Date:	December 19, 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. Lisa Inman, SFHP Behavioral Health Services; Dr. Jackie Lam, Medical Director/QI/QA Director, *NEMS;* Alecia Martin, Director of Quality Management, *SF BHS;* Dr. David Ofman, Chief Medical Officer, San Francisco Consortium of Community Clinics (SFCCC); Yves Tcheutchoua, SFHP MAC Member; Dr. Ana Valdes, Chief Healthcare Officer, HealthRight360;

Not present: 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. Jaime Ruiz, Chief Medical Officer, *MNHC*; Dr. Kenneth Tai, Chief Health Officer, *NEMS*; Dr. Albert Yu, Chief Health Information Officer, *SFHN*

SFHP Staff Present:

Matija Cale, Director, Clinical Operations; Tammie Chau, Clinical Pharmacist; Yves Gibbons, Supervisor, Quality Improvement; Shenita Hurskin, Director, Quality Improvement; Matthias Jaime, Director of Innovation; Stephanie MacAller, Program Manager, Health Equity and Quality; 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; Rina Shah, Sr. Medical Director; Jessica Shost, Clinical Pharmacist; Tommy Williams, Manager, Behavioral Health;

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 8:05 am by Steve O'Brien, MD, CMO, San Francisco Health Plan (SFHP)		
Welcome/ Updates	Introductions of New Attendees: · Dr. Rina Shah: Introduced as the SFHP Senior Medical Director with extensive experience in quality review, appeals, and grievances. Previously with Hill Physicians Medical Group. · Matthias Jaime: Director of Innovation, specializing in DEI initiatives and strategic alignment.		
Consent Calendar	Items for Approval: · July 2024 QIHEC Minutes · Q2 2024 Emergency Room Rx Access Report · Q2 2024 Grievance Report · Q2 2024 Appeals Report · UM Committee Minutes and supporting documentation o July 2024 o September 2024 o October 2024 · Health Services Policies & Procedures (P&P) Updates Summary · Q2 2024 PQI Report · P&T Reappointments		Motion to Approve: Ana Valdes Second: David Ofman Opposed: None Approved: · July 2024 QIHEC Minutes · Q2 2024 Emergency Room Rx Access Report · Q2 2024 Grievance Report · Q2 2024 Appeals Report · UM Committee Minutes and supporting documentation - July 2024 - September 2024 - October 2024 · Health Services Policies & Procedures (P&P) Updates Summary · Q2 2024 PQI Report · P&T Reappointments
I	1. NCQA Renewal Survey -Accreditation Update: Shenita Hurskin, SFHP Director, Quality and Population Health Management introduced the topic of SFHP's resurvey and the updates for the committee on SFHP's efforts for	- Updates to be provided post-January re-survey.	

	collaboration among providers for identified opportunities for improvement. She reminded the committee that the NCQA resurvey focuses on QI 3, Continuity and Coordination of Medical Care and QI 4, Continuity and Coordination between Medical Care and Behavioral Healthcare. Ms. Hurskin stated she will share data collected, the quantitative analysis and encouraged discussion among the QIHEC members regarding the results. Ms. Hurskin provided the QIHEC with an overview of the process of holding meetings with primary care providers, specialists, optometrists, and behavioral health providers to discuss SFHP's HEDIS measures and identified gaps of the measures for QI 3 and QI 4. These results identified gaps in continuity and coordination of care and opportunities for improved coordination and collaboration across the health network (QI 3) and between medical care and behavioral healthcare. <u>QI 3 and QI 4 Identified Opportunities</u> SFHP QI staff facilitated meetings with providers in April and May, during which the providers discussed and agreed upon opportunities to address the following HEDIS measures in which SFHP did not meet the established goals and were chosen for improvements: QI 3: · Postpartum Care (PPC) · Eye Exams for People with Diabetes (EED) · Plan All-Cause Readmissions · Use of Opioids (no intervention was implemented) QI 4: · Cardiovascular monitoring for people with cardiovascular disease and schizophrenia (SMC) · Antidepressant Medication Management (AMM) The provider groups for both QI 3 and QI 4 agreed upon implementation of the following interventions to address the opportunities for improving collaboration among the providers: - Provider engagement sessions were conducted to identify and address barriers. - Provision of consultation note templates to be used by provider groups to encourage sharing of information for patient treatment. - Outreach efforts included two provider newsletters (July and September) and surveys. - Provision of $50 gift card incentives for participation in the interventions. - Follow-up emails to encourage participation. Ms. Hurskin described the intervention for consultation notes, which included the incentive to download the notes and use them for communication between PCPs and specialists (including optometrist) and PCPs and behavioral health providers to promote the exchange	- Prepare for NCQA re-survey in January 2025. - Enhance provider engagement and education efforts. - Integrate DSNP into the health plan and continue refining STAR measures compliance.	

	of information for patient care. SFHP included its contracted vendors, VSP (vision) and Carelon, for behavioral health. She explained the interventions for the identified opportunities were implemented with a start date of July 9, 2024, with the release of the first newsletter. Ms. Hurskin shared that the newsletter was sent to over 7,400 providers in July and over 7,300 providers in September (the second attempt due to initial low participation), with the links to the consultation notes and description of the incentive program. Ms. Hurskin shared the challenges experienced, which included low response rates. Only 9 out of 7,400 providers responded - three PCPs, one vision specialist, and five behavioral health. Ms. Hurskin pointed to the short implementation timelines, timelines that did not work for organizations' communication with providers, and lack of integration of systems as likely reasons for low participation. The SFHP QI staff ran preliminary HEDIS reports for each of the QI 3 and QI 4 measures and Ms. Hurskin shared the results. The preliminary, unaudited measures as of November 2024 showed slight improvements in cardiovascular monitoring and a potential trend in increases in others, but overall the targeted goals were not met for the measures. Ms. Hurskin and QI staff stated the results were due to time constraints and the need for the full HEDIS data collection period to be exhausted. She did state that although the targeted goals were not met, the opportunity and discussions with the providers to collaborate was very helpful. The final audited results will not be available until later in 2025. She stated that SFHP would continue to monitor the data over the coming months, which is done on a monthly basis. Ms. Hurskin opened up for the QIHEC members' discussion on the QI3 and QI 4 interventions, results and potential reasons. For the SMC measure, Dr. David Ofman, Chief Medical Officer, San Francisco Consortium of Community Clinics (SFCCC) commented that there is likely a disconnect in the actually number of patients that are monitored versus the data collected. Dr. O'Brien thanked Dr. Ofman and agreed that the health plan is limited to report on the data collected, which may not capture all the care occurring that is captured in medical records. Capturing the data in medical records may be a tool to improve data collection. For behavioral health care, Dr. Lisa Inman, from San Francisco Behavioral Health Systems, stated that using a new consultation note format would require additional time by		

	the providers. She asked if SFHP is going to find out from clinics what consultation notes are already embedded in their systems and suggested use of the existing system to optimize what they are already using that helps to coordinate care. Dr. O'Brien agreed. Dr. Ofman commented on the EED measure. He stated that he is aware that Curry Senior Center (a contracted SFHP clinic in SFCCC), does a lot of consultations. They started doing this with the nearby County clinic, Tom Waddell (a different network), because they have the equipment and staff for the consultations. They can do more, he stated, if the plan would pay for more equipment and staff training. He believes that the close proximity of the two clinics really helps with a successful referral for treatment. Dr. Ofman also commented on the coordination of care between primary care providers and behavioral health. He commented on his successful work having a "sister clinic" relationship with a mental health clinic. They met on a quarterly basis and reviewed joint patients. He stated those kinds of relationships really foster communication and the referrals between primary care and behavioral health. He stated SFHP could stimulate these types of relationships. Dr. Ana Valdez, Chief Healthcare Officer, HealthRight 360 (a contracted primary care clinic), shared her frustrations as a primary care provider about the extra time involved with her day-to-day work with specialists. She shared that she gets to the point of just calling them directly by phone, but that she is not able to get through phone center lines. Dr. Valdez agreed with Dr. Inman's comment and how HealthRight 360 is doing with AMR. As a result of the COVID pandemic, she shared that health are is happening in a lot of different places. She shared that when she looks in the medical record system for notes, the notes are taken in a variety of ways, making it difficult to know what happened and where. These are times she would like to call a specialist directly and get through, peer-to-peer. She would like a quicker way to have discussions with specialists to answer her questions about the patient's care for better coordination. Dr. O'Brien thanked the committee members for their excellent points and insights into the reasons for not meeting our HEDIS measures and the interventions attempted. He thought they shared a lot of great ideas for alternative interventions that may provide SFHP with community reinvestment opportunities, which is a new Medi-Cal requirement. The purpose will be to improve quality of care and access to care. He looks forward to ongoing discussions on these topics and encouraged the providers to email him as well. 2. DSNP/STARS Update:		

	- Objective: Preparing to expand into Medicare with a Dual Eligible Special Needs Plan (DSNP). - Details: - DSNP aims to consolidate Medicare and Medi-Cal services for eligible members to streamline care delivery. - Focus on quality metrics (42 STAR measures) for this new line of business. - Challenges: First-time implementation of a Medicare product; learning curve in aligning processes with STAR measures. Discussion Highlights: - Yves Tcheutchoua (SFHP MAC): Raised questions about specific measures, including cardiovascular monitoring. - Dr. Steve O'Brien: Emphasized lessons learned: - Improve data collection and survey outreach strategies. - Streamline provider education for better engagement.		
Health Equity Updates	1. NCQA Health Equity Accreditation: - Requirement: Compliance with DHCS mandate for accreditation by June 2025. - Focus: Developing a plan to improve data collection, particularly for Sexual Orientation and Gender Identity (SOGI) data. - Current challenges: Sensitivity around collecting SOGI data, ensuring member trust, and privacy. - Strategy: Engage members and providers to co-develop best practices for data collection and use. - Objective: Use SOGI data to identify and address health disparities and gaps in care. 2. Auto-Assignment Formula Changes: - Overview: DHCS revised the formula for assigning Medi-Cal members who do not choose a health plan. - Impact: - SFHP's auto-assignment rate dropped from 82% to 77%. - This change affects member distribution among SFHP, Anthem, and Kaiser. - Concerns: Maintaining high quality care for vulnerable populations assigned through this formula. 3. Monetary Sanctions for Accountability Measures: - Results: SFHP met all but two DHCS-managed care accountability set measures: - Missed Measures: Well-child visits (W30) and topical fluoride applications. - Penalty: $25,000 minimum sanction.	- Finalize and submit NCQA Health Equity Accreditation plan by June 2025. - Refine DEI training content based on feedback from pilots and stakeholders. - Work on improving data collection to prevent future sanctions. - Continue discussions with DHCS on the auto-assignment formula and its equity implications.	

	- Analysis: Data capture issues contributed to the sanctions, not a lack of service delivery. - Next Steps: Improve data collection methods and reporting processes. 4. DEI (Diversity, Equity, and Inclusion) Training Implementation: - Requirement: Mandated DEI training for all staff, providers, and contractors by 2025. - Components: - Region-specific data integration to address local health equity issues. - Focus on culturally responsive care and practical skills for member-facing staff. - Timeline: - Curriculum draft due to DHCS by the end of December 2024. - Pilot testing in early 2025, with full implementation mid-year. - Feedback Process: Input sought from internal and external stakeholders to refine content. Discussion Highlights: - Maria Contreras (SFHP MAC): Suggested incorporating region-specific community needs and conditions into DEI training. - Katie Chung (DPH): Proposed leveraging existing equity resources at DPH and aligning efforts for training and evaluation.		
Behavioral Health	1. NSMHS (Non-Specialty Mental Health Services) Outreach Plan: - Requirement: - Senate Bill 1019 mandates an annual outreach and education plan for members and PCPs regarding non-specialty mental health services. - Draft Plan Elements: - Focus on culturally and linguistically appropriate communication. - Utilize stigma reduction best practices to encourage service use. - Provide multiple points of access for members to understand and utilize mental health benefits. - Make the plan accessible via mail, website, and in provider offices. - Goals: Increase awareness of available mental health services, reduce barriers, and improve member and provider knowledge. 2. Carelon QM Evaluation: - Evaluation Scope: - Assessment of Carelon's quality management processes for behavioral health services. - Examined care coordination, patient outcomes, and service delivery timelines.	- Incorporate feedback into the final NSMHS outreach plan, which is due to DHCS by the end of December 2024. - Increase training and communication efforts for providers to ensure they understand and can share information about behavioral health benefits. - Explore partnerships with clinics for co-	

	- Findings: Pending, as the focus of the session was to highlight the evaluation's ongoing progress and seek provider input. Discussion Highlights: - Key Challenges Identified: - Awareness: Many members and some providers are unaware of available behavioral health services. - Access Barriers: Stigma and perceived costs deter members from seeking care. - Coordination Issues: Gaps in referral systems and data sharing between PCPs and behavioral health providers. - Feedback from Members: - Members highlighted the importance of straightforward communication about available benefits and a stigma-free approach to outreach. - Committee Suggestions: - Yves Tcheutchoua (SFHP MAC): Suggested simplifying access pathways and addressing perceived complexity in seeking mental health care. - Lisa Inman (SF BHS): Recommended aligning outreach efforts with existing clinic workflows to maximize engagement. - David Ofman (SFCCC): Emphasized fostering collaborative relationships between PCPs and behavioral health clinics to streamline referrals.	hosted educational sessions or events.	
Clinical Operations Updates	Discussion Highlights: 1. Key Updates: - Reviewed current utilization trends across key service areas. - Addressed changes in authorization processes to streamline approvals and enhance member access to care. - Focused on improving turnaround times for prior authorizations. 2. Challenges Identified: - Data integration issues impacting tracking and reporting of utilization metrics. - Provider feedback highlighted inconsistent communication regarding updates to UM protocols. 3. Proposed Improvements: - Enhanced Communication: Developing clearer and more frequent updates for providers about UM policies. - Data Systems Upgrade: Efforts underway to improve data sharing and analytics for better tracking of service usage and authorization outcomes.	- Address technical issues in data systems to ensure accurate reporting and timely intervention. - Provide regular UM updates to providers through newsletters and webinars. - Monitor the impact of new processes on member satisfaction and access to care.	

	- Member Impact: Emphasis on minimizing delays and ensuring equitable access to necessary services. Feedback from Committee Members: - Matija Cale, RN, MS (Presenter): - Highlighted the importance of maintaining transparency with both providers and members about UM changes. - Noted progress in resolving bottlenecks but acknowledged ongoing challenges with data collection and processing.		
Meeting Adjourned	Meeting adjourned at 9:58am		

QIHE Committee Co-Chair's Signature & Date: Signed by: Steve O'Brien 2/20/2025 68DFB20814944C4...

QIHE Committee Co-Chair's Signature & Date: Signed by: Edwin Poon 2/20/2025 202F62698ACD491...

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