



Here for you

Quality Improvement Committee Minutes

Date: November 2, 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/+13234751528519741547#)

Meeting Time: 8:00AM – 10:00AM

QIC Members Present:

In person: Dr. Kathleen Chung, Medical Director, Value Based Care, *SFHN*; Ed Evans, community member; Dr. Blake Gregory, Primary Care Director of Population Health and Quality; Medical Director, Complex Care Program, *SFHN*; Dr. Jackie Lam, Medical Director/QI/QA Director, *NEMS*; Dr. Amy Lu, Chief Quality Officer, *UCSF*; Alecia Martin, Director of Quality Management, *SF BHS*; Dr. David Ofman, Chief Medical Officer, San Francisco Consortium of Community Clinics (*SFCCC*); Idell Wilson, community member

Not present: Irene Conway, community member; Dr. Luke Day, Chief Medical Officer, *ZSFGH*; Dr. Jaime Ruiz, Chief Medical Officer, *MNHC*; Dr. Kenneth Tai, Chief Health Officer, *NEMS*; Dr. Ana Valdes, Chief Healthcare Officer, *HealthRight360*; Dr. Albert Yu, Chief Health Information Officer, *SFHN*

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 8:05am		
Welcome/ Updates	<ul style="list-style-type: none"> SH introduced the name change for the committee to Quality Improvement and Health Equity Committee to align with DHCS requirements. 		

<p>Consent Calendar</p>	<ul style="list-style-type: none"> SM noted an update needed to the UMC meeting minutes item, stating the program description would be presented in January rather than December. 		<p>Approved</p> <ul style="list-style-type: none"> Sept 2023 QIC Minutes Q2 2023 ER Access Report UM Committee Minutes and supporting documentation <ul style="list-style-type: none"> August 2023 September 2023 Health Services Policies & Procedures (P&P) Updates Summary Q2 2023 PQI Report
<p>Previous Action Items</p>	<ul style="list-style-type: none"> SM provided an update on previous action items, including outreach to schedule a discussion on provider recruitment strategies with EA. KH noted work being done to better identify provider demographics. EA shared SFHP is analyzing telehealth utilization. DR commented on state efforts to increase behavioral health provider reimbursement rates and allow billing for supervised clinician hours to attract more mental health clinicians. EA proposed exploring telehealth vendor Teladoc utilization further to help expand provider access. 	<ul style="list-style-type: none"> SFHP to explore telehealth vendor Teladoc utilization further to help expand provider access. 	
<p>Proposed change to PQI reporting calendar</p>	<ul style="list-style-type: none"> LM presented the proposed changes to the PQI reporting calendar for 2024, noting reports currently don't capture completed cases due to long resolution times. 		
<p>2024 Potential Priority Quality Measures Discussion</p>	<p>POD</p> <ul style="list-style-type: none"> KH highlighted the measure requires being on OUD treatment for 180 days with no more than 8 days interruption, which stakeholders feel is very stringent. KH noted the denominator includes anyone with OUD, so organizations won't be penalized for starting treatment if it's not maintained for 180 days. BG shared UCSF is focusing on strengthening OUD services in primary care, including expanded navigation programs with an addiction specialist, navigator, clinical pharmacist and nurse at some clinics. The navigator proactively follows up with patients. KL raised a concern that the measure definition could discourage screening for OUD in some clinics that don't currently ask about it regularly. <p>PCE Systemic Corticosteroid</p> <ul style="list-style-type: none"> KH suggests focusing on optimal inhaled therapy given manageable denominator and potential for improved outcomes Measure focuses on steroid dispensing within 14 days of IDI/inpatient discharge Stakeholders identify issues with metric not capturing inpatient prescriptions 	<ul style="list-style-type: none"> POD: EA will send feedback to DHCS on concerns with the strict POD measure specifications. PCE: Draft feedback from providers on concerns to send to NCOA (Assigned to EA) SAA: Research measure methodology/specs and determine feedback (Assigned to EA) PCR: Connect with ECM program on bulk referrals (Assigned to EA) 	

	<p>SPC Received Statin Therapy</p> <ul style="list-style-type: none"> • KH finds measure accessible from primary care perspective with appropriate exclusions • JM discusses performance levels and data lag issues • Focus on statin therapy and cardiovascular disease <p>SAA</p> <ul style="list-style-type: none"> • Measure relies on prescription claims data accessibility • Challenges with measuring adherence through claims alone • Potential value in connecting with federal government to build metrics • EA asked if the treatment period is defined for the antipsychotic medication management measure (KH described how it is defined based on outpatient visits or acute inpatient visit) <p>COL-E</p> <ul style="list-style-type: none"> • Barriers include access issues for homeless patients • Partnerships like SFC help address barriers and reduce cancer burden <p>PCR</p> <ul style="list-style-type: none"> • Strategies discussed include improving hospital handoffs and follow up care • Concerns raised about new social risk factor screening increasing patient complexity weights • BG asked a question about whether the O/E ratio for readmissions takes into account factors like anticipated length of stay (ALS) when weighting discharges. (JM provided context about how discharges are weighted) • BG asked about the potential impact of new CMS requirements to screen for social determinants of health, wondering if diagnoses like homelessness could increase patient complexity weights (JM said this would need further looking into) 	<ul style="list-style-type: none"> • Final 2024 Workplan will be brought to next QIHEC for approval 	
<p>2023 Priority Quality Measures Updates</p>	<p>AMR</p> <ul style="list-style-type: none"> • Current rate of 67.95%, improvement from last year's 55% • Efforts from provider teams and committees contributed to progress • Rate has plateaued after data cleaning • Key efforts <ul style="list-style-type: none"> ○ Cleaning up asthma data through additional coding and identification of members with asthma ○ Developing clinical guidelines on asthma management and sharing them across partners ○ Partnering with pharmacies to promote medication adherence and management ○ Conducting home visits and environmental assessments to address triggers 		

	<ul style="list-style-type: none"> ○ Launching an asthma alert program to notify providers of gaps in care ○ Providing asthma education to members and families ○ Collaborating with community health workers for outreach and education • Barriers and focus areas <ul style="list-style-type: none"> ○ Connecting with pharmacies like Walgreens and CVS given changes to payments ○ Additional data refinement with provider groups • Next 60 days <ul style="list-style-type: none"> ○ Continue engaging pharmacies and pharmacy leadership ○ Share data and performance with provider groups ○ Finalize NEMS presentation by end of year (Follow up meeting scheduled) • Thanks to partners like BG for insights and progress made through collaboration <p>DEV</p> <ul style="list-style-type: none"> • Current rate of 42.98%, above MPL • Key efforts <ul style="list-style-type: none"> ○ Conversations with providers to ensure coding during well visits ○ Pursuing supplemental data from SF Health Network • Barriers <ul style="list-style-type: none"> ○ Screenings not always coded with time allocated ○ Delay in recall report to identify missing screens • Next 60 days <ul style="list-style-type: none"> ○ Continue partnership with Department of Early Childhood (Assigned to HG) ○ Collect additional screening data and initiate data sharing ○ Distribute infant milestone map to stimulate follow up <p>W30</p> <ul style="list-style-type: none"> • Current rate of 42.98%, above MPL • Supplemental data being collected to address gaps • Key efforts <ul style="list-style-type: none"> ○ Coding guidance provided to ensure visits coded during well checks ○ Developed infant wellness map to support families ○ Partnership with Department of Early Childhood on Sparkler app • Barriers <ul style="list-style-type: none"> ○ Screenings not always coded with time ○ Delay in recall report to identify missing visits ○ Challenges capturing first visits done under mom's ID • Next 60 days <ul style="list-style-type: none"> ○ Continue partnership and data collection ○ Distribute wellness maps and provide training 		
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	<ul style="list-style-type: none"> ○ Make follow up calls to patients needing 1-2 visits <p>TFL</p> <ul style="list-style-type: none"> • Current rate very low • Key efforts <ul style="list-style-type: none"> ○ Providing fluoride varnish training to partners • Barriers <ul style="list-style-type: none"> ○ Low rates of application during pandemic ○ Metric does not fully align with USPSTF recommendations <p>FUA/FUM</p> <ul style="list-style-type: none"> • Key efforts <ul style="list-style-type: none"> ○ Identifying patients for follow up via hospitals, EDDs, clinics ○ Conducting follow up calls for patients who need encouragement • Barriers <ul style="list-style-type: none"> ○ Data gaps between substance use treatment providers and health plans ○ Low success of follow up calls long after ED or inpatient discharge • Next 60 days <ul style="list-style-type: none"> ○ Seeking supplemental data from DPH to address gaps ○ Researching follow up services provided by DPH and potential supplemental data 		
Meeting Adjourned	Meeting adjourned at 10:05am		



QIHE Committee Chair's Signature & Date: _____

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