



Santa Clara  
Family Health Plan  
*The Spirit of Care*



## Regular Meeting of the Santa Clara County Health Authority Quality Improvement Committee

Wednesday, May 10, 2017

6:00 PM - 7:30 PM

210 E. Hacienda Avenue

Campbell, CA 95008

### AGENDA

- |  |                      |      |         |
|--|----------------------|------|---------|
| <b>1. Introduction</b>   | Ms. Tomcala/Dr. Paul | 6:00 | 5 min.  |
| a. Introduction of new committee members: Darrell Evora and Jeffrey Arnold, MD   |                      |      |         |
| <b>2. Meeting Minutes</b>  | Dr. Paul             | 6:05 | 5 min.  |
| Review minutes of the February 08, 2017 Quality Improvement Committee meeting.<br><b>Possible Action:</b> Approve 02/08/2017 minutes   |                      |      |         |
| <b>3. Public Comment</b>   | Dr. Paul             | 6:10 | 5 min.  |
| Members of the public may speak to any item not on the agenda; two minutes per speaker. The Committee reserves the right to limit the duration of public comment period to 30 minutes. |                      |      |         |
| <b>4. CEO Update</b>   | Ms. Tomcala          | 6:15 | 10 min. |
| Discuss status of current topics and initiatives.  |                      |      |         |
| <b>5. Action Items</b>   | Mr. Aguirre          | 6:25 | 25 min. |
| a. Review Quality Improvement Committee Charter  |                      |      |         |
| b. Review of Quality Improvement Policies  |                      |      |         |
| i. QI.01 Conflict of Interest  |                      |      |         |
| ii. QI.02 Clinical Practice Guidelines   |                      |      |         |
| iii. QI.03 Distribution of Quality Improvement Information   |                      |      |         |
| iv. QI.04 Peer Review Process  |                      |      |         |
| v. QI.05 Potential Quality of Care Issues  |                      |      |         |
| vi. QI.06 Quality Improvement Study Design/Performance Improvement Program Reporting   |                      |      |         |
| vii. QI.07 Physical Access Compliance  |                      |      |         |
| viii. QI.08 Linguistics Culture  |                      |      |         |
| ix. QI.09 Health Education Program and Delivery System Policy  |                      |      |         |
| x. QI.10 IHA and HEBA Assessments Policy   |                      |      |         |

- xi. QI.11 Member Non-Monetary Incentives
  - xii. QI.12 SBIRT  
**Possible Action:** Approve Quality Improvement policies.
  - c. Adult Preventive Health Guidelines Dr. Boris  
**Possible Action:** Approve Adult Preventive Health Guidelines
  - d. Review of QI Work Plan, QI Program Evaluation, and QI Program Description Mr. Aguirre  
**Possible Action:** Approve QI Work Plan, QI Program Evaluation and QI Program Description
  - e. Review of Complex Case Management Outcomes for 2016 and CM Program Evaluation Ms. Carlson  
**Possible Action:** Approve Case Management Program Evaluation
  - f. Review of Health Education Program Evaluation and Health Education Work Plan Ms. Sheu-Ma  
**Possible Action:** Approve Health Education Program Evaluation and Health Education Work Plan
  - g. Review of Americans with Disabilities Act Workplan Mr. Aguirre  
**Possible Action:** Approve Americans with Disabilities Act Workplan
  - h. Review and Adoption of Optum Complex Case Management Policies Ms. Carlson
    - i. Care Plans and Goals CM-010
    - ii. Data Collection Tools and Assessments CM-007
    - iii. Identification-Case Opening and Closure Criteria CM-009
    - iv. Program Content Development Review and Approval Process QI-004
    - v. Program Satisfaction-Feedback QI-020**Possible Action:** Approve and Adopt Optum Complex Case Management Policies
  - i. Review and Approval of Optum 2016 Quality Improvement Program Description and Work Plan Ms. Carlson  
**Possible Action:** Approve Optum 2016 Quality Improvement Program Description and Work Plan
- 6. Discussion Items** 6:50 15 min.
- a. Access and Availability Mr. Aguirre
  - b. Appeals and Grievances Mr. Aguirre
  - c. Disease Management Outcomes for 2016 Ms. Carlson
  - d. CY 2017 Annual Review of SCFHP CMC Population Demographics & Specific Health Conditions Dr. Boris
- 7. Committee Reports**
- a. **Credentialing Committee** Dr. Lin 7:05 5 min.  
Review February 01, 2017 and April 05, 2017 reports of the Credentialing Committee.  
**Possible Action:** Accept February 01 and April 05, 2017 Credentialing Committee Reports as presented
  - b. **Pharmacy and Therapeutics Committee** Dr. Lin 7:10 5 min.  
Review minutes of the December 15, 2016 Committee Meeting.  
**Possible Action:** Accept December 15, 2016 Pharmacy and Therapeutics Committee minutes as presented
  - c. **Utilization Management Committee** Dr. Lin 7:15 5 min.  
Review minutes of the January 18, 2017 and March 22, 2017 Committee Meetings.  
**Possible Action:** Accept January 18 and March 22, 2017 Utilization Management Committee minutes as presented
  - d. **Dashboard** Mr. Aguirre 7:20 10 min.  
**Possible Action:** No action required.

**e. Consumer Advisory Board**  
**Possible Action:** No action required.

Ms. Andersen 7:30 10 min.

**8. Adjournment**

Dr. Paul 7:40

**Notice to the Public—Meeting Procedures**

Persons wishing to address the Quality Improvement Committee on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.

The Quality Improvement Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.

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