Date:	July 11, 2024
Meeting Place:	50 Beale Street, 13th Floor
	San Francisco, CA 94119
	Microsoft Teams Meeting
	+1 323-475-1528,,519741547
Meeting Time:	8:00AM – 10:00AM

QIHEC Members Present:

Dr. Kathleen Chung, Medical Director, Value Based Care, *SFHN*; Maria Contreras, SFHP MAC Member; Dr. Blake Gregory, Primary Care Director of Population Health and Quality; Medical Director, Complex Care Program, SFHN; Dr. Lisa Inman, SFHP Behavioral Health Services; Dr. David Ofman, Chief Medical Officer, San Francisco Consortium of Community Clinics (SFCCC); Yves Tcheutchoua, SFHP MAC Member;

Not present: Dr. Luke Day, Chief Medical Officer, *ZSFGH*; Dr. Amy Lu, Chief Quality Officer, *UCSF;* Dr. Jaime Ruiz, Chief Medical Officer, *MNHC*; Dr. Kenneth Tai, Chief Health Officer, *NEMS*; Dr. Ana Valdes, Chief Healthcare Officer, HealthRight360; Dr. Albert Yu, Chief Health Information Officer, *SFHN*; Dr. Jackie Lam, Medical Director/QI/QA Director, *NEMS;* Alecia Martin, Director of Quality Management, *SF BHS;*

SFHP Staff Present:

Matija Cale, Director, Clinical Operations; Tammie Chau, Clinical Pharmacist; Yves Gibbons, Supervisor, Quality Improvement; Shenita Hurskin, Director, Quality Improvement; Eileen Kim, Clinical Pharmacist; Stephanie MacAller, Associate Program Manager, Quality Improvement; José Méndez, Manager, Health Services Product Management; Leslie Mulhern, Nurse Supervisor, Quality Review; Steve O'Brien, Chief Medical Officer; Edwin Poon, PhD, Licensed Psychologist, Health Services Officer/ Interim Chief Health Equity Officer; Jorge Ramirez, Associate Program Manager, Quality Data Analytics; Suzanne Samuel, Manager, Population Health Management; Jessica Shost, Clinical Pharmacist

Guests Present:
Amber Allred, Senior Clinical Quality Audit Analyst, Carelon; Andrea Champagne-Small, Clinical Quality Program Manager – West Region, 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 8:03 am		

Consent Calendar	Items for Approval:
	 • May 2024 QIHEC Minutes
	 • 2023 Annual Grievance Report
	 • Q1 2024 Grievance Report
	 • Q1 2024 Appeals Report
	 • UM Committee Minutes and supporting documentation
	     ○ March 2024
	 • Health Services Policies & Procedures (P&P) Updates Summary
	 • Q4 2023 Emergency Room Rx Access Report
	 • Q4 2023 PQI Report
	 • 2023 Annual PQI Report
			Motion to Approve: David Ofman
			 Second: Steve O'Brien
			 Opposed: None
			 Approved:
			 • May 2024 QIHEC Minutes
			 • 2023 Annual Grievance Report
			 • Q1 2024 Grievance Report
			 • Q1 2024 Appeals Report
			 • UM Committee Minutes and supporting documentation
			     - March 2024
			 • Health Services Policies & Procedures (P&P) Updates Summary
			 • Q4 2023 Emergency Room Rx Access Report
			 • Q4 2023 PQI Report
			 • 2023 Annual PQI Report

Health Equity Updates	- Presenter: Edwin Poon, PhD
	 - Discussion:
	   - Diversity, Equity, and Inclusion (DEI) Training Program:
	    - The Department of Health Care Services (DHCS) now mandates DEI training for managed care plan staff and subcontractors.
	    - The training is required within 90 days of hire, with ongoing annual evaluations and updates to the training.
	    - The committee plays a critical role in evaluating and developing the DEI training program. The aim is to collaborate with local health systems (e.g., Zuckerberg San Francisco General Hospital, Kaiser, Anthem) to create consistent training across organizations.
	    - Key points of the training:
	     - Focus on local populations, addressing structural racism and barriers to healthcare.
		- The DEI draft curriculum will be presented at the next QIHEC meeting in October 2024 for review before submission to DHCS.
		   - The committee will also participate in the annual review and evaluation of the	

	- Include various modalities of learning, ensuring that staff can apply the knowledge to their roles.
	  - Timeline:
	  - The DEI training program is currently in the development phase, with the draft curriculum to be reviewed by QIHEC in October 2024 before submission to DHCS.
	  - The program will be piloted from January to June 2025, with full implementation by November 2025.
	
	  - NCQA Health Equity Accreditation:
	  - Plans must achieve NCQA Health Equity Accreditation by 2026, with the target completion date set for June 2025.
	  - The plan includes a mock survey in October 2024 to assess current policies, procedures, and documentation.
	  - A critical component is the SOGI (Sexual Orientation and Gender Identity) data collection initiative, which ensures data infrastructure is in place to assess and improve health equity outcomes.
	
	- Key Questions/Discussion Points:
	  - Metrics and Effectiveness:
	  - Yves Tcheutchoua inquired about how the effectiveness of the training would be measured.
	  - Edwin Poon explained that while current state metrics focus on whether training was completed, the committee could help define outcome-based metrics, such as patient satisfaction or reductions in health disparities.
	  - Blake Gregory suggested including patient surveys that ask about bias in healthcare as a way to measure the program's impact.
		training program's effectiveness, with a focus on incorporating feedback to improve outcomes.	

Care Management Updates	- Presenters: Amyn Nathoo, LMFT, and Kristin Jones, RN
	
	 Discussion:
	- Overview of Care Management Programs:
	  - The Care Management team at San Francisco Health Plan (SFHP) oversees several programs aimed at improving member health outcomes, reducing emergency room (ER) visits, and coordinating care:
	  - Complex Case Management (CCM): Focuses on members with chronic medical conditions, helping them manage their health through care plans and coordination.
	  - Time-Limited Coordination (TLC): Basic care coordination for members who need temporary support.
		- Continue developing and refining outreach materials to improve member engagement, with a goal of increasing the overall engagement rate from 35-40%.
		- Ongoing tracking of TCS outcomes,	

	- Children, Adolescents, and Transitional Age Youth Program (CASI): Supports young members and helps coordinate care, especially for those transitioning out of California Children's Services (CCS).
	  - Transitional Care Services (TCS): Focuses on members transitioning from hospitals or skilled nursing facilities to home or other care settings.
	
	- Complex Case Management (CCM) Program:
	  - CCM Overview: This is an NCQA-accredited program designed for members with complex medical needs. The focus is on self-management of chronic conditions and coordination of care with Primary Care Providers (PCPs), specialists, and behavioral health services.
	  - Key Data:
	  - CCM primarily supports members with three or more ER visits or one inpatient visit within a 12-month period, combined with chronic medical conditions.
	  - As of mid-2024, the program enrolled 154 members out of 1,508 eligible members, reflecting a 10.2% enrollment rate.
	  - The team highlighted the positive impact on reducing ER visits and hospital readmissions by 45% in previous care management programs.
	  - Challenges:
	  - Some members opted out due to receiving care elsewhere or feeling overwhelmed by medical services.
	
	- Transitional Care Services (TCS):
	  - Phase 1 (High-Risk Members): Launched in January 2024, this phase focuses on high-risk members transitioning between care settings (e.g., hospitals, long-term care). A Care Transitions Navigator is assigned to each member to ensure smooth care transitions.
	  - Phase 2 (Lower-Risk Members): Set to launch in August 2024, this phase will include a dedicated phone line for lower-risk members to access post-discharge support.
	  - Key Performance Indicators (KPIs):
	  - Interaction with Care Managers: 32-39% of high-risk members had at least one interaction with a care manager within 7 days post-discharge.
	  - Follow-up Ambulatory Visits: Around 30-40% of members had a follow-up ambulatory visit within 7 days post-discharge.
	
	- Key Questions/Discussion Points:
	  - Length of Time in CCM:
	  - Dr. David Ofman inquired about the average duration members stay in CCM. It was noted that most members stay for just under three months.
	  - Provider Awareness:
		including member follow-ups and readmission rates, with further analysis of members who do not have a follow-up visit within 7 days of discharge.	

	- Dr. Ofman also raised concerns about provider awareness of the care management programs, suggesting that many providers are not aware of available services like CCM. The Care Management team agreed and indicated they are working on a provider outreach campaign to improve awareness.
	  - Opt-out Members:
	  - Maria Contreras asked about the risks for members who opt out of CCM and whether they are monitored. Amyn Nathoo explained that members who opt out can still be tracked if they reappear in the system due to further ER visits or hospitalizations, and they are encouraged to re-enroll when appropriate.
	  - Volume of TCS Cases:
	  - José Méndez inquired about the volume of TCS cases. It was noted that 200-250 high-risk members are managed monthly, and the total number of TCS members ranges from 600-900 per month.		

Quality Updates	- Presenters: Shenita Hurskin, MBA, and Yves Gibbons
	
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	 Priority Measures:
	- Overview:
	  - Shenita Hurskin provided an update on the 2024 Quality Improvement work plan, focusing on priority measures that SFHP is targeting to improve overall healthcare quality and performance. These measures are aligned with NCQA (National Committee for Quality Assurance) and DHCS (Department of Health Care Services) performance requirements.
	  - The 2024 work plan has narrowed the focus to 26 measures, out of over 60 monitored by the plan. These priority measures include key metrics that impact member health outcomes, access to care, and SFHP's financial standing under various quality withhold programs.
	
	- Key Priority Measures:
	  - Five NCQA QI (Quality Improvement) 3 and 4 measures are being actively addressed in interventions with providers.
	  - Health Equity Measures are also a major focus, as part of the plan's effort to align with NCQA's Health Equity Accreditation.
	  - These priority measures were approved by QIHEC in March 2024 and sent to the Governing Board for submission to DHCS.
	
	- Methodology for Prioritization:
		- QIHEC will continue to review priority measures at each meeting, with a focus on tracking performance and identifying opportunities for improvement	

- Regulatory Requirements: Several measures are linked to DHCS minimum performance levels (MPL) and auto-assignment metrics, making them critical for financial incentives.
  - Quality Withhold: SFHP is focused on meeting the quality withhold requirements, which can result in significant financial penalties if not met (e.g., a 0.5% withhold for 2024, increasing to 1% in 2025).
  - Health Equity Focus: Measures tied to reducing health disparities are being prioritized, ensuring SFHP meets DHCS and NCQA requirements to address subpopulations who may have worse health outcomes.

- Dashboard Tracking:
  - The committee uses a QI HEC Scorecard to track progress on the priority measures. The scorecard includes benchmark targets for each measure and is reviewed periodically in QIHEC meetings.
  - In the July 2024 meeting, the focus was on HP-CAHPS (Healthcare Effectiveness Data and Information Set – Consumer Assessment of Healthcare Providers and Systems) results (see below), while other priority measures like pharmacy and preventive care will be discussed in the October 2024 meeting.

 CAHPS (Consumer Assessment of Healthcare Providers and Systems) 2023 Results:
- Presenter: Yves Gibbons

- Overview:
  - CAHPS is a critical measure of member experience and directly impacts NCQA ratings. SFHP's HP-CAHPS 2023 results were recently received, and there is room for improvement, especially in access to care.
  - The survey includes over 40 questions, measuring members' experiences with healthcare providers, health plan services, and access to care. SFHP sent the survey to approximately 1,200 members, with an impressive 35% response rate.

- Key Findings:
  - Areas of Strength:
    - Rating of Healthcare and Rating of Personal Doctor both showed improvements, with increases of over 3 percentage points from the previous year. This reflects positively on the quality of care provided by network doctors.
  - Areas for Improvement:
    - Access to Care: The measures for "Getting Care Quickly" and "Getting Needed Care" remained the most significant challenges. These metrics include member perceptions of how quickly they can get urgent care, primary care, and specialty appointments.

	- "Getting Care Quickly" improved slightly by 3 percentage points, but more work is needed to bring this metric in line with expectations.
	    - "Getting Needed Care" stayed mostly the same or declined slightly compared to the previous year.
	
	- Disparities in Care Experience:
	  - Survey Respondents:
	    - The response rate was driven by non-English speaking members, with a high number of responses in Chinese and Spanish, indicating diverse participation.
	    - There were noted disparities in member experience across different racial and ethnic groups, highlighting areas where targeted interventions may be needed.
	
	- Improvement Strategies:
	  - Access to Care Initiatives:
	    - SFHP plans to improve communication with members about available care options, including telehealth, to enhance their perception of access.
	    - Efforts are being made to reduce wait times and improve appointment availability with PCPs and specialists.
	  - Member Education: Increasing awareness of the healthcare services available to members, including urgent care and telehealth options, is a key focus to improve the access to care metrics.
	  - Provider Collaboration: The QI HEC Scorecard will be used to work closely with providers to identify barriers and improve performance in member experience metrics.
	
	- Questions/Discussion:
	  - David Ofman asked for clarification on the access measures and how the plan can better communicate options like telehealth to improve member perception.
	  - Steve O'Brien emphasized the need to focus on member perceptions as well as the actual availability of services, noting that improving both could positively impact CAHPS scores.		

Meeting Adjourned	Meeting adjourned at 9:56am		

QIHE Committee Co-Chair's Signature & Date:

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