



Here for you

Date: December 08, 2022
Meeting Place: Microsoft Teams Meeting
[+1 323-475-1528,,963282559#](tel:+13234751528963282559)
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*; Jackie Lam, MD *Medical Director and QI Director Northeast Medical Services*

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 *Nurse Supervisor, Quality Review*; 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*; Michelle Faust, RN *Prior Authorization Nurse*; Yves Gibbons *Senior Program Manager, Quality & Access*; Kaitlin Hawkins PharmD BCPS *Manager, Pharmacy Operations*; Tammie Chau, PharmD, APh *Care Coordination Pharmacist*; Eileen Kim, PharmD *Clinical Pharmacist*; Ian Hodur Sr. *Program Manager, Essette*; Edward Cho *Provider Relations Specialist*; Paul Velasco *Director, Systems Development Infrastructure*

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 7:31 AM with a quorum. 		
Consent Calendar	<ul style="list-style-type: none"> October 2022 Minutes Q2 2022 ER Report UM Committee Minutes (October 2022) 		Approved.

	<ul style="list-style-type: none"> • Q4 2022 PQI Report • Q1-Q3 2022 Grievances Reports • Q1-Q3 2022 Appeals Reports • 2022 QI Evaluation • 2023 QI Program Description and Workplan <p>Follow up from last meeting:</p> <p><i>Eddy: Last meeting Edward had mentioned that he heard that some people with Kaiser have been charged with copay for medications. Any follow ups?</i></p> <p><i>Kaitlin: No follow up as she did not receive additional specific information in order to investigate.</i></p> <p><i>Edward: has informed MAC that if they have issues to contact members in QIP. He will bring more information forward if he has any.</i></p> <p><i>Eddy: Timeline for Kaiser contracting with DHCS is 2024.</i></p> <p><i>Eddy:</i> <i>ER Reports – nothing significant</i> <i>UMC Minutes – Last meeting looked at top diagnosis for hospitalization. Number 1 is Sepsis. SFHP is working with BA team to analyze the primary driver that results in Sepsis.</i> <i>P&P update – These are the list of policies that have been recently updated.</i> <i>PQI Log – 21 PQI investigation was open in Q3 of 2022. Five cases were closed in 60 days TAT and one was outside TAT.</i> <i>Grievance report – this has been previously approved. Q4 report will not be ready until next year. Q1-Q3 reports have been reviewed and approved by the Committee.</i></p>	<p>Wait for Edward to share additional information. No action from SFHP in the meantime.</p>	
<p>Quality Improvement</p>	<p>Yves: 2022 QI Evaluation</p>		

	<p>Role of QIC is to provide leadership and oversight of the QI program, receive updates on progress of activities and approve QI evaluation and work plan.</p> <p>Quality plan and evaluation is guided by DMHC, DHCS and NCQA.</p> <p>2022 Success – of the 21 measures included in the 2021 QI Evaluation, seven met the target including: Quality of Services and Access to Care – <i>Cultural and Linguistic Services: Provider Data</i> Members wanted to be able to find a provider that matches their race/ethnicity or speak the same language. SFHP is working on adding the data to the portal.</p> <p>Patient Safety or Outcomes Across Settings – <i>Benzodiazepine & Opioid Co-prescribing</i> <i>High Dose Opioids</i> Both are opioid related measures and are invers measures where the target is to decrease the number.</p> <p><i>Pharmacy Transitions</i> Monitor members that may have conditions that need to be monitored. This started at the beginning of 2022 when pharmacy benefit was being moved to Medi-Cal Rx. This measure was to communicate with medium to high-risk members to ensure smooth transition. We will retire this measure.</p> <p><i>Edward – interested in finding out whether opioid is prescribed or street drugs.</i></p> <p><i>Yves – this is based on prescribed. We are not able to count street drugs. Pharmacy also have access to toxicity dashboard to review overdoses. Kaitlin - We do have access to number of overdoses and bump it up against utilization. Significant majority of overdoses are with members who don't have opioid prescription.</i></p>	<p>Yves will come back in April 2023 to provide updates unless people request earlier.</p>	
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	<p>Managing Members with Emerging Risk – <i>Project Open Hand Member Satisfaction</i> For medically tailored meals we conducted a survey to get members’ sense of satisfaction with the program.</p> <p><i>Diabetes Prevention Programs – Weight Loss</i> Members were provided education via YMCA. We evaluated if member is losing weight, whether they are satisfied, whether they conduct 3 hours of activity. We did not achieve the target for number of hours to exercise, we did meet the goal for weight loss and program satisfaction.</p> <p>Lessons learned for measures we didn’t reach target.</p> <p>For Quality of Service and Access to Care we did not reach any of our targets except for language. We will be revising in CAHPS.</p> <p>Patient Safety or Outcomes Across Settings - Medication Therapy Management. We will expand eligibility beyond members in Care Management and look at other members with complex medication needs.</p> <p>Managing members with emerging risks - Project Open Hand – We will expand eligibility beyond members with diabetes and pre-diabetes to include other chronic conditions.</p> <p>Managing multiple chronic illnesses – none of them reached target. A large reason because we continue to provide telephonic CM to mid-2022. The team they will be re-entering the field to provide more thorough life skills to members.</p> <p>Utilization of services – we will be collaborating with Beacon on member outreach and education</p>		
	<p>2023 QI Workplan</p>		

	<p>Measures we will be looking at in 2023:</p> <p>Quality of service and access to care- these measures focuses on member experience especially around access.</p> <p>We will be separating Cultural and Linguistic services into two measures: provider language data and provider race/ethnicity data</p> <p>New measures: Getting needed care, Ratings of specialist and Rating of personal doctor</p> <p>Keeping members healthy – these measures focus on preventative care. BCS, W30 - these two did not meet minimum performance level (MPL) in 2022. We typically exceed in other measures, but this is an area for us to focus our improvements on.</p> <p>Patient safety or outcomes across settings – Two new measures for follow up after ED for AOD and mental health.</p> <p>Managing members with emerging risk – these measures look at trying to prevent things from getting worse. We have three new perinatal measures which focus on black and native American members due to disparities.</p> <p>Managing multiple chronic conditions – we will be continuing all measures. It is important that we increase member’s perception of health as they may have more confidence to manage conditions on their own once care management ends.</p> <p>Ongoing Oversight Activities: These are ongoing activities that we check the box every year.</p> <p><i>Edward : I want to find out if in there is research on conditions that are impacted by lack of housing.</i></p> <p><i>Eddy: Members who experience homelessness or unsheltered, we have a separate initiative tied with HHIP. We are working on that initiative and</i></p>		
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	<p><i>partnering with Homelessness and Supportive Housing. We can circle back with more info. For 2023, the housing metrics and initiative is not included but something we are working on separately.</i></p> <p><i>Eddy: Do you have any questions? Do you feel like we are focusing on the right measures and is it something you experience as well? These are the three measures with lowest performance on CAHPS survey and these are completed by members.</i></p> <p><i>Dr Tai - those are on track, those are also measures we are struggling with and will prioritize those measures as well.</i></p> <p><i>Eddy: For W30, we had a lower performance and did not achieve MPL. These are the only two that we didn't achieve 50% percentile. We will be looking at reducing barriers. One of the barriers is that we don't get claims until 3 months after the service is rendered. Children require 6 visits from 0-15 months and 2 visits from 15-30 months.</i></p> <p>Approval: Irene: approve Edward – second</p> <p>Meeting Adjourned at: 8:29AM</p>		
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QI Committee Chair's Signature & Date: _____ 3/21/2023

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