Final MY23 MCAS Performance

Summary:

- Overview:
 - The final measurement year 2023 (MY23) MCAS (Managed Care Accountability Set) performance results were presented.
 - MCAS includes 42 measures set by DHCS (Department of Health Care Services), with 18 measures held to Minimum Performance Levels (MPL).
- Performance Highlights:
 - Measures Not Meeting MPL:
 - Four measures did not meet the MPL:
 - FUA 30: Follow-up after ED visit for substance use within 30 days
 - FUM 30: Follow-up after ED visit for mental illness within 30 days
 - TFL: Topical fluoride for children
 - W30 6+: Well-child visits for children aged 0-15 months (six or more visits)
 - Improved Measures:
 - Six measures showed improvement from the previous year, including:
 - AMR: Asthma medication ratio
 - CHL: Chlamydia screening
 - DEV: Developmental screening
 - HPD-Poor Control: Hemoglobin A1c Control
 - W30 6+: Well-child visits for members 0-15 months
 - WCV: Well-child visits for children aged 3-6 years
- Key Interventions and Data Improvements:
 - Asthma Medication Ratio:
 - Improvement attributed to mapping generics to the medication directory and collaboration with the pharmacy team.
 - Well-Child Visits:
 - Efforts to map early well-child visits to the child's record rather than the mother's to improve measure capture.
 - Supplemental Data Collection:
 - Enhanced collaboration with provider groups to collect supplemental data, which is critical for measures where administrative data alone is insufficient.

	<ul style="list-style-type: none"> ○ Pharmacy Data Cleanup: <ul style="list-style-type: none"> ▪ Identification and removal of duplicated pharmacy claims to ensure accurate reporting. ● Audit and Reporting: <ul style="list-style-type: none"> ○ Successful completion of the HEDIS audit, including passing the medical record review validations. ○ Final rates and all deliverables will be submitted by May 30. 		
<p>2024 QIHETP Scorecard & Priority Measures</p>	<ul style="list-style-type: none"> ● Summary: <ul style="list-style-type: none"> ○ Work Plan Overview: <ul style="list-style-type: none"> ▪ The Quality Improvement and Health Equity Committee (QIHEC) had previously voted to approve the 2024 work plan, which includes dozens of measures. ▪ The focus will be on a smaller subset of priority measures, which will be discussed in-depth at future committee meetings. ▪ The quality scorecard, detailing each measure, is included in the meeting materials on page 77. ○ Prioritization Criteria: <ul style="list-style-type: none"> ▪ Measures held to Minimum Performance Levels (MPL). ▪ Measures impacting DHCS auto assignment, DHCS quality withhold, and NCQA accreditation. ▪ Organizational goals and health plan rating. ▪ Ensuring measures are operationalized across pharmacy operations, care management, and clinical operations. ○ Key Priority Measures: <ul style="list-style-type: none"> ▪ Follow-Up Measures: Follow-up after ED visit for substance use and mental illness (FUA 7-day and 30-day). ▪ Well-Child Visits: Emphasis on W30 6+ (well-child visits in the first 15 months). ▪ Depression Screening: Including screening, follow-up, and prenatal/ postpartum depression screening. ▪ Pharmacotherapy for opioid use ▪ Timeliness of Prenatal Care ▪ Colorectal Cancer Screening: Member incentives and bonus points in PIP program. ○ Upcoming Focus: <ul style="list-style-type: none"> ▪ Detailed discussions on measures like W30, perinatal care, CAHPS (Consumer Assessment of Healthcare Providers and Systems), and depression screening. 		<p>Motion to Approve: Jackie Lam Second: David Ofman Opposed: None Approved:</p> <ul style="list-style-type: none"> ● QIHETP Scorecard

	<ul style="list-style-type: none"> ▪ Planning around additional priority measures and their implementation. <p>Questions and Suggestions by Committee Members:</p> <p>David Ofman (DO):</p> <ul style="list-style-type: none"> • Question: Do you have structured data on depression screenings? • Response: <ul style="list-style-type: none"> ○ Jose Mendez (JM): Yes, we get this data through providers via EHR data feeds, which include screening results and appropriate codes. This was a significant improvement last year, increasing the data completeness from 2020. <p>Additional Suggestions and Insights:</p> <ul style="list-style-type: none"> • Data Capture and Coding: <ul style="list-style-type: none"> ○ Engage in further collaboration with provider groups to ensure correct coding and data submission. ○ Conduct deep dives into specific cases to understand barriers and improve data accuracy. • Member Engagement and Education: <ul style="list-style-type: none"> ○ Implement point-of-care incentives to encourage follow-up visits. ○ Conduct focus groups to understand cultural barriers and develop effective educational materials. • Equity and Disparities: <ul style="list-style-type: none"> ○ Address disparities in care among different populations, with an emphasis on culturally sensitive approaches. 		
SFHP Priority Measures Update	<ul style="list-style-type: none"> • Well-Child Visits (W30): <ul style="list-style-type: none"> ○ Performance Analysis: <ul style="list-style-type: none"> ▪ Improvement noted from 2022 to 2023, but challenges remain in meeting MPL. ▪ Concern over loss of Kaiser members due to direct contracting with the state, which may affect future rates. ○ Interventions: <ul style="list-style-type: none"> ▪ Member incentives for completing six well-child visits by 15 months. 	<ul style="list-style-type: none"> • Yves Gibbons to bring detailed CAHPS discussion to next QIHEC meeting 	

	<ul style="list-style-type: none">▪ Reminder letters sent to parents at one and eight months of age.▪ Development of the infant wellness map for providers to educate parents.▪ Focus on connecting pregnant members to services like ECM, doulas, and CHWs to start education early.○ Discussion Questions:<ul style="list-style-type: none">▪ Barriers to completing all six visits, particularly for children receiving four to five visits.▪ Current efforts to educate pregnant patients about well-child visits.● Depression Screening and Follow-Up:<ul style="list-style-type: none">○ Performance Analysis:<ul style="list-style-type: none">▪ Increase in the number of PHQ-9 screenings performed and submitted.▪ Variability in follow-up rates across different medical groups.○ Interventions:<ul style="list-style-type: none">▪ Collaboration with Carelon to enhance PHQ-9 reporting and ensure follow-ups.▪ Continuous member education about treatment options for depression.▪ Use of Carelon's call center to screen and refer members for depression treatment.○ Discussion Questions:<ul style="list-style-type: none">▪ Barriers to seeking depression treatment.▪ Strategies for improving follow-up rates after a positive depression screening.● Follow-Up After ED Visit for Substance Use (FUA) and Mental Illness (FUM):<ul style="list-style-type: none">○ Performance Analysis:<ul style="list-style-type: none">▪ Challenges in meeting MPL due to data capture issues and the transition to new coding systems.○ Interventions:<ul style="list-style-type: none">▪ Use of ED navigators funded through HHIP grants to assist with follow-ups.▪ Sending weekly ED discharge reports to providers to ensure follow-up visits.▪ Exploring patient incentives for attending follow-up visits.○ Discussion Questions:		
--	--	--	--

- Effectiveness of current navigator programs and potential expansion.
- Opportunities for real-time data exchange to improve follow-up rates.

- Ongoing Efforts:
 - Continuous data quality improvement and exploration of supplemental data sources.
 - Engagement with providers to ensure correct coding and data submission.
 - Focus on culturally sensitive education and member engagement strategies.

Questions and Suggestions by Committee Members:

David Ofman (DO):

- Question: Are the well-child visit rates inclusive of internal data capture efforts?
- Response: José Méndez (JM): Yes, efforts to map early well-child visits under the mother's ID to the child's record have been implemented. A supplemental feed from SFHN will further improve data accuracy.

Katie Chung (KC):

- Suggestion: Consider implementing point-of-care member incentives to improve follow-up rates.
- Discussion: Highlighted the potential effectiveness of immediate incentives for populations with substance use issues.

Jackie Lam (JL):

- Question: How can we ensure that behavioral health follow-ups are correctly coded and captured?
- Response: José Méndez (JM): Emphasized the importance of correct coding and offered to provide detailed measure guides and coding lists to providers.

Andrea Champagne-Small (AC):

	<ul style="list-style-type: none"> Update: Carelon is working on updating PHQ-9 reporting to include necessary data elements and ensure follow-up for positive screenings. <p>Maria Contreras (MC):</p> <ul style="list-style-type: none"> Suggestion: Conduct focus groups to understand cultural barriers and develop culturally sensitive materials for educating members about mental health and well-child visits. 		
Meeting Adjourned	Meeting adjourned at 9:56am		

QIHE Committee Co-Chair's Signature & Date: *Steve O'Brien MD* Steve O'Brien, Chief Medical Officer, 07/11/24

QIHE Committee Co-Chair's Signature & Date: *Edwin Poon* Edwin Poon, Health Services Officer/Interim Health Equity Officer, 07/11/24

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