



Quality Improvement and Health Equity Committee Minutes

Date: May 15, 2025
Meeting Place: 50 Beale Street, 12th Floor
San Francisco, CA 94119

Microsoft Teams Meeting
[+1 323-475-1528,636203727#](https://teams.microsoft.com/join/+13234751528636203727?auth=1)

Meeting Time: 8:00AM – 10:00AM

QIHEC Members Present:

Dr. Kenneth Tai, Chief Health Officer, *NEMS*; Dr. Kathleen Chung, Medical Director, Value Based Care, *SFHN*; Dr. Lisa Inman, SFDPH Behavioral Health Services; Dr. Jackie Lam, Medical Director/QI/QA Director, *NEMS*; Alecia Martin, Director of Quality Management, *SF BHS*; Yves Tcheutchoua, SFHP MAC Member; Maria Contreras, SFHP MAC Member

Not present: Dr. Ana Valdes, Chief Healthcare Officer, HealthRight360; Dr. Luke Day, Chief Medical Officer, *ZSFGH*; Dr. Blake Gregory, Primary Care Director of Population Health and Quality, Medical Director, Complex Care Program, *SFHN*; Dr. Amy Lu, Chief Quality Officer, *UCSF*; Dr. Albert Yu, Chief Health Information Officer, *SFHN*; Dr. David Ofman, Chief Medical Officer, San Francisco Consortium of Community Clinics (SFCCC)

SFHP Staff Present:

Steve O'Brien, Chief Medical Officer; Edwin Poon, Chief Health Equity Officer; Shenita Hurskin, Director, Quality Population Health Management; Yves Gibbons, Manager, Quality Improvement; Emily Turpin Srock, Sr. Program Manager, Quality Improvement; Lauren Jami-Williams, Program Manager, Quality Programs; Michelle Gomez-Dediu, Associate Program Manager, Access to Care; Maya Velardez, Associate Program Manager, Quality Improvement; Rami James, Quality Improvement Specialist; José Méndez, Manager, Quality Data Analytics; Rina Shah, Sr. Medical Director; Jorge Ramirez, Program Manager, Quality Data Analytics; Matija Cale, Director, Clinical Operations; Crystal Garcia, Director, Compliance and Oversight; Tammie Chau, Clinical Pharmacist; Mariano Lising, Quality Review Nurse; Jessica Shost, Clinical Pharmacist; Brian Ellsworth, Director, Pharmacy; Robert Baldwin, Program Manager, Clinical Operations

Guests Present:

Kitty Ha, *SF BHS*; Lenh Tsan, *SF BHS*; Amber Allred, Senior Clinical Quality Audit Analyst, Carelon; Sherry Copeland, Director, State Regional Ops, Carelon

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 8:00am by Steve O'Brien, MD, CMO, San Francisco Health Plan (SFHP).		
Welcome/Updates	Dr. Steve O'Brien opened the meeting by introducing the agenda and emphasizing the importance of upcoming strategic initiatives. He provided a detailed update on the Medicare Dual Special Needs Plan (DSNP), scheduled for implementation in January 2026. This program will serve individuals eligible for both Medi-Cal and Medicare. The committee was informed that the planning process is well underway, involving workforce development, infrastructure building, and creation of a quality-focused model of care. Dr. O'Brien proposed bringing the quality components of the DSNP model to a future QIHEC meeting for review. He also raised significant concern about potential state and federal budget cuts that could impact Medi-Cal eligibility, especially for undocumented individuals, who make up approximately 17% of SFHP's membership. The group discussed anticipated federal policy changes such as increased reauthorization frequency, eligibility threshold reductions, and the addition of work requirements, which could disproportionately impact vulnerable populations. These developments are being closely monitored, and updates will be shared with the committee as legislation progresses.		
Role of QI Committee Members	Dr. Steve O'Brien explains the role of QIHEC members, emphasizing their perspective rather than subject matter expertise. He reassures members that audits from DHCS, DMHC, and NCQA ensure compliance with regulations. Edwin Poon emphasizes the importance of feedback and support from the committee members. Dr. Steve O'Brien mentions the commitment to providing packets two weeks in advance and allowing members to reach out with questions prior to meetings.		
Consent Calendar	<p>Items for Approval:</p> <ul style="list-style-type: none"> Follow Up Items February 2025 QIHEC Minutes Q4 2024 Emergency Room Rx Access Report Q4 2024 Appeals Report Q3 2024 PQI Report UM Committee Minutes and supporting documentation <ul style="list-style-type: none"> January 2025 Minutes March 2025 Minutes Health Services Policies & Procedures (P&P) Updates Summary QI Access Monitoring Annual Update 		<p>Motion to Approve: Dr. Jackie Lam Second: Dr. Lisa Inman Opposed: None Approved:</p> <ul style="list-style-type: none"> Follow Up Items February 2025 QIHEC Minutes Q4 2024 Emergency Room Rx Access Report Q4 2024 Appeals Report

			<ul style="list-style-type: none"> • Q3 2024 PQI Report • UM Committee Minutes and supporting documentation <ul style="list-style-type: none"> ○ January 2025 Minutes ○ March 2025 Minutes • Health Services Policies & Procedures (P&P) Updates Summary • QI Access Monitoring Annual Update
Quality Improvement	<p>Q1 2025 QI Scorecard:</p> <p>Yves Gibbons presented the Q1 2025 QI Scorecard, directing attendees to page 90 of the packet. The dashboard covers 25 performance measures, each coded with color indicators: green for above prior year's rates, orange for below, and gray/null where comparison is unavailable. Key focus areas included follow-up after ED visits and well-care visits for children in health equity populations. The follow-up after ED visits was identified as a challenging measure but showed improvement, particularly due to strong community partnerships. Dr. O'Brien and Edwin Poon emphasized that health equity is not a standalone concept but embedded within all quality improvement efforts. There was a robust discussion about the methodology behind hybrid and administrative measures, particularly regarding data limitations for measures like blood pressure control. José Méndez explained how hybrid measures are monitored using administrative data until medical record reviews are conducted. The committee also discussed the shift toward digital quality measures (dQMs), which are expected to replace hybrids entirely by 2030, with transitional overlap starting around 2029. Members expressed concerns about Epic system fragmentation and the technical challenges of pulling structured data from providers. The team committed to returning in August with updated performance data, strategy plans for dQM adoption, and refined visualization of care experience measures.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Dr. Lisa Inman asked about depression screening data source—answered as EMR extract with specific billing codes. • Dr. Jackie Lam questioned low YTD rates vs. targets—clarified by seasonal timing and hybrid measurement. • Dr. Kenneth Tai commented positively on dashboard's usability and overall look. 		
Health Equity	<p>Health Equity Updates:</p> <p>Edwin Poon presented the newly approved Health Equity and DEI training curriculum, which was recently cleared by DHCS with no changes. The training consists of five modules covering</p>	<ul style="list-style-type: none"> • Edwin Poon will solicit CME- 	

	<p>community profiles, trauma-informed care, health disparities, cultural sensitivity, and equity in provider communication. The content is designed to be reflective, story-based, and modular—intended for self-paced completion via SFHP’s learning management system. The rollout will begin with a soft launch around July or August. Members were invited to offer feedback and identify pilot organizations or teams to test the program. The curriculum was well-received, and several members, including Maria Contreras, recommended incorporating immigration and documentation status as a social determinant of health. Others, such as Dr. Lisa Inman and Emily Turpin Srock, offered feedback on naming the curriculum in a way that centers on quality and community while remaining sensitive to political climates. Edwin encouraged members to suggest terminology that would resonate broadly. CME accreditation is under consideration, although no mechanisms are currently in place. SFHP is also engaging with other managed care plans to develop reciprocal training agreements to reduce duplication. The full module walkthrough and pilot feedback will be brought back in August.</p> <p>Edwin Poon shared updates on the TGI (Transgender, Gender Diverse, Intersex) training curriculum. SFHP has partnered with a community-based TGI organization to develop the content, which is currently scoped for internal member-facing staff. State-level guidance remains fluid regarding whether this training will extend to network providers or subcontractors. Edwin committed to returning in August with a walkthrough of the final curriculum and to keeping the committee informed of any changes in DHCS or DMHC requirements. Additionally, the NCQA Health Equity Accreditation submission is scheduled for June 23–24, 2025. Preparation is ongoing, and outcomes from the accreditation process will be reported back to the committee upon receipt.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Maria Contreras raised the inclusion of documentation status as a Social Determinant of Health— Edwin Poon welcomed the idea. • Dr. Lisa Inman and Emily Turpin Srock supported using words like “community” and “quality” in the title. • Edwin Poon stressed the need to avoid duplicated efforts across health plans, seeking reciprocal agreements (e.g., with Anthem, Kaiser). 	<p>accredited partners and provider sites for pilot testing.</p> <ul style="list-style-type: none"> • Edwin Poon will return with module walkthrough, feedback request, and TGI content preview in August. • Edwin Poon will share NCQA outcomes when available. 	
Utilization Management	<p>Items for Approval:</p> <ul style="list-style-type: none"> • 2024 UM Evaluation • 2025 UM Program Description • 2025 UM Workplan <p>Matija Cale presented the 2024 Utilization Management Evaluation, 2025 UM Program Description, and 2025 UM Work Plan—collectively known as the UM trilogy documents. The documents detail SFHP’s utilization review processes, turnaround times, approval rates, and quality oversight mechanisms. In 2024, SFHP met 99% of authorization turnaround targets, with outpatient approval</p>		<p>Motion to Approve: Dr. Jackie Lam Second: Dr. Kathleen Chung Opposed: None Approved:</p> <ul style="list-style-type: none"> • 2024 UM Evaluation • 2025 UM Program Description • 2025 UM Workplan

	<p>rates at 90% and inpatient denials generally limited to observation stays or non-covered services. Matija explained the use of standardized MCG and DHCS criteria for medical necessity, along with backup procedures using internal guidelines or independent peer review where gaps exist. Dr. O'Brien highlighted that UM's primary focus is member safety, not cost containment. The new Jiva system has improved efficiency across authorization workflows. Audit outcomes from DHCS in March 2025 showed no preliminary findings. The committee approved all three documents following confirmation that they had already been reviewed and passed by the UM Committee. Matija and team will monitor ongoing performance and bring updates as audit responses and system utilization data become available.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Dr. Steven O'Brien emphasized that UM is not just cost containment but member safety assurance. • Edwin Poon: Confirmed UMC had approved documents, now seeking QIHEC approval. 		
Other Updates	<p>Delegation Oversight Report: Crystal Garcia provided a comprehensive overview of SFHP's delegation oversight activities, noting that 2024 saw the most changes since the program's establishment. All audits are now full-scope, and a centralized policy library has been implemented to streamline document requests and reviews. Transitional care services have been added as a new delegated function, resulting in 12 new delegate entities in 2025. Complex case management has been removed as a delegated function due to updated DHCS guidelines. To enhance engagement, SFHP launched quarterly workgroups focused on UM, claims, and compliance, where delegates meet directly with subject matter experts. Crystal highlighted the reduction of standard reports from 37 to 19 through an overhaul of the Reports Deliverable Index (RDI), improving efficiency and responsiveness.</p> <p>Each delegate's current status was reviewed. Key updates included Jade's low credentialing score and upcoming partial audit in June; Hill's closure of long-standing corrective action plans but current scrutiny over offshore data handling; and NEMS' 100% claims accuracy and selection for DHCS review. Crystal also shared improved performance trends for Carelon, Chinese Hospital, and UCSF. Teladoc and Vision Services Plan (VSP) were noted for having no open CAPs, with VSP having resolved a multi-year compliance issue related to provider claims messaging. Dr. O'Brien reminded the committee that SFHP holds legal responsibility for all delegate actions, likening the relationship to a "parent-child" model. Oversight will continue, and audit reports and delegate scorecards will be updated in future meetings.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Crystal Garcia and team will continue quarterly monitoring for AMMG, Ash, Jade, Hill, and Chinese Hospital. 	<ul style="list-style-type: none"> • Crystal Garcia will share security findings on offshore practices. • Crystal Garcia will report back on pending audits (Laguna Honda – Nov; DHCS findings – June). 	

Meeting Adjourned	Meeting adjourned at 9:33am		
-------------------	-----------------------------	--	--

Signed by:

Edwin Poon

8/21/2025

QIHE Committee Co-Chair's Signature & Date:

60DFAACD491...

Steve O'Brien

8/21/2025

QIHE Committee Co-Chair's Signature & Date:

60DFB20814944C4...

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