SAN FRANCISCO HEALTH PLAN
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Quality Improvement Committee Minutes

Date: June 10, 2021

Meeting Place: Join Microsoft Teams Meeting
+1 323-475-1528 : Conference ID: 463040162#

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

Members Present: Fiona Donald, MD *Chief Medical Officer, SFHP*; Jackie Lam, MD *Medical Director and QI Director Northeast Medical Services;* Albert Yu, MD, MPH, MBA *Chief Health Information Officer, San Francisco Department of Public Health;* Kenneth Tai, MD *Chief Medical Officer, North East Medical Services*; Ellen Chen *Ambulatory Care Director of Population Health and Quality, San Francisco Health Network*; Jaime Ruiz, MD *Chief Medical Officer, Mission Neighborhood Health Center;* Lukejohn Day, MD *Chief Medical Officer, Zuckerberg San Francisco General Hospital*; Edward Evans *SFHP Member Advisory Committee Member;* Irene Conway *SFHP Member Advisory Committee Member*; Idell Wilson *SFHP Member Advisory Committee Member*

Staff Present: Sean Dongre *Manager, Provider Relations*; Abby Ealy *Provider Credentialing Coordinator*; Se Chung *Health Services Administrative Specialist*; Ravid Avraham, MD *Associate Medical Director;* Lisa Ghotbi *Director, Pharmacy;* Paul Velasco *Sr. Manager, Systems Administration ITS;* Suu Htaung *Policy Analyst,* Debra Hagemann, RN *Consultant, Clearlink Partners;* Sue Chan *Program Manager, Pharmacy Compliance*

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. • Roll Call.		

Announcements/ Plan Updates:	• Fiscal year end – June 30th; SFHP on target for budget goals • Continued increase in Medi-Cal enrollees; currently approx. 144,000 members, 1500 new enrollees/month • CalAIM – Enhanced Care Management (ECM) to be implemented January 2022 to replace Health Homes Program. • July 1st PBM change for Healthy Workers and Healthy San Francisco to MagellanRx. State has delayed transition the Medi-Cal line of business to new PBM Jan 1st, April 1st, now delayed again. Everyone is being issued new identification cards. Aiming for members to have new cards by 7/1. *Irene Conway: Will Healthy Workers be transitioned into Medi-Cal Rx?* *Lisa Ghotbi: No. Benefits and access to medications will stay the same; there will be billing code and phone number changes for pharmacies.* • SFHP has completed HEDIS season. Presentation of results at next QIC. • DHCS audit results by next QIC meeting; will share if anything to note. SFHP also preparing for DMHC audit.		n/a
Consent Calendar	All in favor to approve consent calendar.		Approved. • Review of April 2021 Minutes • UM Committee Minutes - January 2021; February 2021; April 2021; May 2021 • Q1 2021 Grievances Report • Q1 2021 Appeals Report • Q1 2020 QI Scorecard Summary • HE P&P Updates (March – April 2021)

			• Q1 2021 PQI Report
Quality Improvement	**• COVID-19 Vaccine Progress** **Presented by Fiona Donald, MD** SFHP has supported SFDPH in equitable vaccine access, aligned communications, supported outreach and scheduling for members and populations served by our providers and high-risk populations (targeted zip codes, homebound members, CBAS recipients, California Children's services). SFHP partnered with a call center to outreach in different languages. • Currently addressing barriers to vaccine access and hesitancy. • All members has been contacted. Collecting data from pharmacy claims systems, State data and California Immunization Registry that is coming in weekly. These numbers include children that have been prioritized for vaccination yet. • Average by Medical Groups: 54% No vaccine; 46% at least 1 dose. • City levels: 65-68% at least 1 dose. Data sorted by Medical Groups and numbers may be dependent on vaccine on site, data collection lag, and members who may get the vaccine outside of provider network. • 1 dose: CHI 50%, JAD 56%, CLN 36%, BTP 35% (lowest) Race/Ethnicity Dashboard is in the works. Preliminary, AAPI and Latinx populations vaccination rates are above the average,		

	but African American and Caucasian/White populations are below the average. All eligible members 12 years old and older have received a letter/text/call to receive their vaccination. Communications has been sent in their preferred language. *Fiona Donald, MD: How can we support the vaccine efforts? Pivoting vaccine strategies to targeted outreach. Using a call center to link members to appointments and/or additional information.* *Some ideas to consider: lists to clinics / PCPs for the unvaccinated, engagement of community partners to address vaccine hesitancy and positive messaging.* *Ellen Chen: Wanted to thank SFHP for their early collaboration with SFDPH/SFHN to set up the call center to provide information about vaccine access at the early stages.* *Racial disparities have been identified within the population despite having drop-in on site access, so access to the vaccine is not identified as the biggest barrier. Efforts to have racial concordant counseling available for PCPs and staff at community events.* *Things to note to perhaps explain the lower rates at smaller practices: they have a more difficult time collecting accurate data and access from multiple sources and the drop off rate for the second dose is variable (scheduling can be a reason).* *Jamie Ruiz, MD: Currently on weekly call with DPH to discuss member numbers, challenges, working on bring the vaccine to*		

	primary care, pivoting mass vaccination resources to outreach. Data collecting and uploading is manually happening. *Kenneth Tai, MD: There has been in increase in interest for the vaccine since the State incentives. Reducing vaccine clinic hours but trying have vaccine available in the PCPs office. Encouraging well child visit and vaccinations at same visit.* *Irene Conway: Can vaccination records be tracked similarly to the flu shot?* *Lisa Ghobti: The COVID vaccination report is modeled on how the flu vaccine is tracked.* *Ellen Chen: The data is uploaded to a State system (including the Rx information). There has be delays in uploading due to the volume. Thus, causing providers to manually enter data.* SFHP is adding information and resources on vaccine hesitancy on their ongoing outreach efforts. • **Preventative Health Screenings** **Presented by Fiona Donald, MD** COVID has impacted these screenings. Background: Contractual Requirements: HEDIS (Healthcare Effectiveness Data and Information Set) / MCAS (Managed Care Accountability Set). MCAS is a set of quality measures that are required by all managed care plans across the State. Plans must reach at 50% of requirement otherwise a PIP (Performance Improvement		

	Plan) and/or financial penalties. Examples of areas monitored: breast cancer, colon cancer, depression screenings. SFHP is continuing to work on how to ensure USPSTF Guidelines Grade A and B for prevention and screening. Looking to provide more formal recommendation, guidance, and policy that will be brought back to the QI Committee within this year. SFHP is advocating a stay in the financial penalties for the upcoming calendar year. SFHP was strong in meeting measures for (ex. Childhood Immunization, Prenatal and Postpartum Care, Immunization for Adolescents). Two measures did not meet 50%: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents BMI (25%) and Breast Cancer Screening (33%). Data from 2020. **WCC BMI** Applicable to members 3-17 years with documented BMI. Data are captured by encounter data and on medical record review. Data can also be captured through Telehealth. Height/Weight recorded, and BMI is calculated. *Fiona Donald, MD: How can we support this documentation and/or on-going recording of this information?* *Jamie Ruiz, MD: BMI information is collected at well-child visits. Well-child visits are up because people are kids are going back to in person schooling and health forms are required.*		

	Ellen Chen: Believe that low numbers are attributed to shift in-person visits. Well-child visit outreach is necessary and would be helpful. Urgent clinics has started to take weight and height during visit, so BMI is being calculated. *Kenneth Tai: Creating incentives would be effective. Mailing reminders would be helpful.* **Breast Cancer Screening** Members in women 50-74 years who had at least one mammogram to screen for breast cancer in past two years. Disparities by race: Lowest: Caucasian/Black/American Indian; Hispanic above 50th%, Asian 90th%. *Fiona Donald, MD: What can be done to support monography and what are any barriers? What can we do with any scheduling issues?* *Jamie Ruiz, MD: Non-essential medical visits were halted because of pandemic. STI screening went down; patients were afraid of coming in office even when reopened. Helpful if health plans send out reminders.* *Fiona Donald, MD: Health plans can certainly send out reminders. SFHP also working with Rafiki Coalition to outreach to the African American community.* *Irene Conway and Ellen Chen: Incentives may be helpful to bring more patients in for screening.*		

	Fiona Donald, MD: Currently the incentive program is being re-evaluated. *Kenneth Tai, MD: Currently facing problems hiring / retaining mammography (radiology) techs. Thus, access to these appointments are very limited.* *Ellen Chen: Concurs with issue with lack of staff and staff retention issues.* **USPSTF (U.S. Preventive Services Task Force) Grade A and B** Initial discussion on how the health plan should notify and supporting these recommendations. This is adult preventive health screening guidelines derived from the task force and nationally recognized standards of practice. There are specific age, sex, and risk factor recommendations. Currently 34 recommendations that can applied to adults and pediatrics. There are yearly audit findings in this area. Currently looking into ways to put into policy to show evidence of supporting this policy in the network. *Fiona Donald, MD: How well are these recommendations being integrated into current clinical systems? Any priorities? Specific recommendations that are challenging? SFHP has been audited on lung cancer screening and depression screening, for example.*		

	Ellen Chen: Department did a systematic review of lung cancer screening and didn't feel evidence based a couple of years ago. Providers have not felt like this was an evidence-based recommendation. Would be good revisit this data. *Jackie Lam, MD: Obstacle currently is that the resources/information from the task force is not integrated into EHR systems. Data can be over whelming for PCPs and prioritization of which data should be shown is necessary.* *Fiona Donald, MD: SFHP to create a policy with outlining A and B resources and make information available for providers. Annual review at QIC of with requirements should be focused on.*		

QI Committee Chair's Signature & Date _____ Fiona Donald, MD _8/12/21_____

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