



Date: December 09, 2021
Meeting Place: Microsoft Teams Meeting
 +1 323-475-1528 : Conference ID: 273 199 162#

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

Members Present: Fiona Donald, MD *Chief Medical Officer, SFHP*; Irene Conway *SFHP Member Advisory Committee Member*; Idell Wilson *SFHP Member Advisory Committee Member*; Ana Valdes, MD *Chief Healthcare Officer, Healthright360*; Claire Horton, MD *Chief Medical Officer, San Francisco Health Network*; Albert Yu, MD, MPH, MBA *Chief Health Information Officer, San Francisco Department of Public Health*; Edward Evans *SFHP Member Advisory Committee Member*

Staff Present: Se Chung *Health Services Administrative Specialist*; Suu Htaung *Policy Analyst*; José A. Méndez *Senior Program Manager, Health Services Product Management (HSPM)*; Kaitie Hawkins, PharmD BCPS *Pharmacist Supervisor, Clinical Programs*; Elizabeth Sekera, RN *Manager, Population Health*; Yves Gibbons Sr. *Program Manager, Quality & Access*; Sue Chan *Program Manager, Pharmacy Compliance*; Rashid Alexander *Interim Director Population Health and Quality*; Bobby Lew *Operations Administrative Specialist*

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 7:30 AM with a quorum. <ul style="list-style-type: none"> Roll Call. 		
Consent Calendar	All in favor to approve consent calendar.		Approved.

	<p>- As of 1/1/22 (MediCal Rx) all SFHP MediCal members will have their Pharmacy benefits administered by the State. Authorization, payments, and grievances will be handled by the State. SFHP Pharmacy team will continue to monitor ER Rx access.</p> <p>- Grievances increase in Q3 may be due to increase in membership and access to services. SFHP is continuing to monitor/improve timelines, processes and questions asked in order to improve grievances resolved in 30 days.</p>		<ul style="list-style-type: none"> • Review of October 2021 Minutes • Q2 ER Report • Q3 2021 Grievance Report • Q3 2021 Appeals Report • HE P&P Updates Summary October 2021 • 2021 QI Program Evaluation • 2022 QI Program Description & Work Plan
<p>Quality Improvement</p>	<ul style="list-style-type: none"> • 2021 QI Evaluation & 2022 QI Plan <p>Presented by Yves Gibbons</p> <p>In measure development & evaluation process, starting to integrate population data & analysis to drive quality measures.</p> <p>-2020 Follow Ups</p> <p>10/21 integration of QI and PHM programs; due to late launch of integration of PHM, QI measures not based on population assessment; population assessment started 08/21; HEDIS disparities dashboard created; participation in disparities leadership program.</p> <p>-2021 Successes</p> <p>22 Measures, 11 met target.</p> <p>Some highlights: Quality of Services & Access to care: Routine appointment availability in specialty care increased by 20%; Patient Safety or Outcomes Across setting: opioid safety increased by 7%; Managing Multiple Chronic Illnesses: Care Management client perception of health increased by 6.5%; Utilization Services: increase percentage of utilization of non-specialty mental health benefit more than 2 times increased by 1.8%</p>		

	<p>-2021 Opportunities / Recommendations</p> <p>Some Measures not met, SFHP will continue to target in 2022.</p> <p>In Quality of Service & Access to Care: Cultural & Linguistics Services Program- provide race/ethnicity and language spoken at practitioner level. Plans to engage more Health Services staff to implement.</p> <p>Keeping Members Healthy: Breast Cancer Screening- refocus on populations experiencing disparities. Prioritize COVID-19 vaccinations to reach SF levels.</p> <p>Patient Safety/Outcomes Across settings- trying to decrease Benzodiazepine co-prescribing, fell short by 5%. Include additional measure related to high doses opioids.</p> <p>Managing Members with Emerging Risk: Hep C Treatment – treatment hesitancy, fell short of target by 3%. SFHP to utilize population assessment to identify priority conditions (i.e. diabetes).</p> <p>Managing Multiple Chronic Illnesses: Follow up on clinical depression- barely missed target. SFHP to provide more life skills, health education and training.</p> <p>Retired measures: Non specialty Mental Health, Outpatient Primary Care and Telehealth. Instead focusing on aligning mental health measure with Beacon Health Services and prioritizing utilization measures set by SFHP Clinical Operations.</p> <p>2022 Measures</p> <p>Domain: Keeping Members Healthy</p> <p>Measures:</p> <p>- Breast Cancer Screening (50-74y), target 50%</p> <p><i>Irene Conway: Why is the target so low?</i></p>		
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Elizabeth Sekera, RN: SFHP has an expectation of a relative improvement 3-5% increase a year. Collaborating with Rafiki Coalition to have a patient navigator engage outreach.

Dr. Claire Horton: Do you need a PCP visit to get a referral for a Mammography? Concerned that it will slow that Mammography process, effect PCP appointments if required.

Elizabeth Sekera, RN: Will include in Patient Navigator training to verify if PCP office visit is required for referral or can be made without visit.

Dr. Fiona Donald: Looking for opportunities for improvement at the Plan level for eligible members to get screening. Considering workflow changes - providing Mammography providers a list of eligible members, e-consult opportunities. SFHP focus on lowest utilizers, Black women.

-COVID-19 Vaccinations (1st dose eligibility), % target is changing by aiming no less that 10% of SF county rate.

Dr. Albert Yu: Why measure by only 1st dose eligibility? 1 dose does not provide full immunity.

Dr. Fiona Donald: The State requires SFHP to monitor 1st dose vaccination rates with the understanding that people are more likely complete the vaccination series once they receive their 1st dose. SFHP has a call center to reach out to members for follow up doses. SF is almost at 80%, SFHP members nearly 70% - 1st dose vaccinated.

Dr. Albert Yu: Is there any coordination between Plan and the County for outreach?

Dr. Fiona Donald: There is a weekly collaboration meeting. SFHP Marketing is also involved to insure correct messaging.

Edward Evans: How do you keep track members who do not get their vaccine within the SFHP network?

Dr. Fiona Donald: Data is pulled from the California Immunization Registry, Pharmacy Claims.

Domain: Patient Safety or Outcomes Across Settings

Measures: MTM: 90% target; Opioid Safety – Buprenorphine Rx: 30% target; Opioid Safety – Co-prescribing: 7% target; High Dose Opioid Rx: 6% target; Transition members in RX transition: 80% target.

Domain: Managing Members with Emerging Risk

Measures: % of Members completing Hep C treatment: 40% target; decreasing HbA1c in poor control: 35.05% target; Project Open Hand satisfaction- focusing on members with and pre-diabetes: 85% target.

Domain: Managing Multiple Chronic Illnesses – SFHP Care Management Program – maintaining same measures as last year.

Measures: Client perception of Health: 63% target; Follow up on clinical depression: 90% target; Client Satisfaction: 90% target.

Domain: Quality of Service and Access to Care – maintaining same measures as last year.

Measures: HP-CAHPS: 61.3% target; PAAS: 82.9% target; CLS: 10% target.

Domain: Utilization of Services – retired measures around Primary Care, Telehealth and Non-Specialty Mental Health – 2 visits. Clinical Operations has prioritized new measures.

Measures: Decrease inpatient hospital admissions and effective continuation phase of treatment for antidepressant medication.

	<p>This is also part of Beacon's QI program. Also, one of SFHP's lowest performing HEDIS measure in the mental health area.</p> <p>Quality Oversight Activities continuing such as: QIC, P&T Committee, PAC, Annual Evaluation, DHCS performance improvement projects.</p> <p>SFHP to integrate QI and Population Health management programs to better serve members by prioritizing measures and interventions based on population assessment.</p> <p>Call for Approval for :</p> <ul style="list-style-type: none"> • 2021 QI Program Evaluation • 2022 QI Program Description & Work Plan Approved. <ul style="list-style-type: none"> • Meeting adjourned at: 8:54 AM. 		
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QI Committee Chair's Signature & Date Fara Darabi, MD 02/24/22 _____

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