



Date: August 12, 2021
Meeting Place: Microsoft Teams Meeting
 +1 323-475-1528 : Conference ID: 368 696 887#

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*; Jaime Ruiz, MD *Chief Medical Officer, Mission Neighborhood Health Center*; Edward Evans *SFHP Member Advisory Committee Member*; Irene Conway *SFHP Member Advisory Committee Member*; Idell Wilson *SFHP Member Advisory Committee Member*; Ana Valdes, MD *Chief Healthcare Officer, Healthright360*

Staff Present: Lisa Ghotbi, PharmD *Director, Pharmacy*; Se Chung *Health Services Administrative Specialist*; Suu Htaung *Policy Analyst*; José A. Méndez *Senior Program Manager, Health Services Product Management (HSPM)*; Mary Reth *Associate Program Manager, HSPM*; Aryn Nathoo, LMFT *Manager, Care Management*; Grace D. Cariño, MPH *Program Manager, Appeals and Grievances*; Anh Huynh *Program Manager, HSPM*; Tammie Chau, PharmD, APh *Care Coordination Pharmacist*; Alicia English, PhD *Behavioral Health Manager*; Vaishali Patankar *Manager, HSPM*; Amy Huang *Specialist, HSPM*; Kaitie Hawkins, PharmD *BCPS Pharmacist Supervisor, Clinical Programs*; Elizabeth Sekera, RN *Manager, Population Health*

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 7:33 AM with a quorum. <ul style="list-style-type: none"> • Roll Call. 		

Consent Calendar	All in favor to approve consent calendar.		Approved. <ul style="list-style-type: none"> • Review of June 2021 Minutes • Q1 2021 ED Report • UM Committee Minutes - June and July 2021 • 2020 Annual Grievance Report • Q2 2021 PQI Report • HE P&P Updates Summary - May – July 2021
Quality Improvement	<ul style="list-style-type: none"> • <i>CMO Updates</i> Presented by Fiona Donald, MD <ul style="list-style-type: none"> • John Grgurina, Chief Executive Officer of SFHP will be retiring as of 04/01/22. Recruiting has already begun. • Department of Healthcare Services (DHCS) / California Advancing and Innovating Medi-Cal (CalAIM) updates: <ul style="list-style-type: none"> - Announcement of transition of the Pharmacy benefit from Managed Care Plans to the State. New date of transition: 01/01/22. - CalAIM: on track for implementation on 01/01/22: <ol style="list-style-type: none"> 1. Major organ transplant benefit to Health Plans 2. Implementation of Enhanced Care Management / In Lieu Of Services (ECM/ILOS) benefit. This is a program to provide high level care coordination and wrap around services to highest needs members. Targeted members for 01/01/22 include members who are high utilizers of medical services, substance use disorders, psychiatric illness, and homelessness. Working with Health Homes (HH) providers, the County, Department of Public Health (DPH), and Department of Homelessness and Supportive Housing (HSH) to help support the delivery those programs that was pervious funded under Whole Person Care (WPC). 		

Dr. Albert Yu: For non-county partners that are providing ECM/ILOS services, will the partners bill directly to the Health Plans or does it pass through the County?

Dr. Fiona Donald: ILOS are services that are non-traditional benefits but are add-ons that support the members to achieve optimal health and wellness. Examples are medical respite and sobering services, housing navigation services. Initial plan is to contract through the County and focus on services that have been already delivered through the County and then work closely with additional partners as funds are available.

- COVID-19 Vaccine update
SF County and SFHP has the highest rate of its Medi-Cal beneficiaries to have at least one dose of the vaccine. State has announced an incentive program. Currently approximately 65% of SFHP members and 85% in SF County have at least one dose (eligible 12 and older). SFHP looking to support/increase outreach focusing on narrowing the gaps and disparities.

Dr. Albert Yu: Are there any plans in the Health Plan to do any targeted communication to pediatric population when the eligibility opens up for 12 and under?

Dr. Fiona Donald: A vaccine plan will be submitted to State due by 09/01/22. In feedback to State, SFHP stated there is a need for flexibility to target the pediatric population and anticipate working with school districts to figure out how to support easy access.

- Announcement of Courtney Grey, Director of Population Health and Special Programs. Formally, Director of Health Services Programs and Director of Care Management.

• **2020 Annual Grievance Report**

Presented by Grace D. Cariño, MPH

- Monitor appeals and grievances by reviewing annual report and a monthly trending report. Monitoring trends identifies opportunities for improvement. Rates are calculated per 1,000 members.
 - Grievances received: 259 (2020) v. 352 (2019); overall decrease in all categories 26.4%.
 - Appeals received: 65 (2020) v. 77 (2019); overall decrease in all categories 15.6%.
- The decrease in volume of grievances and appeals can be due to the pandemic which resulted in a lower overall utilization of outpatient care for deferred, preventive, and elective visits.
- Trends identified in 2020: trends are identified by three or more grievances filed by unique members within a three-month period that also have the same grievances subcategory that involves the same provider/clinic. Four trends have been identified.
 - Timely access to a specialist (non-specialty mental health) trend identified. SFHP has addressed the issue Beacon Health Options. Interventions implemented: standing bi-weekly leadership meeting, prioritizing recruiting efforts in areas with major access issues, and review monthly Single Case Agreement (SCA) report to recruit out-of-network (OON) providers into the network.
 - Pharmacy improvements: overturned appeals are presented to Utilization Management (UM) committee monthly. They monitor medications to assess if a formulary change is required and further review to determine the potential impact on current processes and polices.

Dr. Fiona Donald: Given the concerns about access with Beacon Health Options, I have begun to meet with Beacon leadership to determine how to support increased access.

Dr. Jamie Ruiz: Does this grievance report get sent to DHCS?

Grace Carino: Yes, we report to DHCS and DMHC and report is used for NCQA.

Dr. Jamie Ruiz: You measure per member but if you have a high percentage of members not seeking care due to pandemic it may be useful to use the denominator of number per visits. Seems to be a better baseline measure of usage.

Dr. Albert Yu: Are Beacon Health Options access issues limited to the County or a larger issue?

Alicia English, PhD: Yes, there are ongoing issues across California. San Francisco seems to be more challenging because of Medi-Cal rates and high cost of living. Working on negotiating different rates and making Beacon more accountable to better access to services.

Questions to committee:

- 1. Steps to improve quality or timeliness of responses?
Previously received delayed responses but now going back to timeframe to resolve grievances within the required 30 calendar days. Internally, SFHP does not ask more than five questions and give Providers ten calendar days to respond. One improvement SFHP has implemented: provide a summary of the long grievances so Providers can focus on the concerns of the grievance.*
- 2. What are you hearing from members about their telehealth experience?*

Dr. Albert Yu: A lot of members are unable to navigate the technology portion of telehealth and therefore not utilizing it.

Dr. Jamie Ruiz: Challenging for members to do video calls, phone is more accessible, sometime there are privacy issues, preference of in-person visits, not enough data bandwidth to access. Video is helpful to see expressions/reactions. Health Plans can support by reaching out and educate members about telehealth and how to connect.

• Medication Therapy Management (MTM2020) Program Results

Presented by Tammie Chau, PharmD, APh

- Goals: Optimizing medication regimen for members with chronic conditions, empower members to understand their medication and in turn improving adherence, and meeting regulatory expectations.
- Since 2018, program integrated with Care Management team. Medication optimization is a shared goal.
- Five Core Elements followed in MTM: 1. Reviewing all medications including nonprescription and herbal 2. Safety check for any interactions 3. Collaborate with member's care team 4. Document notes 5. Provide Personal Medication Record (PMR) to member. PMR is available in 20 languages and different font sizes.
- Program Results 2020: Since March 2020, SFHP staff pivoted to remote work. Pharmacy team continued to support Care Management team and care was provided by mailing the medication calendar and fanny packs for medication management.
 - 781 pharmacy tasks completed, 9% higher than 2019 (708). Increase could be due to addition of COVID-19 positive to NCQA chronic condition management and Care Transitions (complex discharges needs with 30-day period) and Pharmacy programs.

-Out of 194 completed reconciliations, 329 interventions were discovered. 55% underuse, 17% suboptimal drug therapy, 8% unsafe. Examples of interventions: adherence (calendar, pillbox), effectiveness (recommend medication regime) and safety. Of 329 interventions, 300 (91%) completed; 29 (9%) incompletes.

Dr. Fiona Donald: When Medi-Cal Rx transition happens, medications will be paid for and administered through the State (prior authorization and working with pharmacies), but Health Plans will still be responsible for quality and care coordination.

Lisa Ghotbi, PharmD: MTM programs are on the docket to added as a Medi-Cal benefit, will also be a requirement for some CalAIM programs and Health Homes. SFHP is one of the few managed health plans to this program already in place.

• Healthcare Effectiveness Data and Information Set (HEDIS) MY2020

Presented by José A. Méndez

- Completed: roadmaps, submitted preliminary rates, completed two audits for NCQA and MCAS, medical record reviews for hybrid measures/validation, and made final submission in June.
- Post-Season activities (June-January): review lessons learned, program/data improvements, update disparities dashboard, upgrade to web-based tool – QR Web.

Dr. Fiona Donald: An area of focus for the plan and also in our organization goals is to identify several projects and quality initiatives where there are disparities in race/ethnicity, language and create action plans. The dashboard will help us guide in these efforts.

- HEDIS dashboard in Tableau: main dashboard gives summary of total HEDIS indicators (race/ethnicity, spoken language).

	<p>Some data is undeterminable, denominator may be too small for comparison. Also, ability to provide HEDIS rates information to medical groups. Two years of data in Dashboard. As more data is added, will be able to do trending reports and can also share the information.</p> <p><i>Dr. Albert Yu: Why doesn't the ethnic indicators match up with comparison group?</i></p> <p><i>José A. Méndez: The number do not always match up because not all race/ethnicity is represented in all the measures. Sometimes only a small group is measured. Incomplete data can also be a factor.</i></p> <ul style="list-style-type: none"> • NCQA accreditation set and final rates: successfully completed audit and submission, big impact on primary care services in 2020 due to COVID-19, concessions from NCQA such as inclusion of telehealth visits for many measures, updating data which included carveout data and excluding all duals and deceased members, report no benefit measures, reports are public. SFHP has achieved a rating 4.0 out of 5.0 to maintain its rating since 2019. Rating was suspended in 2020 due to COVID-19. • MCAS final rates: successfully completed audit and submission, inclusion of telehealth data for many measures, inclusion of carveout data, exclusion of all duals and deceased members, 50% minimum performance level. SFHP didn't meet minimum on three measures: Comprehensive Diabetes Care (CDC) Poor Control, WCC BMI, and Breast Cancer Screening (BCS). DHCS not holding plans to financial penalties for not meeting the minimum performance level in 2020. • Prevention and Screening Measures: decrease in WCC-BMI, reliant on medical record review, so challenging during COVID-19. Focused on Breast cancer screening (targeted member incentives, health education) and Chlamydia screening 		
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	<p>(target health education) that are part of Quality Improvement Plan (QI Plan).</p> <p><i>Dr. Kenneth Tai: We are having a difficult time with breast cancer screening measure because the shortage of Mammographers. Hiring and retaining staff has been difficult thus can lead to limited access. Lack of staff will probably last through 2021. Other counties have requested access but there is machine but no staff. It would be great to divert any patients that SFHP knows providers that have availability.</i></p> <ul style="list-style-type: none"> • Respiratory Conditions measures – rates similar to previous year. Cardiovascular Conditions measures – 8.82% decrease in rate can be due to change in specs with more restrictions, challenging conducting medical records reviews. • Diabetes measures – additional data added from carveout Fee For Service (FFS), hybrid measure, challenging conducting medical record reviews. Medication Management and Care Coordination measures– rates similar to previous year. Data indicates minimum impact of pandemic in this area. Stable utilization. • Behavioral Health measures – small denominators. Currently analyzing if there is missing data, data information restrictions. • Access/Availability of Care measures – Prenatal and Postpartum Care improved due to additional hits from FFS data. • Utilization measures - W30 (Well-Child Visits in the First 30 Months of Life) new measure for MCAS this year. Part of QI Plan. Health education materials were sent to parents/guardians of target age group. • Risk Adjusted Utilization measure – rates similar to last year. 		
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	<ul style="list-style-type: none"> • CMS Core set measures - MCAS combination of NCQA HEDIS measures and CMS adult/child core set measures. Rates similar to previous year. <p><i>Dr. Albert Yu: Are there additional plans to use the data from the Disparities Dashboard to look at the disparities that may be occurring in specific groups when there is a decrease in rates?</i></p> <p><i>Dr. Fiona Donald: Efforts are being made to have an informed approach to understanding the data, engaging Providers, incentive members.</i></p>		
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QI Committee Chair's Signature & Date _____ *Fiona Donald, MD* 10/14/21 _____

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