



Consumer Advisory Board Meeting Minutes 10.22.15

1. **Welcome:** Tammie Pitkin, Anthem Blue Cross, and Irene Walsh, Santa Clara Family Health Plan, welcomed Consumer Advisory Board (CAB) members to the October Consumer Advisory Board meeting. Members were reminded about the confidentiality agreement and to not share personal health information in the open group forum and any individual health concerns can be addressed privately with health plan representatives after the meeting. Meeting minutes from the last Consumer Advisory Board meeting was distributed for review.

2. **Quality Program:** Sheri Barraza, Clinical Quality Analyst – Anthem Blue Cross, was introduced to provide overview of the Quality programs for Cal MediConnect. Sheri noted that the week of Oct 18-23rd was Quality Healthcare Week.

What is Quality? There are many definitions and can mean something different to everyone. According to Webster's Dictionary:

- An essential or distinguishing attribute or characteristic
- Degree of grade of excellence
- Measure of excellence or state of being free of defects and deficiencies

The Quality Program defines how departments supports, monitors and evaluates the quality, safety and appropriateness of medical, behavioral health and Long Term Support Services care such as In-Home Supportive Services (IHSS), Community Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP) and nursing home care offered by the health network and identifies and acts on opportunities for improvement.

The quality program and workplan focus is on continuous quality improvement and that we meet state, federal and regulatory requirements while utilizing Best Practices standards and guidelines. The Quality program and workplan is reviewed annually and approved by the Quality Improvement Committee. Timelines are established for reporting various quality indicators and outcomes.

Two Quality Initiatives are currently underway:

- Quality Improvement Project: Reducing Readmissions
Utilization Management and Care Managers are providing outreach to members in the hospital and recently discharged to assist member's transition from the hospital to home or other setting and ensuring that the member has their medications and has an appointment within a couple weeks with their PCP. The CM can arrange transportation. The goal is to prevent unnecessary readmissions with key interventions.
- The second initiative or the Chronic Care Improvement Program supports the Million Hearts Campaign focusing on coordinated care for members with high blood pressure (hypertension) otherwise

known as the silent killer because most people are not aware of having HBP and left untreated, HBP can cause strokes, problems with the heart, Kidneys and eyes.

Care Managers complete a health risk assessment to help identify members with hypertension and identify any potential member issues with following the plan of care and work with the interdisciplinary team to help resolve issues with transportation, help educate members on importance of taking medications and following doctor's orders.

Suggestions from Consumer Advisory Members of what they think can improve these two quality measures:

- 1) Work with the Social Workers/Discharge planners at the hospital to ensure that resources are available upon discharge from hospitals. Make sure to advocate and have them provide all the necessary resources before you leave the hospitals.
- 2) Work with the Case Managers to ensure to get the necessary information and resources
- 3) Make sure to go to the PCP follow-up appointment right away
- 4) Technology – using “My Health” app to track and monitor
- 5) Get family members, care managers, care team involved

3. Member Feedback: CAB Members shared that they were having some difficulties with getting responses if messages/voicemails are left. Member Services needs a better way to do ‘warm’ handoffs so member is not waiting on the phone for so long. Communications/messaging between departments seems lacking to member. Messages (if taken) should be delivered and returned in a timely manner for follow-up.

CAB Member suggested that it would be helpful if IHSS workers had more specialized training and/or advanced background about the members they are serving --- to get better understanding about their needs (head trauma, migraines, seizures etc.)

CAB Member stated that due to her disability, her health plan care manager has helped her with setting up IHSS as well as finding a doctor and obtain other resources to help her in her home.

CAB Member stated that the County Behavioral Health system is difficult to get into the system for services.

CAB Members suggested future topics for discussion:

- Advanced Health Care Directives
- Health Education programs

5. Next meeting: Nov 25 @ 11 am