



*Here for you*

**Date:** March 7, 2024  
**Meeting Place:** 50 Beale Street, 13<sup>th</sup> Floor  
 San Francisco, CA 94119

Microsoft Teams Meeting  
[+1 323-475-1528,,519741547#](https://teams.microsoft.com/join/323-475-1528-519741547)

**Meeting Time:** 8:30AM – 10:00AM

**QIHEC Members Present:**

Dr. Jackie Lam, Medical Director/QI/QA Director, *NEMS*; Dr. Amy Lu, Chief Quality Officer, *UCSF*; Alecia Martin, Director of Quality Management, *SF BHS*; Dr. David Ofman, Chief Medical Officer, San Francisco Consortium of Community Clinics (SFCCC); Dr. Ana Valdes, Chief Healthcare Officer, HealthRight360

*Not present:* Dr. Kathleen Chung, Medical Director, Value Based Care, *SFHN*; Dr. Blake Gregory, Primary Care Director of Population Health and Quality; Medical Director, Complex Care Program, *SFHN*; Dr. Luke Day, Chief Medical Officer, *ZSFGH*; 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:**

Eddy Ang, MD, Chief Medical Officer, Vanessa Aranda, Behavioral Health Manager; Yves Gibbons, Supervisor, Quality Improvement; Shenita Hurskin, Director, Quality Improvement; Eileen Kim, Clinical Pharmacist; SeDessie Harris, Sr. Manager, Clinical Operations; Stephanie MacAller, Associate Program Manager, Quality Improvement; José Méndez, Manager, Health Services Product Management; Leslie Mulhern, Nurse Supervisor, Quality Review; Edwin Poon, PhD, Licensed Psychologist, Health Services Officer/ Interim Chief Health Equity Officer; Courtney Spalding, Manager, Clinical Operations; Tamsen Staniford, UM Nurse Manager; Monique Yohanan, MD, Sr. Medical Director

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
<b>Call to Order</b>	Meeting called to order at 8:35am		

<p><b>Welcome/ Updates</b></p>	<ul style="list-style-type: none"> <li>• Shenita Hurskin opened the meeting, welcoming all participants. She highlighted the importance of adhering to the agenda due to its fullness and the presence of a quorum.</li> <li>• Dr. Eddy Ang made a personal announcement regarding his departure from the CMO role at the end of March. He expressed gratitude for the support towards the Quality Improvement and Health Equity Committee and emphasized the critical role of quality in SFHP's mission. Dr. Ang voiced his appreciation for the committee's guidance and contributions to shaping quality strategies at SFHP.</li> <li>• Nina Maruyama provided an update on SFHP's status with NCQA (National Committee for Quality Assurance) accreditation. She noted that SFHP was accredited in 2017 and had undergone renewal since then. However, in the last renewal process in December, SFHP encountered challenges, particularly in the Quality Improvement (QI) category, which is critical for NCQA accreditation.</li> <li>• Despite significant efforts and meeting requirements in five out of six categories for NCQA, SFHP did not achieve the necessary score in the QI category, leading to a provisional status. This status does not equate to losing accreditation but necessitates a re-survey.</li> <li>• Two specific areas within the QI category were identified as needing improvement. The organization maintained its rating for other aspects, underscoring the need for focused efforts on QI.</li> <li>• A re-survey is scheduled for January, where SFHP will submit documentation to address the identified gaps. This process is part of a larger effort to not just meet the accreditation requirements but to embed quality improvement as a core aspect of SFHP's operations.</li> <li>• The re-survey is set for January 2025 with results expected by the end of March or early April 2025</li> </ul>	<ul style="list-style-type: none"> <li>• Future discussion of QI 3 and 4 measures</li> <li>• Future reporting on measure performance in QI Scorecard</li> </ul>	
<p><b>Consent Calendar</b></p>			<p><b>Motion to Approve:</b> Ana Valdes  <b>Second:</b> Monique Yohanan  <b>Opposed:</b> None  <b>Approved:</b></p> <ul style="list-style-type: none"> <li>• November 2023 QIC Minutes</li> <li>• Q3 2023 ER Access Report</li> <li>• Q4 2023 Grievance Report</li> <li>• Q4 2023 Appeals Report</li> <li>• UM Committee Minutes and supporting documentation <ul style="list-style-type: none"> <li>○ October 2023</li> <li>○ December 2023</li> <li>○ UM Program Description</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>• Health Services Policies &amp; Procedures (P&amp;P) Updates Summary</li> <li>• 2023 Facility Site Review Report</li> <li>• 2023 PQI Report</li> <li>• QI Access Monitoring Annual Update</li> </ul>
<b>Previous Action Items</b>	<ul style="list-style-type: none"> <li>• Stephanie MacAller addressed the topic of previous action items from the last committee meeting. She noted that while action items had been identified, there had not been significant progress or updates to report at this current meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• Future reporting on action items in next QIHEC</li> </ul>	
<b>2022 Carelon Provider Experience Survey</b>	<ul style="list-style-type: none"> <li>• Vanessa Aranda presented the results of the 2022 Carelon Provider Experience Survey, highlighting key findings and areas for improvement. The survey covered various aspects of provider experience, including overall satisfaction, customer service interactions, and the efficiency of support provided by Carelon.</li> <li>• Some notable points from the survey included: <ul style="list-style-type: none"> <li>• A slight decline in overall provider satisfaction compared to previous years.</li> <li>• Concerns regarding the timeliness and effectiveness of responses from the customer service team, which impacts the ability of providers to offer timely care to members.</li> <li>• Issues with the provider relations team, as indicated by a decline in satisfaction in this area from 2020 to 2022.</li> <li>• Challenges with claims processing and resolution, which have been inconsistent over the years.</li> </ul> </li> <li>• The survey also revealed areas where improvements were noted, such as clinical processes and coordination with Carelon's care management team.</li> <li>• José asked when they could expect the report for measurement year 2023, noting a concern about the timing of the report's availability.</li> <li>• Vanessa clarified that they hoped to have both the 2022 and 2023 reports during the meeting but were told by Andrea that it would be available by April.</li> <li>• Alecia inquired whether demographic data were analyzed to see if there were differences in survey responses based on various demographic factors, such as how long providers have been in the system, their race, ethnicity, gender, and age.</li> <li>• Monique Yohanan responded, indicating a desire to delve deeper into this analysis. She noted challenges, including a significant number of respondents who decline to state their demographics, leading to a large "decline to state" or</li> </ul>		

	<p>"other" category that is difficult to analyze. However, she affirmed the importance of this analysis and stated it's on their scope for the upcoming year.</p>		
<b>QIHETP Overview</b>	<ul style="list-style-type: none"> <li>• Edwin Poon introduced the Quality Improvement Health Equity Transformation Program (QIHETP), a new initiative mandated by DHCS (Department of Health Care Services) to integrate health equity into quality improvement efforts.</li> <li>• He outlined the DHCS's expectations, including the appointment of a Chief Health Equity Officer (CHEO), establishing a governance structure for health equity activities, and engaging a diverse range of stakeholders, including network providers and community health workers, in the QIHETP.</li> <li>• The program is designed to ensure that quality improvement activities also address health equity, aiming to eliminate disparities and improve care for all populations served by SFHP.</li> <li>• Edwin mentioned that he is currently serving as the Interim CHEO and discussed the initial steps being taken to implement the program, including the integration of health equity into existing quality improvement efforts and the development of policies and procedures for the QIHETP.</li> <li>• Ongoing development and implementation of the QIHETP, with a focus on establishing a permanent CHEO position and expanding the committee to include additional members from the community to enhance discussions on equity.</li> <li>• Plans to engage network providers and community health workers more actively in the QIHETP efforts.</li> <li>• The program is in its early stages, with various components to be developed and implemented over time. Specific resolution dates were not mentioned, indicating a long-term, ongoing commitment to integrating health equity into quality improvement activities.</li> </ul>		
<b>Measurement Year 2023 HEDIS Analysis</b>	<ul style="list-style-type: none"> <li>• José Méndez presented the preliminary HEDIS (Healthcare Effectiveness Data and Information Set) analysis for measurement year 2023. This analysis is crucial for understanding SFHP's performance in various quality measures and identifying areas for improvement.</li> <li>• Several measures were identified for potential focus in 2024, based on current performance data. These measures are important for SFHP's quality improvement efforts and are aligned with regulatory requirements and accreditation standards. <ul style="list-style-type: none"> <li>- ADD: Follow-Up Care for Children Prescribed ADHD Medication - focusing on the continuation and maintenance phase.</li> <li>- AMM: Antidepressant Medication Management, Effective Continuation Phase - noting a decrease in performance due to data deduplication issues.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• José Méndez to follow up to provide clarity on the threshold for a positive screen in the depression measures</li> </ul>	

	<ul style="list-style-type: none"> <li>- APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics - also affected by the deduplication of pharmacy data.</li> <li>- PCR: Plan All-Cause Readmissions - Noted a decline to below the 5th percentile due to data issues, which have since been corrected.</li> <li>- DSF-E: Depression Screening and Follow-Up for Adolescents and Adults - Highlighted as a new focus area due to upcoming performance level requirements.</li> </ul> <ul style="list-style-type: none"> <li>• Challenges were noted in data quality, particularly with the duplication in pharmacy data, which impacted the accuracy of certain HEDIS measures.</li> <li>• The analysis also touched on the importance of focusing on measures tied to NCQA accreditation and state-mandated performance levels, given their impact on SFHP's overall ratings and compliance.</li> <li>• The discussion also touched on the need for better data exchange and coordination of care to improve these measures and overall health outcomes.</li> <li>• SFHP will focus on the identified HEDIS measures for quality improvement initiatives in 2024, particularly those that are below performance thresholds or have shown a decline in performance.</li> <li>• Efforts will be made to address data quality issues to ensure accurate measurement and reporting of HEDIS metrics.</li> <li>• SFHP plans to conduct a more detailed analysis of disparities within these measures to identify and address potential inequities in care delivery.</li> <li>• Engage providers and leverage data insights for targeted interventions in ADHD medication follow-up, antidepressant management, metabolic monitoring for antipsychotic use, and reducing all-cause readmissions.</li> <li>• The HEDIS analysis for measurement year 2023 is ongoing, with final rates to be determined in April. The focus on the identified measures and data quality improvements will continue throughout 2024 as part of SFHP's broader quality improvement efforts.</li> </ul>		
<b>2023 QI Program Evaluation</b>	<ul style="list-style-type: none"> <li>• Yves Gibbons presented the evaluation of the 2023 Quality Improvement (QI) program, covering various domains of healthcare services. Despite not meeting the targets for more than half of the measures, there was a notable improvement across almost all metrics.</li> <li>• The evaluation was structured around several domains, including Quality of Service and Access to Care, Managing Members with Emerging Risk, Patient Safety and Outcomes Across Settings, Keeping Members Healthy, and Utilization of Services.</li> </ul> <p>Key Points:</p>		<p><b>Motion to Approve:</b> Monique Yohanan  <b>Second:</b> David Ofman  <b>Opposed:</b> None  <b>Approved:</b></p> <ul style="list-style-type: none"> <li>• 2023 QI Evaluation</li> </ul>

	<ul style="list-style-type: none"> <li>• In the Quality of Service and Access to Care domain, the program exceeded targets for half of the measures, with significant improvements in care experience and access to specialty care.</li> <li>• For Patient Safety and Outcomes, notable achievements were seen in follow-up care after emergency department visits for mental illness or alcohol/other drug use.</li> <li>• Managing Members with Emerging Risk saw improvements in postpartum depression follow-up among Black and Native American members, though not all targets were met.</li> <li>• Keeping Members Healthy domain highlighted an exceeded target in the well-child visits in the first 30 months of life for the 15 to 30-month segment but fell short in the 0 to 15-month range.</li> <li>• In Utilization of Services, adherence to antipsychotic medication and antidepressant medication management measures exceeded their respective targets.</li> <li>• Jackie Lam about the cutoff score for the PHQ-9 in the depression screening measures. Yves Gibbons admitted to not being familiar with the specific cutoff, and José Méndez committee to check and email the information to provide clarity on the threshold for a positive screen in the depression measures.</li> <li>• Continuous improvement efforts to address the identified gaps, with a focus on domains where targets were not met.</li> <li>• Increased engagement with providers to share best practices and drive improvements in care delivery.</li> </ul>		
<p><b>2024 QIHETP Annual Plan</b></p>	<ul style="list-style-type: none"> <li>• Yves Gibbons presented the 2024 Quality Improvement and Health Equity Transformation Program (QIHETP) work plan. The plan aims to integrate health equity into all quality improvement activities, following the new mandate by DHCS.</li> <li>• The work plan is structured around six new domains reflecting a combined focus on quality and equity: Access to Primary and Specialty Care, Care Coordination and Continuity, Clinical Quality in Behavioral Health, Clinical Quality in Medical Care, Engagement in Primary Care, and Member Experience.</li> <li>• Key measures and initiatives include addressing appointment availability in specialty care, accuracy in the provider directory, follow-up care after emergency department visits for mental illness, medication adherence for conditions like asthma and ADHD, and improving preventive care measures such as well-child visits and postpartum care.</li> </ul> <p>Key Points:</p>		<p><b>Motion to Approve:</b> Amy Lu  <b>Second:</b> Ana Valdes  <b>Opposed:</b> None  <b>Approved:</b></p> <ul style="list-style-type: none"> <li>• 2024 QIHET Program Description and Workplan</li> </ul>

	<ul style="list-style-type: none"> <li>• Access to Care: Focus on improving appointment availability for specialty care and ensuring accuracy in the provider directory to facilitate member access to needed services.</li> <li>• Care Coordination: Emphasis on enhancing follow-up care after emergency department visits and ensuring continuity of care for members with behavioral health needs.</li> <li>• Clinical Quality: Efforts to improve medication adherence for chronic conditions and address key clinical quality measures in both behavioral and medical health care.</li> <li>• Engagement in Primary Care: Initiatives to increase engagement with primary care providers, aiming to improve preventive care measures and overall health outcomes.</li> <li>• Member Experience: Continued focus on improving the member care experience, particularly through addressing members' ability to access timely care and receive responsive service from their providers.</li> <li>• The committee will monitor the implementation of the work plan, focusing on the effectiveness of initiatives in each domain and their impact on both quality and health equity.</li> <li>• Regular updates will be provided to the committee, with opportunities for feedback and adjustment of strategies as needed.</li> </ul>		
<p><b>Utilization Management Criteria</b></p>	<ul style="list-style-type: none"> <li>• SeDessie Harris gave an update on the utilization management (UM) clinical criteria, which is fundamental to the assessment of medical necessity and appropriateness of care.</li> <li>• SFHP's internal criteria were reviewed first, followed by MCG (Milliman Care Guidelines), and then state and federal criteria. In the absence of available criteria, CMS (Centers for Medicare &amp; Medicaid Services) criteria or expert opinion could be consulted.</li> <li>• The top three MCG guidelines used are for cellulitis, substance-related disorders, and sepsis/other febrile illnesses, indicating common conditions encountered in the patient population.</li> <li>• The top three physician-administered drugs (PADs) criteria focused on are onabotulinumtoxinA, gonadotropin-releasing hormone agonists, and aflibercept, reflecting key treatments provided to members.</li> </ul> <p>Internal Criteria Reviewed:</p> <ul style="list-style-type: none"> <li>• Gender-Affirming Services: SFHP's criteria align with WPATH standards and relevant California statutes. There have been no changes since the last committee approval.</li> <li>• EPSDT Private Duty Nursing: Utilizes an acuity grid from the Utah Medicaid program for determining approvable hours due to low volume requests.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Long-Term Care: Recently included adult and pediatric subacute criteria to comply with LTC Phase 2 requirements, aligned with Title 22 of the California Code of Regulations.</li> <li>• Continue adherence to and evaluation of these criteria.</li> <li>• Monitor any updates or changes required in alignment with new healthcare regulations or evidence-based practices.</li> </ul>		
<b>Closing</b>	<ul style="list-style-type: none"> <li>• Developing Cultural Humility and Competency Program: Amy Lu expressed a desire to build out a more broad-based cultural humility and competency program. This involves identifying existing resources or programs that can be adopted or adapted, rather than creating something entirely new.</li> <li>• Stakeholder Engagement: The need for engaging with a wide range of stakeholders, including other healthcare organizations like Kaiser and other UCs, to gather insights, share best practices, and potentially unify efforts in addressing health equity and training needs.</li> <li>• Racial Equity Training Planning: Edwin Poon mentioned that the organization is in the initial stages of planning for racial equity training, required for all providers in the network. He highlighted the intention to work closely with sister plans and stakeholders to design the curriculum, ensuring it aligns with existing programs and meets the needs of all parties involved.</li> <li>• Exploring Collaboration: Monique Yohanan suggested looking into how the organization can collaborate with others to align health equity accreditation goals with NCQA accreditation. This involves reaching out to see what goals are being worked on and identifying areas of overlap or mutual interest for collaboration.</li> <li>• Resource Sharing and Collaboration: The participants discussed the potential for sharing resources and collaborating on the development of training programs or initiatives to address health equity. This includes following up on existing initiatives like the racial equity Institute training being offered to smaller providers and considering how lessons learned from these experiences can be integrated into broader training efforts.</li> </ul>	<ul style="list-style-type: none"> <li>• SFHP to follow up on potential collaboration around health equity accreditation goals with UCSF</li> </ul>	
<b>Meeting Adjourned</b>	Meeting adjourned at 10:05am		

QIHE Committee Chair's Signature & Date: 05/16/24  \_\_\_\_\_

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