



**Date:** August 11, 2022  
**Meeting Place:** Microsoft Teams Meeting  
 +1 323-475-1528 : Conference ID: 887 875 09#  
**Meeting Time:** 7:30AM - 9:00 AM

**Members Present:**

Kenneth Tai, MD *Chief Medical Officer, North East Medical Services*; Jackie Lam, MD *Medical Director and QI Director Northeast Medical Services*; Irene Conway *SFHP Member Advisory Committee Member*; Idell Wilson *SFHP Member Advisory Committee Member*; Jaime Ruiz, MD *Chief Medical Officer, Mission Neighborhood Health Center*; Lukejohn Day, MD *Chief Medical Officer, Zuckerberg San Francisco General Hospital*; Albert Yu, MD, MPH, MBA *Chief Health Information Officer, San Francisco Department of Health*

**Staff Present:**

Ellen Piernot, MD *Interim Chief Medical Director*; 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 Hägg, RN, MSN, DHCS-MT *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*; José Méndez, *Senior HEDIS Program Manager*; Grace Cariño, MPH *Supervisor, Grievances and Appeals*; Jenna Colin, RN *Quality Review Nurse*; Anh Huynh *Program Manager, HSPM*; Vaishali Patankar *Manager, HSPM*, Jessica Shost, PharmD *Care Coordination Pharmacist*; Travis Tiani *Senior Manager, Member Services*

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
<b>Call to Order</b>	<ul style="list-style-type: none"> <li>Meeting called to order at 7:33am with a quorum.</li> <li>Dr. Ellen Piernot, SFHP Interim CMO meeting facilitator.</li> </ul>		

<p><b>Consent Calendar</b></p>	<p>Review reports.</p> <ul style="list-style-type: none"> <li>• Review of June 2022 Minutes</li> <li>• Q1 2022 ER Report</li> <li>• Q2 2022 Grievance Report</li> <li>• Q2 2022 Appeals Report</li> <li>• UM Committee Minutes (*April, May, June 2022) *No March UMC meeting</li> <li>• HE P&amp;P Updates Summary (June, July 2022)</li> <li>• 2021 Grievance &amp; Appeals Annual Report</li> <li>• Q2 2022 PQI Report</li> </ul>		<p>Approved.</p>
<p><b>Quality Improvement</b></p>	<p>• <b>HEDIS MY2021 Update</b> Presented by José Méndez &amp; Anh Huynh Concluded in June 2022. Preparing for next season, MY2022.</p> <p>Key Activities Completed: upgraded to web-based tool, Quality Reporter; data improvements in member enrollment, Rx mapping, provider chase logics; completed all HDC and HSAG annual audits; completed and passed Medical Record Review (MMR); submitted preliminary and final rates; offboarded HEDIS team</p> <p>Post activities: reviewing lessons learned; program improvements; data improvements – integrate EMR and case management sources; Disparities Dashboard completed; review of MY2022 requirements.</p> <p><i>Dr. Albert Yu: Can you elaborate the integration of Electric Medical Records (EMR) and other sources?</i></p> <p><i>Anh Huynh: Currently planning on incorporating EMR and Care Management which has not previously been done. Interested in seeing what steps are needed integrate, gauge interest in hospitals are willing to share that data, excited to start the journey to bring data in. Beginning stages of project planning.</i></p> <p><i>Dr. Albert Yu: There will need to be consideration for resource mapping besides the work itself.</i></p>		

	<p>Final Rates Summary: HEDIS program has 2 measure sets: NCQA and MCAS.</p> <p>NCQA: No major findings; COVID-19 still impacting primary care services in early 2021; four new NCQA required measures: Follow-Up After High-Intensity Care for Substance Use Disorder (FUI), Plan All Cause Readmissions (PCR), Pharmacotherapy for Opioid Use Disorder (POD), Prenatal Immunization Status (PRS-E); ‘No Benefit’ measures not reported: services may be fully carved out or known data gaps includes: Annual Dental Visits (ADV), Follow-Up After Hospitalization for Mental Illness (FUH), Follow-Up After High-Intensity Care for Substance Use Disorder (FUI), Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET). Currently exploring how to remediate the data gap for substance use disorder so can reported in the future; the Health Plan Ratings (HPR) to be published in September 2022. Anticipating a continued 4.0 rating.</p> <p>MCAS: No major findings; COVID-19 still impacting some of the measures; two new DHCA measure: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) and Follow-Up After Emergency Department Visit for Mental Illness (FUM). How to address data gaps to be included in QI workplan – clinical and data; one measure did not meet the Minimum (50<sup>th</sup> %) Performance Level (MPL) – Well-Child Visits in the First 30 Months of Life (W30). Second year reporting on measure. Measure on QI workplan; three previously unmet measures, met MPL this year – CDC Poor Control, WCC BMI, and Breast Cancer Screening.</p> <p>Quality Improvement Efforts: QI/PHM workgroup to review and prioritize measures; prioritized measures: AMR, BCS, CDC, FUA, FUM, PCR, SAA, W30; priority population and interventions are being identified.</p>		
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*Dr. Eddy Ang: There are some measures that are tied to follow-ups for substance abuse, SMI that are challenging because the follow-up visits may not be correctly coded and secondary conditions can become the prioritized diagnosis. Secondary diagnoses are not counted in these follow up measures.*

*José Méndez : Yes, you are correct. The ED visit/hospitalization and follow-up visit has to similar diagnosis in order to indicate they are related.*

**• Consumer Assessment of Healthcare Providers and Systems (CAHPS) Review** Presented by Yves Gibbons

Contributes to 1/3 of NCQA score.

2022 Achievements: performance improvement in Customer Service Composite; improvement projects included: seven member experience videos in five languages, incorporated health disparities data to use on five member facing programs.

Composites that contribute to score: ex. Rating of Health Plan, Personal Doctor, Specialist Seen Most Often..., SFHP performing in 10<sup>th</sup> or below 10<sup>th</sup> %. Anticipating 1.5 out of 5 Stars.


Key Drivers for HP CAPHS improvement: ex. questions: ease of getting needed care, rating of personal doctor, customer service provided, specialist etc. Percentages have been identified increase HP score.

Next Steps: Continue to circulate member videos; conduct member focus groups, continue CAHPs workgroup. Phone survey planned to >150 members to collect more information regarding key driver questions. For example, “what was difficult about getting access to care and treatment “what specific services were difficult to get access to?”, “what information was difficult to get from customer service?”.

*Dr. Albert Yu: What has been learned from previous focus groups?*

*Yves Gibbons: The member experience videos were created to give a clear guide on how to get care. Circle of Care – pamphlet created tailored for each member outlined how to get access to care.. Created better website design and explanation of Telehealth and mental health*

	<p><i>benefits . Next focus group specific to cultural linguistic perceptions and LGBTQ population's perceptions of care.</i></p> <p><i>Elizabeth Sekera, RN: Currently investigating how to make providers searchable by race, ethnicity and spoken language.</i></p> <p><i>Travis Trini: Internal trainings –to help with soft skills &amp; re-training schedule to keep on top how to give members what they need.</i></p> <ul style="list-style-type: none"> <li>• Meeting adjourned at: 8:40AM.</li> </ul>		
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QI Committee Chair's Signature & Date:                      10/20/22  
 Minutes are considered final only with approval by the QIC at its next meeting.