



Date: October 20, 2022
Meeting Place: Microsoft Teams Meeting
[+1 323-475-1528,,17776261#](tel:+13234751528)
Meeting Time: 7:30AM - 9:00 AM

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

Staff Present: Eddy Ang, MD *Interim Chief Medical Director*; Hanan Obeidi, MPH *CHES Vice President, Health Services Programs*; Se Chung *Health Services Administrative Specialist*; Leslie Mulhern, RN, CPHQ, CHCQM *Concurrent Review & Care Transitions Nurse*; Jessica Shost, PharmD *Care Coordination Pharmacist*; Grace Cariño, MPH *Supervisor, Grievances and Appeals*; Vaishali Patankar *Manager, HSPM*; Anh Huynh *Program Manager, HSP*; José Méndez, *Senior HEDIS Program Manager*; Matija Cale RN, MS *Director, Clinical Operations*; Travis Tiani *Senior Manager, Member Services*; Jenna Colin, RN *Quality Review Nurse*; Michelle Faust, RN *Prior Authorization Nurse*; Yves Gibbons *Senior Program Manager, Quality & Access*; Kaitlin Hawkins PharmD BCPS *Manager, Pharmacy Operations*; Jorge Ramirez *Specialist, HSPM*; Lena Liu *Associate Program Manager, G&A*; Tammie Chau, PharmD, APh *Care Coordination Pharmacist*; Gevork Tchapanian *Pharmacy Intern*; Eileen Kim, PharmD *Clinical Pharmacist*; Veronica Garcia *Pharmacy Data Analyst*; Shelley Fung-Yeung, MD *Medical Director*; Sue Chan *Program Manager, Pharmacy Compliance*; Ian Hodur *Sr. Program Manager, Essette*; Sandra Donaldson *Sr. Pharmacy Business Analyst*

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	<ul style="list-style-type: none"> Meeting called to order at 7:35 AM with a quorum. 		

<p>Consent Calendar</p>	<p>Review reports.</p> <ul style="list-style-type: none"> •August 2022 QIC Minutes •Q3 2022 Grievance Report •Q3 2022 Appeals Report •UM Committee Minutes (July, August) * No September meeting •HE P&P Updates Summary (August, September 2022) •Q3 2022 PQI Report •Q3 2022 QI Scorecard •P&T Member New Appointment <p><i>Edward Evans: He has heard that some people with Kaiser have been charged copay for medications however others do not have to pay. He spoke to someone from Kaiser, and they said that everyone has to pay for copays.</i></p> <p><i>Kaitlin Hawkins: Not aware of this, members on Medi-Cal shouldn't be charged. Kaitie will connect with Kaiser and follow up and clarify if they are Kaiser SFHP/Medi-Cal vs other coverage. Edward will ask them to contact SFHP to provide more context.</i></p>		<p>Approved.</p>
<p>Quality Improvement</p>	<ul style="list-style-type: none"> • 2023 QI Work Plan Preview Yves Gibbons <p>QI Plan is designed to give overview of priorities for SFHP to improve measures. Workplan is in draft form and will be finalized in December 2022. Purpose of this presentation is to get feedback from committee.</p> <p>There are 6 domains: including utilization of services, quality of service and access to care, managing multiple chronic conditions, managing members with emerging risk, patient safety or outcomes across settings, keeping members healthy.</p> <p>Quality of service and access to care:</p> <ul style="list-style-type: none"> - Provider Directory – Language: Member wants to find providers that have same language and race. SFHP directory did not have 		

ability to filter. Both are optional for providers to update. So far, we have collected 3% of race and 25% language. Still more work needed.

- Appointment Availability: we have high availability for primary care however there is room for improvement for specialist care. In 2021, every specialist when down in availability.

New measures: CAHPS Getting Needed Care and Rating of Specialist. Key drivers to overall improvement in CAHPS. We are hoping to improve this area and ultimately improve member experience

Eddy: For members on the call, HP CAHPS stands for Health Plan Consumer Assessment of Healthcare Providers and Systems.

Managing Multiple Chronic Conditions:

These measures reflect the work of the Care Management department. They work with hundreds of members with multiple and complex needs who require more support. Three areas: depression follow-up, perception of health, client satisfaction with CM program. Duplicated between two populations.

Managing Members with Emerging Risk:

This domain looks at population and look at different conditions and screenings and whether their condition might be worsening. Most measures in this domain are new:

HEDIS measures are AMR, PPC-Pre/Post, PDSE.

DHCS had recommended for SFHP to look specifically at Black and Native American Members.

Irene Conway: in the past there was gift cards? Is that ongoing.

Yves Gibbons: we did not conduct in 2022, in 2023 the incentive will include chronic conditions which include diabetes.

Dr. Eddy Ang: Incentive program should be rolled out in next few months. We are trying to stratify risk by race/ethnicity, DHCS has recommended because they usually have poor outcomes from perinatal services.

Dr. Albert Yu: 5 of the 8 measures only cover 2 conditions. Are there other populations that SFHP is interested.

Dr. Eddy Ang: Diabetes is always big area because of the ramification of poorly controlled diabetes

Yves Gibbons: We prioritize focus measures by reviewing HEDIS measures, (diabetes, asthma, f/u), review population analysis, what are priorities and disparities (perinatal, diabetes and asthma), CAHPS, continuity and coordination of care. The other domains focus on multiple and chronic conditions.

Patient safety or Outcomes Across Settings:

Measures focuses on members with complex conditions who have patient safety needs.

Keeping Members Healthy:

Focus on preventative measures. BCS is a HEDIS measure. We see large disparities between black members vs overall population. We partnered with community partners to support these members to navigate care.

W30 – we did not reach 50th percentile, therefore this is a measure we need to focus on.

Dr. Eddy Ang: We can look at the measures as three different populations: adult (diabetes, hepatitis c, asthma), women (BCS, perinatal care) children: well child visits.

We can also look at it from a members care journey: three phases: preventative screenings, after medical condition, look at control, when they are in the hospital, are they getting the care afterwards including f/u and care management and how to prevent avoidable readmissions

Dr. Albert Yu: Will the HP stratify by race by all measures, not just the highlighted.

Dr. Eddy Ang: Yes, goal of DHCS/NCQA. PHM is also important area under CalAIM. We want to become more sophisticated and stratify by race and ethnicity for all quality measures going forward.

Dr, Jaime Ruiz: What is the period. We have a lot of ppl in pandemic that didn't attend appointments and now they no longer see the PCP

Yves Gibbons: Measurement year is for 2021. We didn't get final rates until mid-2022. Hoping that we will see change in 2022. Other areas that are not HEDIS measures are more current: eg via pop analysis or discharge planning, healthplan operations we can get more current data.

Irene Conway: there was also well-child incentives and some providers said members would come in with the form. Recommend we keep that incentive.

Yves Gibbons: we also have well child that has continued 2022. We do stratify on race/ethnicity and language for all HEDIS measures and pop analysis.

Irene Conway: shout out to health plan re. updating the provider directory. It goes to show that the Health Plan listens, and Member Advisory Council is giving proper input.

- NCQA QI3 and QI4 Standards Jessica Shost
HEDIS measures identified: AMR, AMM, PDC

We look into demographics for all our measures, demo include age group, ethnicity spoken language, medical group, ratio of PCP visit and how many IP and ED occur

	<p>For AMR: Young adults are at 48%, also break down by location in the city. You can see trends. See total members 878.</p> <p>Using the stratification, we identified members who are more at risk. Young adults, black and Hispanic had lower rates of adherence, SAA, low ratio of pcp/non also less likely to be non-adherent. Members who reported their spoken language as Spanish was less likely to have AIC taken or low AIC. Members have said that when they speak to the provider, the provider was not fluent in Spanish.</p> <p>Steps taken: Informed providers via Provider newsletter, Pharmacy medtalk to care management team, rescue medication should not be used alone.</p> <p>Future population: Ensure all non-compliant members are enrolled in CM team and members not eligible for above, pharmacist will engage for MTM program.</p> <ul style="list-style-type: none"> • Meeting Adjourned at 8:59 AM. 		
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QI Committee Chair's Signature & Date: 12/08/22

Minutes are considered final only with



approval by the QIC at its next meeting.