



Here for you

Quality Improvement Committee Minutes

Date: September 7, 2023
Meeting Place: 50 Beale Street, 12th 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

QIC Members Present:

In person: Dr. Blake Gregory, Primary Care Director of Population Health and Quality; Medical Director, Complex Care Program, SFHN; Dr. David Ofman, Chief Medical Officer, San Francisco Consortium of Community Clinics (SFCCC); Ed Evans, community member; Idell Wilson, community member

Not present: Alecia Martin, Director of Quality Management, SF BHS; Dr. Albert Yu, Chief Health Information Officer, SFHN; Dr. Amy Lu, Chief Quality Officer, UCSF; Dr. Ana Valdes, Chief Healthcare Officer, HealthRight360; Dr. Jackie Lam, Medical Director/QI/QA Director, NEMS; Dr. Jaime Ruiz Chief Medical Officer, MNHC; Dr. Kathleen Chung, Medical Director, Value Based Care, SFHN; Dr. Kenneth Tai, Chief Health Officer, NEMS; Dr. Luke Day, Chief Medical Officer, ZSFGH; Irene Conway, community member

SFHP Staff Present:

In person: Shenita Hurskin, Director, Quality Improvement; Stephanie MacAller, Associate Program Manager, Quality Improvement; Yves Gibbons, Supervisor, Quality Improvement; Kaitlin Hawkins, Pharmacy Operations Manager; David Ries, Director of Behavioral Health and Housing; Hilary Gillette-Walch, Director of Population Health; Eddy Ang, Chief Medical Officer, Jose Mendez, Manager, Health Services Product Management; Leslie Mulhern, Nurse Supervisor, Quality Review

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 10:10am		
Care Experience	<ul style="list-style-type: none"> SFHP measures care experience through the Health Plan CAHPS (HPCAHPS), which stands for Health Plan Consumer Assessment of Healthcare Providers and 	<ul style="list-style-type: none"> SM will connect BG with SFHP Clin Ops director 	

<p>Update (CAHPS)</p>	<p>Systems. It's an annual survey that assesses members' experiences with their healthcare.</p> <ul style="list-style-type: none"> • The presentation covers various survey groups and efforts to improve care experience in the coming year. • Membership CAHPS measures include ratings and composites, with a historical trend showing improvements over the years, although there were dips, especially due to the pandemic. • NCQA has removed some measures, and SFHP currently scores based on health plan rating, personal doctor rating, rating of all healthcare, and getting care quickly. • SFHP performs lower than other health plans in some areas, particularly regarding access to care, where they receive a two out of five-star rating. • The presentation also delves into the demographic breakdown of survey respondents and the need to improve response rates, particularly among LatinX and Black populations. • Key drivers for care experience improvement were identified, including <ul style="list-style-type: none"> ○ rating a personal doctor, ○ having a personal doctor, ○ getting urgent care when needed, ○ customer service providing needed information or help, and ○ rating specialist team or staff • Organizational goals focus on achieving a 3% absolute improvement in key areas and implementing cross-organizational initiatives related to access to care. • Provider collaboration is a key aspect of improving care experience, with a focus on communication and cultural humility training for provider network staff. • Improvement projects are in progress <ul style="list-style-type: none"> ○ addressing interpreter services ○ grievances ○ specialty care access ○ telehealth, and more. • Future plans include additional data analysis, surveys, and focus groups to refine the strategy. <p>Discussion</p> <ul style="list-style-type: none"> • <i>EE: Concerns about members not having personal doctors/ attracting more providers</i> <ul style="list-style-type: none"> ○ <i>EA: We will follow up with you offline to brainstorm ways to attract more providers</i> • <i>EE: Improving access to care for duels (D-SNP)</i> <ul style="list-style-type: none"> ○ <i>YG: We are considering a separate survey/set of focus groups for D-SNP members in order to focus on the care they need and what their experience has been</i> 		
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	<ul style="list-style-type: none"> • <i>BG: Streamlining the prior authorization process</i> <ul style="list-style-type: none"> ◦ <i>EA: we will connect you with Clin Ops director to discuss PA streamlining</i> • BG: Need for a low-barrier transportation benefit 		
2024 MCAS MPL measures & ECDS	<p>Key Points</p> <ul style="list-style-type: none"> • Expansion in January 2024: There will be an expansion happening in January 2024 for members who do not have a satisfactory immigration status, potentially adding 5,000 to 11,000 new members. This expansion could impact CAHPS and HEDIS scores. • MCAS Measures for 2024: The current prioritized MCAS measures include AMR, CDEV, FUA, FUM, TFL, and W30 6+. In 2024, these measures will continue to be held to a minimum performance level (MPL) at the 50th percentile benchmark. Colorectal cancer screening (COLE) and pharmacotherapy for opioid use disorder (POD) are potentially being added to the MPL for 2024. • Behavioral Health Measures: Depression screening measures will not be held to MPL in 2024, but they are expected to stay and may be held to MPL in 2025. Data gaps exist, and efforts are being made to gather data from EHRs. • Colorectal Cancer Screening (COLE): In the previous year, the rate for colorectal cancer screening was 41.14%. Currently at 27.85% as of the July run. The benchmark for this measure will be available later. • Pharmacotherapy for Opioid Use Disorder (POD): For POD, the rate was 26.03%, close to the 50th percentile benchmark of 28.5%. It's currently tracking at 14.77% as of July, but the data is incomplete. There are discussions about whether POD should be held to MPL in 2024, given data challenges and potential perverse incentives. • Adult Immunization Status: A new measure for 2023, but data suggests that performance may be good due to strong data sources from immunization records. • Breast Cancer Screening: The methodology for breast cancer screening is switching from traditional to ECDS measures. However, performance is strong, and the change in methodology is not expected to negatively impact the results. • Future Focus: While some measures may not be held to MPL in 2024, they are expected to remain important and may be subject to MPL in 2025. Efforts are ongoing to address data gaps and improve performance. <p>Discussion</p> <ul style="list-style-type: none"> • <i>BG: There are concerns about pharmacotherapy for opioid use disorder (POD). There could be a perverse incentive not to start patients on Suboxone because of concerns about their ability to be retained in care.</i> <ul style="list-style-type: none"> ◦ EA: Please send me an email outlining these concerns and we will share with LHPC 	<ul style="list-style-type: none"> • BG will send EA email re: POD issues to forward to LHPC 	

<p>Consent Calendar</p>	<p>Key Points</p> <ul style="list-style-type: none"> Grievance Trends: Every quarter, SFHP monitors grievance trends, which have remained consistent over the years. The top reasons for filing grievances are typically related to wait times and concerns about service quality. Change in Non-Clinical Grievances Handling: There was a recent process change regarding the handling of non-clinical grievances. These grievances, which are usually against the plan (as opposed to the provider network), were previously managed by the customer service team. However, as of about a month ago or July, the workflow was switched to the Grievance and Appeals (GNA) team. This change was internal and should not affect external stakeholders. Importance of Appeals: Appeals are closely monitored, specifically the denial rate and the overturn rate. Overturn refers to cases where initially denied services are later approved through the appeals process. A high overturn rate prompts questions about the initial review process and the need for comprehensive root cause analysis. Turnaround Time Compliance: The utilization management committee monitors the turnaround time compliance rate for prior authorization and concurrent review of inpatient services. This rate has remained high, typically between 99% and 100%. Focus on High Utilizers: A new workgroup has been formed to address high utilizers, members who frequently use acute care services such as emergency room visits and avoidable hospitalizations. The goal is to proactively connect these members to necessary outpatient services to maintain their health within the community. <p>Discussion</p> <ul style="list-style-type: none"> <i>EE: Question about the increase in the number of grievances from 2022 to 2023. Could this be attributed to people returning to regular activities after the pandemic?</i> <ul style="list-style-type: none"> <i>EA: We don't have hard evidence to confirm this, but it was possible that increased engagement with healthcare providers led to more grievances.</i> 		<p>Approved</p> <ul style="list-style-type: none"> June 2023 QIC Minutes Q2 2023 Grievance Report Q2 2023 Appeals Report Q1 2023 ER Access Report UM Committee Minutes and supporting documentation <ul style="list-style-type: none"> May 2023 June 2023 July 2023 Health Services Policies & Procedures (P&P) Updates Summary 2022 Grievance & Appeals Annual Report P&T reappointments QI Scorecard Q2 2023 PQI Report
<p>HEDIS Priority Measures Updates</p>	<p>AMR</p> <ul style="list-style-type: none"> A significant part of the recent work efforts has been directed toward engaging with pharmacies. Connecting with pharmacies has been challenging due to the change in administering the pharmacy benefit. Successful connections were made with a few pharmacies to address issues like removing albuterol from automatic refills and targeting bubble packaging. Plans for outreach to pharmacies for non-compliant members were in progress. Anticipating results from the mapping of National Drug Codes (NDCs) in the next proactive run. Ensuring the right members are excluded from the specific measure. A limitation mentioned was not receiving all necessary data from the Electronic Medical Record (EMR), like diagnoses such as COPD. 		

- Plans to include information about asthma prevention resources in the September provider newsletter that wasn't marketed before.
- Collaborations with organizations such as Breathe California (Breathe CA) were noted.
- Collaborative work with provider groups was found to be helpful, especially regarding data and information on outreach and interventions.

DEV/W30

- Infant Wellness Map has potential to impact both the developmental screening (DEV) and W30 measures.
- The map is designed like a credit card and provides recommended visit schedules with space to record dates and developmental milestones.
- SFHP collaborating to use this map with WIC and other partners/agencies working with women and young children.
- Infant recall roster working to identify certain data issues, including unbilled claims and cases where clinics were unaware of their assigned patients.
- Collaboration with the Department of Early Childhood for the Sparkler app, which allows families to perform ages and stages screening at home.
- Efforts to obtain supplemental data for well infant visit information to bridge data gaps.
- Important to adhere to the specific schedule for these measures
- Impact of access on compliance.
- Inclusion of mapping baby IDs onto mother's IDs, which resulted in a 9-point improvement in the measure.
- Collaborative efforts with San Francisco Health Network (SFHN) to share patient ID lists to identify any persistent gaps in the data.
- Discussion on the proportion of the denominator with no visits, which stood at 55 out of 118 after removing Kaiser from the equation.
- Access to Care Link was noted as a valuable resource for addressing these issues, and there was a recognition that some members may indeed be missing visits.

Discussion

- *SH: For the app, they download for free?*
 - *HGW: Yes, they get a code for their physician and then the clinic gets the info automatically*

FUA/FUM

- Not cautious optimism; irrational confidence
- The measures, particularly FUM have several challenges.
- The administrative features, including coding specific diagnosis codes, play a crucial role in determining compliance with these measures.

- To meet the measure requirements, the mental health disorder diagnosis code on the follow-up must be primary; if it's secondary or tertiary, it won't count.
- The immediate follow-up within 30 days is vital, but the reality is that sometimes follow-up happens weeks later, which is a challenge.
- Navigation services are essential, as many patients struggle to access follow-up care, even within the same building.
- Efforts are underway to hire resources for outreach calls and additional navigators to assist members in securing follow-up appointments.
- Must addressing the tendency to use ED for non-emergency care.
- Looking into initiating registration and engagement processes with primary care and enable navigators to work with health plans to engage members in choosing or changing primary care providers.
- Street teams and mobile services, especially for seriously mentally ill patients, are potential solutions to provide care directly to patients.
- Challenge of real-time notifications from emergency departments to ensure timely follow-up. Improvements in this area are needed.
- Navigation resources are being funded both internally and externally to help connect patients with necessary follow-up care.

Discussion

- *DO: Members who on paper or in system are assigned primary care but are not registered with that clinic. What can we recommend to EDs in those cases?*
 - *DR: This workflow that we'll ask EDs to follow include screening and then referral under CalAIM to ECM. Next step is what to recommend on primary care side:*
- *SH: How soon after discharge do we get that info? Is there a lag?*
 - *DR: Focus now is how to hand off (maybe a hot handoff, using transportation benefit) Point Click Care gives almost real time notifications but we send them weekly.*
- *DO: Update on action items re: SUD indicates high risk. Suspect that this is the same on mental health visits. Are there resources within the plan, or is this expected to happen at the provider level?*
 - *EA: Hired someone to do follow up calls; Planning to fund SUD navigators in EDs.*

TFL

- Specific coding and administrative challenges around this measure
- The measure requires patients to have two visits within a year to be counted, which doesn't align with NCQA specifications.
- The age range (1-20 years) poses a challenge.

	<ul style="list-style-type: none"> • The focus is on encouraging providers to continue providing fluoride services to children aged zero to four or five and supporting them in their efforts. • The plan is working with LHPC to advocate for potentially changing the measure specifications in the coming year. 		
Meeting Adjourned	<ul style="list-style-type: none"> • QIC will be changing name to QIHEC: Quality Improvement and Health Equity Committee • Next year, SFHP will add more health equity measures to the committee's agenda as part of its ongoing commitment to quality improvement and health equity. • Much gratitude to our providers participating in QIC and collaborating to improve quality. • Quality in healthcare is the result of the hard work of providers and SFHP values the partnership between the plan and the providers. <p>Meeting adjourned at 9:57am</p>		

QI Committee Chair's Signature & Date: 

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