



**Date:** December 13, 2018

**Meeting Place:** San Francisco Health Plan, 50 Beale Street 13<sup>th</sup> floor, San Francisco, CA 94105

**Meeting Time:** 7:30AM - 9:00AM

**Members Present:** Edwin Batongbacal, Ellen Chen, MD; Irene Conway; Jeffrey Critchfield, MD; Lukejohn Day, MD; Edward Evans, Annelie Briones, Jaime Ruiz, MD; Kenneth Tai, MD; Ana Valdes, MD; Joseph Woo, MD; James Glauber, MD, MPH (Chief Medical Officer, SFHP)

**Staff Present:** Julie Wong, Health Services Specialist; Lisa Ghotbi, Pharm D, Director of Pharmacy; Adam Sharma, Director, Health Outcomes Improvement; Matija Cale, RN Director, Clinical Operations; Jose Mendez, Reporting Analyst, Health Services Business Relationships; Joel Nellis, NCQA Project Manager; Tammie Chau, Pharm D, Care Coordinator Pharmacist

**Guest Present:** Beacon Health Options: Laura Grossmann, AVP, Account Partnerships, West; Chris Carson; Sanjay Vaswani, MD

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 was called to order at 7:30AM with a quorum.</li> </ul>	<ul style="list-style-type: none"> <li>• No follow up needed.</li> </ul>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
<b>Follow Up Items</b>		<ul style="list-style-type: none"> <li>• No follow up needed.</li> </ul>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
<b>Consent Calendar</b>	<ul style="list-style-type: none"> <li>• Review of Minutes – August 9, 2018</li> <li>• Health Services Update</li> <li>• UM Committee Minutes                             <ul style="list-style-type: none"> <li>○ August 2018</li> <li>○ September 2018</li> <li>○ October 2018</li> </ul> </li> <li>• Policy &amp; Procedures                             <ul style="list-style-type: none"> <li>○ QI-03: Validation of HEDIS Chart Review</li> <li>○ UM-22: Clinical Operations</li> </ul> </li> </ul>		Approved: <ul style="list-style-type: none"> <li>○ Review of Minutes – August 9, 2018</li> <li>○ UM Committee Minutes                             <ul style="list-style-type: none"> <li>○ August 2018</li> <li>○ September 2018</li> <li>○ October 2018</li> </ul> </li> </ul> Approved: <ul style="list-style-type: none"> <li>○ Policy &amp; Procedures                             <ul style="list-style-type: none"> <li>○ QI-03: Validation of</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• UM Criteria <ul style="list-style-type: none"> <li>○ For Genital Gender Confirmation Services</li> <li>○ InterQual 2018</li> </ul> </li> <li>• Q2 &amp; Q3 2018 Grievance Report</li> <li>• Q2 &amp; Q3 2018 Appeals Report</li> <li>• Q2 &amp; Q3 2018 PQI Report</li> <li>• Q2 2018 Emergency Room Visit/Prescription Access Report</li> </ul>		<p>HEDIS Chart Review</p> <ul style="list-style-type: none"> <li>○ UM-22: Clinical Operations</li> </ul> <p>○ UM Criteria</p> <ul style="list-style-type: none"> <li>○ For Genital Gender Confirmation Services</li> <li>○ InterQual 2018</li> <li>○ Q2 &amp; Q3 2018 Grievance Report</li> <li>○ Q2 &amp; Q3 2018 Appeals Report</li> <li>○ Q2 &amp; Q3 2018 PQI Report</li> <li>○ Q2 2018 Emergency Room Visit/Prescription Access Report</li> </ul>
<p><b>Quality Improvement</b></p>	<p><u>2018 Clinical Operations and Pharmacy Utilization Management Programs</u></p> <p>Matija Cale presented the Utilization Management Program Description that includes the Scope, Structure, Process and the responsibilities of Utilization Management Committee (UMC).</p> <ul style="list-style-type: none"> <li>• Utilization Management (UM) Scope <ul style="list-style-type: none"> <li>○ Reviewing and evaluating provider requests for authorization to perform certain activities</li> <li>○ Care Coordination</li> <li>○ University California of San Francisco, Community Health Network Hospital Network out of Medical Group (OOMG), Brown and Toland and Hill</li> <li>○ Physicians Out of Area (OOA)</li> </ul> </li> </ul>		<p>Approved:</p> <ul style="list-style-type: none"> <li>○ 2018 Clinical Operations and Pharmacy Utilization Management Programs</li> <li>○ QI 2018 Program Evaluation and QI 2019 Program Description &amp; Work Plan</li> <li>○ Beacon 2018 Quality Program Evaluation and 2017 Member Satisfaction Survey Results</li> </ul>

	<ul style="list-style-type: none"> <li>○ Oversight of delegated medical groups</li> <li>○ Pharmacy-responsible for all delegated medical groups except Kaiser.</li> <li>● Utilization Management Structure <ul style="list-style-type: none"> <li>○ Prior authorizations</li> <li>○ Concurrent review and care transitions,</li> <li>○ Pharmacy</li> <li>○ UM (medical) and Pharmacy. <ul style="list-style-type: none"> <li>▪ Nurses (LVNs and RNs)</li> <li>▪ Pharmacists</li> <li>▪ Medical Directors</li> <li>▪ Coordinators</li> </ul> </li> </ul> </li> <li>● Utilization Management Process <ul style="list-style-type: none"> <li>○ Criteria <ul style="list-style-type: none"> <li>▪ Hierarchy (UM-57)</li> <li>▪ InterQual Description</li> <li>▪ SFHP Criteria</li> </ul> </li> <li>○ Decision Makers <ul style="list-style-type: none"> <li>▪ Nurses (benefits)</li> <li>▪ MDs or Pharmacists (medical necessity)</li> </ul> </li> <li>○ Appeals – Member or provider on behalf of the member has the right to appeal a UM decision. The appeal is reviewed by a different provider than who made the decision. All overturned appeals are reviewed at UMC to determine if there needs to be a change in policy or procedure.</li> <li>○ Behavioral Health – If UM staff identifies need for member to access behavioral health services a referral will be made to Beacon or CBHS. SFHP UM staff does not make behavioral health decisions.</li> </ul> </li> <li>● Utilization Management Committee (UMC) <ul style="list-style-type: none"> <li>○ Provides oversight of SFHP’s utilization review activities and initiatives. <ul style="list-style-type: none"> <li>▪ Benefit exceptions</li> <li>▪ Utilization reporting, particularly over- and under-utilization</li> </ul> </li> </ul> </li> </ul>		
--	---	--	--

- Overturned Appeals
- The UMC works to assure effective implementation of SFHP's UM Program and to support compliance and alignment with:
  - SFHP policy and procedures
  - National Committee for Quality Assurance (NCQA) standards – healthcare accrediting body.
  - Department of Health Care Services contractual requirements (DHCS) –.
  - Department of Managed Health Care (DMHC)-compliance with Knox-Keene Act with respect to Utilization Management
- The UMC provides monthly minutes and bi-annual reports to the Quality Improvement Committee (QIC).

Quality Improvement (QI) 2018 Program Evaluation and QI 2019 Program Description & Work Plan

Adam Sharma presented SFHP's Quality Improvement Program: 2018 Evaluation & 2019 Work Plan that includes QIC's Role, Process to Evaluate 2018 and Plan 2019, 2018 QI Program Evaluation, and Results.

- QIC's Role in QI Program
  - Provide leadership for SFHP's ongoing QI program.
  - Provide oversight of SFHP's annual quality work plan through quarterly monitoring.
  - Review and approve the annual QI Evaluation and subsequent year's Work Plan.
- Process to Evaluate 2018 and Plan 2019
  - Execute Activities
  - Evaluate Impact of Activities on Quality Measures
  - Recommend Future Quality Measures and Activities
  - Determine Targets
  - Develop Activities to Support Improvement on Quality Measures

- 2018 QI Program Evaluation
  - Evaluated efficacy of 2018 QI Measures:
    - Analyzed QI Program structure, including provider, leadership, and staffing support.
    - Assessed target attainment.
    - Summarized key results.
    - Summarized recommendations for continued improvement.
- Results
  - 68% (15/22) of QI measures met targets or improved from baseline.
    - 10 met targets
    - 5 improved

Area	# of measures meeting the target	# of measures improving from baseline
Clinical Quality and Patient Safety	2	2
Quality of Service and Access to Care	2	2
Utilization Management	2	1
Care Coordination	1	0
Delegation Oversight	3	0

- 2018 Highlights & Recommendations – Quality of Service & Access to Care
  - Highlighted Successes
    - Exceeded target in HP- Consumer Assessment of Healthcare Providers and Systems (CAHPS) composite “Getting Care Quickly”.
    - Improved compliance with Cultural and Linguistic standards.
    - Met the target for turnaround times in

	<p>Prevention Quality Indicators Potential Quality Issues (PQI) resolution.</p> <ul style="list-style-type: none"> <li>○ Recommendations <ul style="list-style-type: none"> <li>▪ Incentivize clinics and provider groups to implement projects to improve access under Performance Improvement Projects (PIP) and Strategic Use of Reserves (SUR).</li> <li>▪ Train provider groups on requirements for cultural and linguistic services.</li> <li>▪ Develop protocols to support expedited decision making for grievance determination.</li> <li>▪ Focus groups to better understand member perception for “Getting Needed Care, Tests and Treatment” CAHPS question</li> </ul> </li> <li>● 2018 Highlights &amp; Recommendations – Clinical Quality &amp; Patient Safety <ul style="list-style-type: none"> <li>○ Highlighted Successes <ul style="list-style-type: none"> <li>▪ Improved 10.6% in the influenza vaccination rate.</li> <li>▪ Provided Medication Therapy Management to 90% of members in Care Management programs.</li> <li>▪ Continued improvement in Cervical Cancer Screening.</li> </ul> </li> <li>○ Recommendations <ul style="list-style-type: none"> <li>▪ Add Chlamydia screening to PIP</li> <li>▪ Conduct root cause analysis for low in Chlamydia screening rates.</li> <li>▪ Expand Adult Wellness Visit member incentive to target members eligible for Cervical Cancer screening.</li> </ul> </li> </ul> </li> <li>● 2018 Highlights &amp; Recommendations – Utilization Management <ul style="list-style-type: none"> <li>○ Highlighted Successes <ul style="list-style-type: none"> <li>▪ Met target for adult non-specialty mental</li> </ul> </li> </ul> </li> </ul>		
--	--	--	--

	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>health penetration rate.           <ul style="list-style-type: none"> <li>▪ Increased percentage of members with a primary care visit in the past year.</li> <li>▪ Improved pharmacy point of service rejection rate.</li> </ul> </li> <li>○ Recommendations           <ul style="list-style-type: none"> <li>▪ Follow-up care for members after initial mental health therapy visit.</li> <li>▪ Expanded tele-behavioral health to include two tele-behavioral health services accessible to members. SFHP promoted this benefit to members.</li> <li>▪ Incentivize Primary Care Physicians PCPs to outreach to members enrolled but not yet seen.</li> <li>▪ Expand adult wellness visit member incentive.</li> </ul> </li> </ul> </li> <li>• 2018 Highlights &amp; Recommendations – Care Coordination       <ul style="list-style-type: none"> <li>○ Highlighted Successes           <ul style="list-style-type: none"> <li>▪ Attained high member satisfaction with care management services provided by SFHP.</li> <li>▪ Developed capacity to capture and report follow up for members who screen positive for depression.</li> </ul> </li> <li>○ Recommendations           <ul style="list-style-type: none"> <li>▪ Continue to offer in-person post-discharge planning services at discharging hospital.</li> <li>▪ Maximize use of Health Homes and Palliative Care benefits to better support members discharged from the hospital.</li> </ul> </li> </ul> </li> <li>• 2019 QI Work Plan       <ul style="list-style-type: none"> <li>○ Five domains are Clinical Quality and Patient Safety, Quality of Service &amp; Access to Care, Utilization Management, Care Coordination and Services, and Quality Oversight.</li> </ul> </li> <li>• 2019 Measures – Clinical Quality and Patient Safety – The</li> </ul>		
--	---	--	--

	<p>domain of Clinical Quality and Patient Safety involves QI activities related to clinical outcomes, including disease prevention, chronic condition care management, and preventing adverse health outcomes.</p> <ul style="list-style-type: none"> <li>○ Hepatitis C Treatment – Total number of members with any past history of Hepatitis C diagnosis who has completed the Hepatitis C treatment regimen. Baseline - 21%; Target - 35%.</li> <li>○ Cervical Cancer Screening (CCS): Baseline - 70.3%; Target - 71.9%.</li> <li>○ Chlamydia Screening (CHL): Baseline - 35.5%; Target - 40.5%.</li> <li>○ Medication Therapy Management (MTM): Baseline - N/A; Target - 90%.</li> <li>○ Opioid Safety – Total number of SFHP members with Opioid Use Disorder with at least one buprenorphine prescription in the last year. Baseline - 10.9%, Target - 12%</li> <li>○ Pain Management-Opioid Safety – Total SFHP members with at least one opioid prescription. Baseline - 8.3%; Target - 8%.</li> </ul> <ul style="list-style-type: none"> <li>● 2019 Measures – Quality of Service and Access to Care – The domain of Quality of Service and Access to Care incorporates all aspects of the services provided to members including customer service, language access, appointment access and wait times. <ul style="list-style-type: none"> <li>○ Health Plan Consumer Assessment of Healthcare Providers and Systems (HP-CAHPS): Getting Care Quickly &amp; Getting Needed Care Rating – Baseline: Getting Care Quickly: 73%, Getting Needed Care: 68.4%; Target: Getting Care Quickly: 75%, Getting Needed Care: 70.4%.</li> <li>○ Member Grievances Resolution Turn Around Time (TAT): Baseline - 78%; Target - 90%.</li> <li>○ Provider Appointment Availability Survey (PAAS) - Routine Appointment Availability In Specialty</li> </ul> </li> </ul>		
--	---	--	--



	<p>And Primary Care: Baseline - 87.7%; Target - 90.7%.</p> <ul style="list-style-type: none"> <li>○ Cultural and Linguistic Services (CLS): Baseline - 77%; Target - 80%.</li> <li>● 2019 Measures – Utilization Management – The domain of Utilization Management addresses quality of care through the lens of appropriate utilization (i.e. monitoring and improving both over used and underused services). <ul style="list-style-type: none"> <li>○ Members With A Primary Care Visit in Last 12 months: 2017 Performance or Baseline - 67.9%; Target – 69.9%.</li> <li>○ Percentage of Members Utilizing the Non Specialty Mental Health (NSMH) Benefit With More Than Two NSMH Visits: 2017 Performance or Baseline – 54.3%; Target – 55.9%.</li> </ul> </li> <li>● 2019 Measures – Care Coordination and Services – The Care Coordination and Services domain encompasses QI activities that improve coordination across multiple providers and facilities and focuses on members with more complex medical and psychosocial needs. <ul style="list-style-type: none"> <li>○ Care Management Client Satisfaction With Staff: 2017 Performance or Baseline – N/A; Target – 80%.</li> <li>○ Community Health Network (CHN) Out Of Medical Group (OOMG) All Cause Readmissions: 2017 Performance or Baseline – 22.8%; Target – 17.7%.</li> <li>○ Follow Up On Clinical Depression: 2017 Performance or Baseline – N/A; Target – 70%.</li> <li>○ Care Management Client Perception Of Health – Total clients who responded to self-reported health question of SF-12 on both the intake and closing assessments that increased at least one box in rating their health. 2017 Performance or Baseline – N/A; Target – 60%.</li> <li>○ Screening For Clinical Depression – 2017</li> </ul> </li> </ul>		
--	--	--	--

	<p>Performance or Baseline – N/A; Target – 70%. <u>Beacon 2018 Quality Program Evaluation and 2017 Member Satisfaction Survey Results</u> Laura Grossmann presented the Beacon 2018 Quality Program Evaluation and 2017 Member Satisfaction Survey Results.</p> <ul style="list-style-type: none"><li>• 2018 Quality Program Evaluation<ul style="list-style-type: none"><li>○ The Quality Program Evaluation serves to assess the overall effectiveness of the Quality Program, including the performance in clinical and service improvement activities.</li><li>○ It covers:<ul style="list-style-type: none"><li>▪ Medi-Cal Expansion (MCE) line of business.</li><li>▪ Data trending from January 2016 through October 2018.</li><li>▪ Data presented in this report reflects data as of October 31, 2018. Update with claims lag to be provided in 2019.</li><li>▪ Claims data reported includes behavioral health claims only, and does not include medical or pharmacy claims.</li></ul></li><li>○ Clinical Improvement Activities<ul style="list-style-type: none"><li>▪ Depression/Healthcare Effectiveness Data and Information Set (HEDIS) Antidepressant Medication Management (AMM) – The goal is to improve the percentage of members 18 years of age and older with a diagnosis of major depression who are newly treated with antidepressant medication, and who remain on antidepressant medication treatment (HEDIS AMM and American Psychiatric Association Clinical Practice Guideline (CPG).)</li><li>▪ Continuity and Coordination of Care – The goal is to improve the continuity and</li></ul></li></ul></li></ul>		
--	---	--	--

	<p>coordination between behavioral health providers and primary/medical care providers.</p> <ul style="list-style-type: none"> <li>▪ Timeliness of Handling Member Complaints – The goal is to ensure SFHP member needs are met and complaints are resolved in a timely manner submitted to Beacon.</li> <li>○ Service Improvement Activities <ul style="list-style-type: none"> <li>▪ Telephone Accessibility – The goal is to maintain the rate at which SFHP member and provider calls to Beacon are answered in a timely manner, and reduce the rate that calls are abandoned.</li> <li>▪ Appointment Accessibility – The goal is to improve SFHP member accessibility to medically necessary behavioral health ambulatory care that meets timeliness standards for the individual’s perceived urgency of the situation and physical access standards as well.</li> </ul> </li> <li>○ Interventions <ul style="list-style-type: none"> <li>▪ Specific Provider-Focused, Member-Focused, and Staff-Focused improvement activities were described.</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>• 2017 Member Satisfaction Survey <ul style="list-style-type: none"> <li>○ The survey was administered in 2018 Q2 to those members who received services from Beacon in CY 2017.</li> <li>○ Beacon contracted with Fact Finders, an independent research company, to conduct the survey.</li> <li>○ Fact Finders utilized mail and phone methodology to survey the members.</li> </ul> </li> <li>• Overall Satisfaction <ul style="list-style-type: none"> <li>○ Satisfaction with Mental Health Service of Beacon</li> </ul> </li> </ul>		
--	--	--	--

	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ 2015 - rate was 87.8%</li> <li>▪ 2016 - rate was 91%</li> <li>▪ 2017 - rate was 87.4%</li> </ul> </li> <li>○ Overall Goal is <math>\geq 90\%</math>.</li> <li>• Acceptability of Services <ul style="list-style-type: none"> <li>○ Overall satisfaction with services provided by counselor <ul style="list-style-type: none"> <li>▪ 2015 – rate was 90%</li> <li>▪ 2016 – rate was 92.1%</li> <li>▪ 2017 – rate was 90.2%</li> </ul> </li> <li>○ Counselor including member in planning treatment goals <ul style="list-style-type: none"> <li>▪ 2015 – rate was 76.9%</li> <li>▪ 2016 – rate was 87.2%</li> <li>▪ 2017 – rate was 85.1%</li> </ul> </li> <li>○ Counselor meeting member’s cultural, religious or language needs <ul style="list-style-type: none"> <li>▪ 2015 – rate was 87.9%</li> <li>▪ 2016 – rate was 90.7%</li> <li>▪ 2017 – rate was 89.7%</li> </ul> </li> <li>○ Overall Goal is <math>\geq 85\%</math>.</li> </ul> </li> <li>• Scope of Services <ul style="list-style-type: none"> <li>○ Counselor protecting member’s confidential information <ul style="list-style-type: none"> <li>▪ 2015 – rate was 92.5%</li> <li>▪ 2016 – rate was 95.7%</li> <li>▪ 2017 – rate was 95%</li> </ul> </li> <li>○ Counselor providing information to manage member’s condition <ul style="list-style-type: none"> <li>▪ 2015 – rate was 77.1%</li> <li>▪ 2016 – rate was 84.2%</li> <li>▪ 2017 – rate was 86.3%</li> </ul> </li> <li>○ Counselor sending information of member’s Primary Care Physicians PCP <ul style="list-style-type: none"> <li>▪ 2015 – rate was 45.8%</li> <li>▪ 2016 – rate was 57%</li> </ul> </li> </ul> </li> </ul>		
--	---	--	--

	<ul style="list-style-type: none"><li>▪ 2017 – rate was 72.7%</li><li>○ Overall Goal is <math>\geq 85\%</math>.</li></ul>		
--	---	--	--



QI Committee Chair's Signature & Date \_\_\_\_\_ 2/5/19

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