

SFHP POLICY AND PROCEDURE

Quality Improvement and Health Equity Transformation Program

Policy and Procedure number:	QI-15
Department Owner:	Quality Improvement
Accountable Lead:	Director, Quality Improvement
Lines of Business Affected:	<input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Healthy Workers HMO <input type="checkbox"/> Healthy SF <input type="checkbox"/> City Option <input type="checkbox"/> All lines of business and coverage programs as listed above

POLICY STATEMENT

The purpose of the San Francisco Health Plan (SFHP) Quality Improvement and Health Equity Transformation Program (QIHETP) is to establish comprehensive methods for systematically identifying health disparities, monitoring, evaluating, and improving the quality and equity of care and services provided to SFHP members. The QIHETP is designed to ensure that members have access to quality medical and behavioral health care services that are safe, effective, accessible, equitable, and meet their unique needs and expectations. The QIHETP engages in a member and family-centric approach in the development of interventions and strategies, and in the delivery of all health care services. Under the oversight of SFHP's Governing Board, the QIHETP is developed and implemented through the Quality Improvement and Health Equity Committee (QIHEC).

SFHP's QI Program complies with contract requirements of both physical and behavioral health services set forth by the Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS), as well as standards recommended for National Committee for Quality Assurance (NCQA) health plan accreditation. The requirements include:

Quality Improvement (QI) and Health Equity Transformation Program Description and Work Plan:

- Assessment of plan performance and determination of measures to address needed improvement.
- Analysis of data to identify gaps in quality of care and utilization, as well as the underlying reasons for variations in the provision of care to SFHP members.
- Organizational chart showing key staff and committees responsible for executing QI and health equity activities.

- Qualifications of staff responsible for QI and health equity studies, including education, experience, and training.
- Evidence of involvement of a Chief Medical Officer (CMO), or other physician representative.
- Evidence of involvement of a designated behavioral health care practitioner (must be MD or have a clinical PhD or PsyD).
- Description of role, structure, and function of QIHEC, as well as support committees.
- Description of how the QIHETP integrates into the UM program including trending and evaluating UM grievances, denials, appeals, and overturned appeals as a means of maintaining the medical soundness of the PA criteria and processes. UM program integration with the QIHETP also includes UM activities and metrics that are relevant, meaningful, and add value to the QIHETP initiatives. The activities and metrics include information on the number and types of service utilization; authorization denials; and upheld/overturned appeals.
- Description of delegated QI and health equity activities.
- Quality of care problems are identified and corrected for all provider entities.
- Description or copy of health plan accreditation reports, including status, survey results, corrective actions, and expiration date.
- Procedures to ensure absence of discrimination in delivery of health care services and that all covered services are provided in an equitable and culturally and linguistically appropriate manner.
- Procedures for evaluating the QIHETP.
- Measures and improvement activities that address the following areas:
 - Availability of services
 - Regular engagement with Primary Care Providers
 - Clinical quality of physical health care
 - Access to primary and specialty health care providers and services
 - Safety of care
 - Member experience with respect to clinical quality, access and availability, and culturally and linguistically competent health care services, and continuity and coordination of care.
 - Measures represented in the DHCS External Accountability Set and DMHC Health Equity and Quality Measure Set
 - Availability of case management and care coordination for members with chronic conditions, including Seniors and Persons with Disabilities
 - Continuity and Care Coordination across settings and at all levels of care, including transitions in care, with the goal of establishing consistent provider-patient relationship
 - Service utilization, including over and under utilization
 - Measures that correspond to DHCS-required Quality Improvement Projects (QIPs) and Performance Improvement Projects (PIPs).
 - Clinical quality of behavioral health care focusing on prevention, recovery, resiliency and rehabilitation

- Reduced disparities, cultural competency, network adequacy for underserved populations, or other efforts aimed at improving services for a diverse membership
- Development of equity-focused interventions intended to address:
 - disparities in the utilization and outcomes of physical and behavioral health care services
 - underlying factors of identified health disparities, including social drivers of health
- Population Health Management (PHM) activities and findings
- Meeting disparity reduction targets for specific populations and/or measures as identified by DHCS.
- Other issues identified by SFHP or DHCS.
- Timeframe for completion of measures and staff members responsible for each activity.
- Approval by QIHEC and the Governing Board in quarter one of the calendar year.

QI Program Evaluation:

- Assessment of effectiveness of QI and health equity activities and interventions listed in the QI Work Plan.
- Analysis of required quality performance measure results, and a plan of action to address performance deficiencies, including analyses of each QI delegated organization's performance measure results and actions to address any deficiencies.
- Analysis of the delivery of services and quality of care, including delegated organizations, based on validated data from multiple sources, including quality performance results, encounter data, grievances and appeals, utilization review and the results of consumer satisfaction surveys.
- Monitoring and auditing of QI functions performed by delegated organizations (see DO-02: Oversight of Delegated Functions).
- Analysis of actions taken to address any recommendations in the annual External Quality Review.
- Evaluation of areas of success and needed improvements.
- Trended performance of at least three (3) years for quality and safety of care as well as quality of services.
- Analysis of overall effectiveness of QIHETP, including adequacy of resources, QIHEC structure, practitioner participation/leadership, and need for structural improvement to the QIHETP.

PROCEDURE

The QIHEC structure, under the leadership of the SFHP CMO, ensures ongoing and systematic collaboration between SFHP and its key stakeholders, including members, medical groups, and practitioners. QIHETP staff utilize quantitative and qualitative data collection and data-driven decision-making. The QIHETP objectives and outcomes are detailed in the QI Work Plan. Each program objective is monitored at least quarterly and

evaluated at the end of its reporting period. Measures and targets are selected based on volume, opportunities for improvement, risk, organizational priorities, and evidence of disparities.

SFHP evaluates the overall effectiveness of the QIHETP through an annual evaluation process that results in a written report, which is approved by the CMO, QIHEC, and Governing Board. The evaluation includes an executive summary and a summary of quality indicators, identifying significant trends and areas for improvement. The QI Work Plan measures are divided into six (6) domains: Managing Multiple Chronic Illnesses, Managing Members with Emerging Risk, Patient Safety or Outcomes Across Settings, Keeping Members Healthy, Quality of Service and Access to Care, and Utilization of Services. Each measure included in the evaluation includes the following elements:

- Brief description of the QI activity/intervention and how it purports to improve the domain in which it is included.
- Target(s) of the QI activity/intervention
- Measures/Metrics used to demonstrate the efficacy of the QI activity/intervention
- Results
- Barriers that impeded the QI activity from demonstrating effectiveness
- Recommended interventions/actions to overcome barriers in the following year

The SFHP Governing Board has ultimate authority and oversight of the QIHETP, directing necessary modifications to QIHETP policies and procedures to ensure compliance with the DHCS QI and Health Equity standards and the DHCS Comprehensive Quality Strategy. The Governing Board receives written QIHEC progress reports that describe actions taken, progress in meeting QIHETP objectives, and improvements made.

At least one (1) time per year, SFHP presents the QIHETP Description and Work Plan and Evaluation and requests approval. As an official committee of the Governing Board, QIHEC serves as clinical oversight and provides accountability for the QIHETP. QIHEC approves both the QIHETP Description and Work Plan and Evaluation, prior to approval of the Governing Board. At designated QIHEC meetings throughout the year, SFHP presents the status of the QIHETP Work Plan to the QIHEC, requesting input on how to improve activities. Following approval by QIHEC, the QIHETP Description and Work Plan, and Evaluation are submitted to DHCS. The QIHETP Description and Work Plan publicly available on its website on an annual basis.

MONITORING

Procedures described in this policy are monitored by the QIHEC via the following reports:

- 1) QIHETP Description and Work Plan (Annual)
- 2) QIHETP Evaluation (Annual)
- 3) QIHETP Scorecard (Presented at designated QIHEC Meetings)

On an annual basis, the Program Manager, NCQA and Special Projects provides to the QIHETP a report that includes accreditation status, survey type, level, results, recommended actions, and expiration date.

DEFINITIONS

Quality Improvement and Health Equity Transformation Program Description:
Document that describes the structure, resources and methodology of the QIHETP.

Quality Improvement Work Plan: Document that describes the QI and health equity measures, targets, and activities to improve measure performance.

Quality Improvement and Health Equity Transformation Program Evaluation:
Document that assesses effectiveness of QI Program activities, including measure activities and overall program.

AFFECTED DEPARTMENTS/PARTIES

Behavioral Health
Compliance and Regulatory Affairs
Quality Improvement
Population Health Management
Health Services Product Management
Pharmacy

RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

DO-02: Oversight of Delegated Functions
QI-01: Quality Improvement and Health Equity Committee

REVISION HISTORY

Original Date of Issue:	December 27, 2017
Revision Date(s):	February 21, 2019; April 22, 2021; January 1, 2024

REFERENCES

1. 28 CCR §1300.70
2. SFHP-DHCS Contract Exhibit A, Attachment 3, Section 2.2 Quality Improvement and Health Equity Transformation Program (QIHETP), Section 2.2.7 Quality Improvement and Health Equity Annual Plan, Section 2.2.9.A External Quality Review Requirements for Quality Performance Measures.
3. NCQA Health Plan Accreditation 2023 Standards for Quality Management and Improvement – QI 1 A-D

4. NCQA Health Equity Accreditation 2023 Standards – HE 3, 5 & 6
5. DMHC APL 22-028 Health Equity and Quality Measure Set and Reporting Process