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Quality Improvement Committee Minutes

Date: June 09, 2022
Meeting Place: Microsoft Teams Meeting
 +1 323-475-1528 : Conference ID: 391 444 455#

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

Members Present: Ana Valdes, MD *Chief Healthcare Officer, Healthright360*; Kenneth Tai, MD *Chief Medical Officer, North East Medical Service*; Jackie Lam, MD *Medical Director and QI Director Northeast Medical Services*; Katie Chung, MD *Medical Director, Value Based Care, San Francisco Health Network*; Irene Conway *SFHP Member Advisory Committee Member*; Idell Wilson *SFHP Member Advisory Committee Member*

Staff Present: Eddy Ang, MD *Senior Medical Director*; Hanan Obeidi, MPH, CHES *Vice President, Health Services Programs*; Yves Gibbons *Senior Program Manager, Quality & Access*; Leslie Mulhern, RN, CPHQ, CHCQM *Concurrent Review & Care Transitions Nurse*; Michelle Faust, RN *Prior Authorization Nurse*; Jackie Hagg, RN *Senior Nurse Specialist*; Kaitlin Hawkins PharmD BCPS *Manager, Pharmacy Operations*; Elizabeth Sekera, RN *Manager, Population Health*; Matija Cale RN, MS *Director, Clinical Operations*; Edward Cho *Provider Relations Specialist*; Se Chung *Health Services Administrative Specialist*; Jose Mendez, *Senior HEDIS Program Manager*

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 7:30 AM with a quorum. <ul style="list-style-type: none"> • Roll Call. • Dr. Eddy Ang and Hanan Obeidi are co-facilitating meeting on behalf of Dr. Fiona Donald who is on leave. • Dr. Katie Chung joining first SFHP QIC meeting. 		

<p>Consent Calendar</p>	<p>-In Q1 2022 performance target up to 90% from previous Q4 2021 dip. -In Q1 2022 10 PQI cases open. -SFHP updated policy on gender affirmation surgeries in compliance with State law and WPATH (The World Professional Association for Transgender Health). Version 8 standard of care guide to be released shortly.</p> <p>-All in favor to approve consent calendar.</p>		<p>Approved.</p> <ul style="list-style-type: none"> • Review of February 2022 Minutes • Q4 2021 ER Report • Q1 2022 Grievance Report • Q1 2022 Appeals Report • Q1 2022 PQI Report • UM Committee Minutes (Jan. – Feb. 2022) • HE P&P Updates Summary (Feb. – May 2022) • Q2 2022 QI Scorecard
<p>Quality Improvement</p>	<p>• <i>Accessibility Monitoring Annual Update</i> Presented by Yves Gibbons. Survey Administration: -Policy QI-05 monitoring of accessibility of provider services. Covers appointment survey, wait time in providers offices, telephone & triage access, etc.</p> <p>-2 Wait Time & Triage surveys. Elements in survey: telephone time to answer/return, office wait time during daytime/after-hours triage times. Compliance parameters: with each element, 80% rate required, non-response does not contribute to compliance, surveyed individual PCP site & clinics.</p> <p>-Highlights: Medical groups: 80% met for time to answer, office wait time. SFHP: 80% met for time to return. In triage: SFHP daytime hours increased 5% to 85%.</p> <p>Expected time of turn around: Wait time – 30 minutes; Time to return within 24hrs; Triage: within 30 minutes.</p> <p>-Medical groups at 80% (minimum standard for compliance): 9/9 Telephone Time to Answer; 12/12 Telephone Time to Return; 11/12 Office Wait time; 8/12 Day Triage; 10/18 After hours Triage – CAP to be sent.</p>		

-Opportunities for improvement: Improve compliance with after hours triage & improve response consistency between day/afterhours triage to stay within 30-minute window.

- Next Steps: CAPS to be sent, offer technical support and plan for 2022 fielding.

Appointment Access Elements: Areas in Primary care (Routine, Urgent, Prenatal), Specialty care (Routine, Urgent), Behavioral Health (Routine, Urgent) & Ancillary care (Routine). 14 specialty types.

Survey first sent by fax/email. If not completed, vendor calls provider to complete survey.

-Compliance parameters: 80% rate for compliance; under 80% CAP is issued. 50% response rate from provider is required. Compliance reflects site for PCP; individual provider for all others.

-Highlights: In primary care: all providers 80% routine and prenatal appointments. Specialty: increased response rate 5% from 47% to 52%. Behavioral Health: increased response rate in psychiatry from 77% to 94%. Increased non-physician (ex. license marriage and family therapist) response rate from 78% to 84%. Ancillary (only surveying MRI and Physical Therapy): all provider groups reached 80%. Appointments made within 15 business days.

-Medical groups at 80% (minimum standard for compliance):
33/36 Primary Care; 66/235 Specialty Care; 15/26 Behavioral Health; 4/4 Ancillary Care.

Dr. Eddy Ang: Is there a sense of which specialty is contributing to the low number in specialty care?

Yves Gibbons: It is all the specialties. OBGYN is the closest at 63%. Survey conducted Sept-Dec. COVID could have been a trigger for lower rates in 2021.

Dr. Eddy Ang: Going back to 2018/19 do the numbers look similar?

	<p><i>Yves Gibbons: 2021 is the worse result year. Previously only measured Cardiology, Endocrinology, Gastroenterology, Oncology and Gynecology. No additional data. 2019/2020 added more specialties.</i></p> <p><i>Dr. Eddy Ang: Is there difference in the size of the response rate from 2020 and 2021?</i></p> <p><i>Yves Gibbons: Increasing response rates overall. The added specialty types are required by DHCS so response rate in 2020 47%, 2021 52% but has 2019 was lower than 47%.</i></p> <p>-Next Steps: CAPs for 80% non-compliance of elements or less than 50% response rate. Close CAPs by end of 2022. Planning for 2022 PAAS (Provider Appointment Availability Survey) & Technical Assistance.</p> <p><i>Dr. Eddy Ang: Are these findings consistent with your observations on these surveys?</i></p> <p><i>Irene Conway: From the patient point of view; specialty care has been challenging because of retirements, hiring freeze, lack of staff, resignations, etc.</i></p> <p><i>Dr. Katie Chung: Yes, can agree with all those reasons for the lack of availability. SFHN is staffed by UCSF physicians and DPH. Am experiencing longer than normal delays across the board especially an echocardiogram – appointment times was 2-3 months; now 6-9 months.. DPH was on a hiring freeze but is now hiring.</i></p> <ul style="list-style-type: none"> • Meeting adjourned at: 8:19 AM. 		
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QI Committee Chair's Signature & Date: _____ 8/11/22 Ellen Piernot, MD Interim Chief Medical Officer

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

