



Date: April 5, 2018
Meeting Place: San Francisco Health Plan, 50 Beale Street 13th floor, San Francisco, CA 94105
Meeting Time: 7:30AM - 9:00AM

Members Present: Edwin Batonbacal; LCSW; Annelie Briones; Jeanette Cavano, PharmD; Ellen Chen, MD; Jeffrey Critchfield, MD; Lukejohn Day, MD; Edward Evans; Todd May, MD; Jaime Ruiz, MD; Joseph Woo, MD; James Glauber, MD, MPH (Chief Medical Officer, SFHP)

Staff Present: Grace Dadios, Health Services Department Specialist; Fiona Donald, MD, Medical Director; Yves Gibbons, Program Manager, Access and Care Experience; Amy Petersen, Manager, Access and Care Experience; Eloyscia Ratliff, Disease Management Program Manager; Adam Sharma, Director, Health Outcomes Improvement; Nicole Ylagan, Grievance 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 was called to order at 7:30AM with a quorum. • No public comments or questions. 	<ul style="list-style-type: none"> • No follow up needed. 	<ul style="list-style-type: none"> • n/a
Follow Up Items	<p><u>Follow-Up Items from February 2018</u></p> <ul style="list-style-type: none"> • There are no follow-up items from February 2018. • San Francisco Health Plan (SFHP) underwent the Department of Healthcare Services (DHCS) annual medical audit in March 2018. SFHP has not yet received its preliminary findings. 	<ul style="list-style-type: none"> • No follow up needed. 	<ul style="list-style-type: none"> • n/a
Consent Calendar	<ul style="list-style-type: none"> • Review of Minutes – February 8, 2018 • Health Services Update • UM Committee Minutes <ul style="list-style-type: none"> ○ January 2018 ○ February 2018 • P&T Committee Minutes 		<p>Approved:</p> <ul style="list-style-type: none"> • Review of Minutes – February 8, 2018 • Health Services Update • UM Committee Minutes <ul style="list-style-type: none"> ○ January 2018

	<ul style="list-style-type: none"> ○ October 2017 ● 2017 Annual Review of Appeals 		<ul style="list-style-type: none"> ○ February 2018 ● P&T Committee Minutes <ul style="list-style-type: none"> ○ October 2017 ● 2017 Annual Review of Appeals
<p>Quality Improvement</p>	<p><u>2017 Annual Grievance and Appeals Report & Grievance Improvement Opportunities</u></p> <p>Nicole Ylagan presented the 2017 Annual Grievance and Appeals Report.</p> <ul style="list-style-type: none"> ● SFHP reported 302 grievances and 57 appeals in 2017 compared to 353 grievances and 65 appeals in 2016. In 2017, the grievance and appeal volume decreased by 14.4% and 12.3%, respectively. ● SFHP’s performance threshold for each grievance and appeal category is less than or equal to 1.00 per 1,000 members. SFHP established this threshold in collaboration with SFHP’s National Committee for Quality Assurance (NCQA) consultant. <ul style="list-style-type: none"> ○ SFHP met performance threshold for all categories. ● Four grievances were reviewed that resulted in significant changes and improvements in SFHP systems: <ul style="list-style-type: none"> ○ The first grievance resulted in the removal of prior authorization for Urgent Care across SFHP’s network. ○ The second grievance recognized a deficiency in the continuity of care evidenced by a gap of provider-provider communication and provider-patient communication of abnormal lab results. The following interventions were initiated as a result: <ul style="list-style-type: none"> ▪ Contact information posted in various locations for patients requesting lab results, ▪ Standard reporting and documentation procedures for lab results requested by phone, ▪ Meeting scheduled between the involved parties to identify additional high value improvements. ○ The third grievance resulted in a member being referred to SFHP’s Care Management program where the member received information about medical and vision 		<ul style="list-style-type: none"> ● Approved: 2017 Annual Grievance and Appeals Report & Grievance Improvement Opportunities

benefits, transportation, and access to homeless shelters. Member will complete his Care Management goals by August 2018.

- The final grievance involved a member who was experiencing medication adherence challenges. SFHP suggested using bubble packs as these organized the medications by dosage and the time of day.
 - CVS currently offers bubble packs.

2017 Access Monitoring Results

- Jim Glauber discussed the quarterly DHCS Medicaid Managed Care dashboard.
 - The dashboard indicates that utilization has increased in several areas including outpatient visits, mental health, emergency room visits, and inpatient visits.
 - Jim will follow up with DHCS to determine if they have metrics on unduplicated patients utilizing mental health services.
 - Jim speculated that increase in utilization could be due to better access to healthcare services.
- Yves Gibbons presented the 2017 Accessibility Monitoring Annual Update.
- SFHP monitors access in four main areas:
 - Member perception of access (CAHPS)
 - Appointment access
 - Wait times in providers offices
 - Telephone and triage access
- Wait time and triage comprise of Time to Answer, Office Wait Time, Daytime Triage, and After Hours Triage.
 - SFHP established a threshold of 80% compliance rate. Those who did not respond to the survey were considered noncompliant.
 - SFHP surveyed the office staff at the different medical groups by calling during business and after hours and asking questions related to wait time and triage. The office staff self-reported the amount of time they

- Nicole will follow up on whether Walgreens offers bubble packs.
- SFHP will add a section in the Provider Newsletter listing the pharmacies that offer bubble packs.

- Jim will follow up with DHCS to determine if they have metrics on unduplicated patients utilizing mental health services.

- Approved: 2017 Access Monitoring Results

	<p>believed it took for providers to respond back to a member expressing an urgent need to speak with a clinician, how much time a member spent in the waiting room, etc.</p> <ul style="list-style-type: none"> ○ SFHP’s network scored 99% in provider telephone wait time within 10 minutes and 85% in provider office wait time in 30 minutes. ○ Compared to 2016, SFHP’s compliance decreased from 74% to 49% in providing triage after hours. <ul style="list-style-type: none"> ▪ Possible explanations could be the increased sample size of 55 sites and the use of a different surveyor this year. ○ Out of 11 medical groups: <ul style="list-style-type: none"> ▪ 11 were compliant in Time to Answer ▪ 4 were compliant in Daytime Triage ▪ 5 were compliant in After Hours Triage ○ 9/9 medical groups were compliant in Office Wait Time. ○ Next steps include resurveying the non-responders to the Daytime Survey, completing the Corrective Action Plan process, and offering technical assistance for 2018 fielding. <ul style="list-style-type: none"> ● SFHP administers the Provider Appointment Availability Survey (PAAS) and the Daytime Survey to evaluate appointment availability. <ul style="list-style-type: none"> ○ The provider types included in the PAAS are: <ul style="list-style-type: none"> ▪ Primary Care Providers ▪ Specialty Providers <ul style="list-style-type: none"> ● Endocrinology, gastroenterology, gynecology, oncology, and cardiology. ● Gynecology and oncology were identified as the top high volume and high impact specialties and were included to follow National Commission of Quality Assurance (NCQA) network access recommendations. ○ Behavioral Health 		
--	--	--	--

- Ancillary
 - Ancillary services include mammography, physical therapy, and MRI.
- SFHP requires 80% compliance. Provider sites that did not respond to the survey within 48 hours were considered noncompliant.
- Survey highlights include:
 - Primary Care and Cardiology providers' response rates and compliance with appointment availability requirements significantly improved for urgent and routine appointments.
 - SFHP reached 80% compliance in availability for routine primary care, prenatal care, and physical therapy appointments.
 - Specialty and behavioral health providers significantly contributed to low response rates.
- The 2018 Daytime Survey and PAAS fielding methodology will have the following changes:
 - SFHP will initiate the survey via e-mail or fax instead of conducting a phone survey. The provider has seven business days to respond. If there is no response after seven business days, SFHP will conduct a phone survey.
 - If a specific provider does not have appointments available within the required time frame, the provider is considered non-compliant whereas in 2017 methodology, if a specific provider did not have appointments available within the required time frame, surveyors asked if sooner appointments were available with alternative providers.
 - Non-responses will be omitted from final PAAS results.

SFHP Pain and Opioid Stewardship

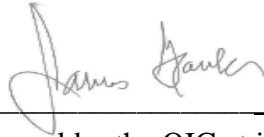
Fiona Donald and Eloyscia Ratliff presented the SFHP Pain and Opioid Workgroup.

- SFHP has been involved in a variety of opioid and pain management activities since 2012 including:

	<ul style="list-style-type: none"> ○ San Francisco Safety Net Pain Management Workgroup ○ SFHP's Annual Pain Day Conference ○ Pain Management resources on the SFHP website <ul style="list-style-type: none"> ▪ Continuing medical education (CME) courses ○ New opioid related measures in SFHP's Practice Improvement Program (PIP). ○ Strategic Use of Reserves <ul style="list-style-type: none"> ▪ Hospital grants to develop/expand inpatient addiction treatment services. ● SFHP created the workgroup in response to the following: <ul style="list-style-type: none"> ○ The National Opioid Crisis ○ New Centers for Disease Control and Prevention (CDC) guidelines for prescribing opioids for chronic pain ○ DHCS contract requirements for pharmacy drug utilization review metrics ○ NCQA Population Health Standards <ul style="list-style-type: none"> ▪ This entails stratifying a defined population and creating strategies for care based on the population needs. ○ New 2018 opioid HEDIS measure related to the number of opiate prescribers and dosage. ● The percentage of SFHP members utilizing opiates has decreased from 12.55% in 2014 to 8.28% in 2017. <ul style="list-style-type: none"> ○ Despite this decrease, opiate poisoning ED visits and hospitalizations have increased with large spikes in Quarter 4 2016 and Quarter 2 2017. ● The Association for Community Health Plans (ACAP) conducted a benchmark study assessing opioid use across the affiliated health plans. <ul style="list-style-type: none"> ○ The study results found that SFHP has a lower percentage of members on opiates but of these a higher percentage are on high doses (8.56% compared to 3.76% benchmark). ● The SFHP Pain/Opiate Workgroup is a cross-functional workgroup comprised of various health services programs that work on pain and opiate related activities. There is representation 		
--	--	--	--

	<p>from the following teams:</p> <ul style="list-style-type: none">○ Pharmacy○ Health Outcomes Improvement<ul style="list-style-type: none">▪ Access and Care Experience▪ Population Health○ Care Management○ Business Intelligence (BI)○ Beacon Health Options <ul style="list-style-type: none">● The priorities and goals of the workgroup are to:<ul style="list-style-type: none">○ Reduce opioid poisonings by implementing activities focusing on improvement on safety management.○ Enhance internal data and reporting methods by building one shared data report.○ Create a comprehensive set of resources to address the needs of SFHP members with chronic pain and opioid dependence.		
--	---	--	--

QI Committee Chair's Signature & Date _____



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