

Regular Meeting of the

Santa Clara County Health Authority Quality Improvement Committee

Wednesday, February 12, 2020, 6:00 PM - 8:00 PM

Santa Clara Family Health Plan, Redwood
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - DRAFT

Members Present

Ali Alkoraishi, MD
Christine Tomcala, Chief Executive Officer
Jeffrey Arnold, MD (*via telephone*)
Jennifer Foreman, MD
Jimmy Lin, MD
Laurie Nakahira, D.O., Chief Medical Officer
Ria Paul, MD, Chair

Members Absent

Nayyara Dawood, MD

Staff Present

Jamie Enke, Manager, Process Improvement
Johanna Liu, PharmD, Director, Quality & Process Improvement
Ivy Douangphachanh, Quality Improvement Analyst
Nancy Aguirre, Administrative Assistant
Sandra Walle, Quality Improvement Coordinator
Tiffany Franke, Behavioral Health Case Manager
Zara Hernandez, Health Educator

Others Present

Carmen Switzer, Manager, Provider Network Access
(*via telephone*)

1. Introduction

Ria Paul, MD, Chair, called the meeting to order at 6:00pm. Roll call was taken. A quorum was established at this time.

2. Meeting Minutes

Minutes of the December 4, 2019 Quality Improvement Committee (QIC) meeting were reviewed.

It was moved by Jimmy Lin, MD, **seconded** by Ali Alkoraishi, MD, **and** the minutes of the December 4, 2019 QIC meeting were **approved**.

3. Public Comment

There were no public comments.

4. CEO Update

Christine Tomcala, Chief Executive Officer, Santa Clara Family Health Plan (SCFHP), reviewed the membership reports. As of February, 2020, there are 231,548 Medi-Cal members and 8,486 Cal MediConnect (CMC) members.

Ms. Tomcala announced SCFHP officially acquired the new Community Resource Center (CRC) located in San Jose, CA. Remodeling of the facility is currently underway and the CRC is on track to open near July, 2020.

Ms. Tomcala explained Medi-Cal Healthier California for All, formerly known as CalAIM, consists of reforms to the Delivery System, Program, and Payment of Medi-Cal. These new sets of proposals are designed to address many of the government's challenges such as, insufficient access to behavioral health care, children with complex medical needs, and clinical needs of justice involved populations as well as the aging population.

In regards to clinical implications, Laurie Nakahira, D.O., Chief Medical Officer, SCFHP, announced Whole Person Care will come to an end by the end of this year. However, Medi-Cal Healthier California for All has an Enhanced Case Management (ECM) program. ECM will encompass Whole Person Care and the Health Homes program and continue to serve a similar population.

5. Follow-Up / Old Business

a. Out of Network Requests for Ambulatory Surgical Centers (ASC)

Carmen Switzer, Manager of Provider Network Access, addressed a question raised at the previous QIC regarding the Out of Network (OON) Assessment. The assessment showed 47% of the Advanced Surgical Care (ASC) approvals were for Peninsula Eye Surgery Center and the Tri-County Vascular Care Center. The Contracting team is in the process of reaching out to both ASCs in effort to secure an agreement. Further updates will be provided at a future meeting.

b. Valley Medical Readmission Rates

Dr. Nakahira reviewed the Plan All Cause Readmission (PCR) rates for Medi-Cal and CMC, as a follow-up to Valley Medical's readmission rates reviewed at the previous QIC meeting. Dr. Nakahira reviewed the PCR rates in detail for all seven (7) networks by hospital and by diagnosis.

6. Review of Quality Improvement (QI) Program Description 2020

Jamie Enke, Manager, Process Improvement, SCFHP reviewed the following changes made to the QI Program Description 2020:

- Removal of Healthy Kids program
- Grammatical and structural improvements
- Removal of outdated information
- NCQA language incorporated
- Clarification to the QI Work Plan
- Clarification regarding a designated behavioral health physician
- Clarification to 2020 goals
- New staff roles in QI department: Process Improvement and Health Homes Program

Dr. Alkoraishi asked if this document is reviewed on an annual basis. Ms. Enke confirmed the QI Program Description is annually reviewed.

It was moved by Dr. Lin, **seconded** by Jennifer Foreman, MD, **and** the QI Program Description 2020 was **approved**.

7. Review of Health Education (HE) Program Description 2020, HE Work Plan 2020, and HE Evaluation 2019

Zara Hernandez, Health Educator, SCFHP, reviewed the 2019 HE Program Evaluation. A Wellness Rewards Program was launched, focusing on eight (8) HEDIS measures. Gift cards are offered to members for completing health screenings/visits. Since the launch, SCFHP mailed over 30,000 letters to members from

July 2019 to December 2019, to offer motivation to complete a screening. So far, about 8,500 (27% compliance rate) of members have completed a screening.

Ms. Hernandez noted Healthy Kids has been removed from the 2020 HE Program Description. There are two (2) new Performance Improvement Projects (PIPs) that have been incorporated into the 2020 HE Work Plan: Adolescent Well Care (AWC) visits (ages 19-21) and Well-Child Visits in the first 15 months (W15).

It was moved by Dr. Lin, **seconded** by Ms. Tomcala, **and** the HE Program Description 2020, HE Work Plan 2020, and HE Evaluation 2019 were **approved**.

8. Review of Cultural and Linguistics (C&L) Program Description 2020, C&L Work Plan 2020, and C&L Evaluation 2019

Ms. Hernandez reviewed the C&L Program Description 2020. The required DMHC Enrollee Assessment was completed in January 2020. Results were just received a few weeks ago and are in review. Further updates will be provided at a future meeting.

It was moved by Dr. Lin, **seconded** by Dr. Alkoraishi, **and** the C&L Program Description 2020, C&L Work Plan 2020, and C&L Evaluation 2019 were **approved**.

9. Provider Satisfaction Report for MY2019

Ms. Switzer reviewed the results of the 2019 Provider Satisfaction Report. Most measures reflected an increase in provider satisfaction between 2018 and 2019.

Dr. Paul asked which efforts were made to result in the increase in satisfaction. Ms. Switzer explained an update to the system was made to ensure claims were processed in a timely manner, as well as education on the turnaround times for processing claims.

Dr. Alkoraishi asked if the appeals portion of the Provider Satisfaction Survey was relevant to Pharmacy. Ms. Switzer clarified the appeals are related to Utilization Management, regarding claim approvals or turnaround times.

Ms. Switzer noted a slight decrease in the Overall Provider Experience with SCFHP for Behavioral Health (BH) between 2018 and 2019. Dr. Alkoraishi asked if there are any known reasons for this decrease. Ms. Switzer explained meeting timely access after-hours has been a challenge for most BH providers. SCFHP will continue to investigate the reason(s) for this decrease.

Ms. Tomcala asked if the data relating to the Rate of Response was accurate, as the chart reflects all but one (1) provider group showed an increase in their response rate. Ms. Switzer will look into this and clarify this data at the following QIC meeting.

Response Rates for Valley Health Plan (VHP) for 2017/2018 were reviewed. Data relating to the VHP's Response Rates for 2018/2019 will not be available until March, 2020. Further updates will be provided at a future meeting.

It was moved by Dr. Lin, **seconded** by Dr. Alkoraishi, **and** the Provider Satisfaction Report for MY2019 was **approved**.

10. Review of Population Health Assessment

Dr. Liu reviewed the Population Health Assessment for 2020. Dr. Liu highlighted an average of 29.8% CMC respondents of the Health Risk Assessment (2019) reported they run out of money to pay for food, rent, bills, or medicine. Respondents experiencing problems writing checks or keeping track of money had a higher than average percentile rate in Long Term Care (LTC), Serious Mental Illness (SMI), and Long Term Services and Support (LTSS) members.

In regards to the Health Status of chronic conditions information, Ms. Tomcala asked for clarification on the data displayed. Dr. Liu confirmed the data displayed represents all of Santa Clara County.

Improvements to the social determinants of health (SDOH) indicators such as education, employment, and income are needed. Ms. Tomcala asked to elaborate on how this can be done. Dr. Liu explained the Population Health Management Program can help connect members to available resources.

Dr. Lin asked how many CMC members are currently in LTSS. Dr. Liu estimated around 3,000.

It was moved by Dr. Lin, **seconded** by Dr. Alkoraishi, **and** the Population Health Assessment was **approved**.

11. Review of Clinical, Behavioral, and Medical Preventative Practice Guidelines

Dr. Liu presented the Clinical, Behavioral, and Medical Preventative Practice Guidelines for 2020. After review, only the American Diabetes Association (ADA) guidelines needed to be updated.

It was moved by Dr. Lin, **seconded** by Dr. Alkoraishi, **and** the Clinical, Behavioral, and Medical Preventative Practice Guidelines were **approved**.

12. American with Disabilities Act (ADA) Work Plan 2020

Dr. Liu reviewed the ADA Work Plan 2020 and noted an error in the title of the listed Responsible Party. The only change made to the ADA Work Plan for 2020 was in the reporting frequency for the Physical Accessibility Review measure. The frequency was updated to require review once every three (3) years.

It was moved by Dr. Lin, **seconded** by Dr. Alkoraishi, **and** the ADA Work Plan 2020 was **approved as amended**.

13. Continuity and Coordination between Medical Care and Behavioral Healthcare Analysis

Tiffany Franke, Behavioral Health Lead, SCFHP, reviewed the factors analyzed in the Continuity and Coordination between Medical Care and Behavioral Healthcare. Ms. Franke clarified this analysis is specific to CMC members, 18 years of age or older.

Ms. Tomcala inquired how improvement is expected if interventions are not implemented on certain factors. Ms. Franke explained two (2) interventions are selected for implementation per year, per NCQA requirements. Workgroups are held to determine the best area to implement an intervention. However, further discussion will be made to decipher how to address all areas in need of improvement.

It was moved by Dr. Lin, **seconded** by Dr. Alkoraishi, **and** the Continuity and Coordination between Medical Care and Behavioral Healthcare Analysis was **approved**.

14. Annual Review of QI Policies

Dr. Liu reported there were no changes, aside from removing the Healthy Kids check box, made to the following policies during their annual review:

- a. QI.05 Potential Quality of Care Issues (PQI)
- b. QI.07 Physical Access Compliance
- c. QI.10 Initial Health Assessment (IHA) and Staying Healthy Assessment (SHA)

It was moved by Dr. Lin, **seconded** by Dr. Alkoraishi, **and** the annual review of QI policies QI.05, QI.07, and QI.10 were **approved**.

15. Grievances and Appeals Report

The Grievances and Appeals Report was deferred to the next QIC meeting.

16. Quality Improvement Charter

The Quality Improvement Charter was deferred to the next QIC meeting.

17. Quality Dashboard

Dr. Liu reviewed the Quality Dashboard. Dr. Paul asked when the Health Homes Program is expected to come to an end. Dr. Liu explained a specific end date has not been disclosed, however, the Medi-Cal Healthier California for All has instructed health plans to integrate the Health Homes Program and Whole Person Care, which will be known as Enhanced Case Management (ECM). At this moment, the Health Homes Program is anticipated to come to an end by the end of the calendar year.

18. Compliance Report

The Compliance Report was deferred to the next QIC meeting due to the recent change in Compliance leadership.

19. Credentialing Committee Report

Dr. Nakahira reviewed the details of the Credentialing Committee Report. There were no comments made.

It was moved by Dr. Lin, **seconded** by Dr. Alkoraishi, **and** the Credentialing Committee Report was **approved**.

20. Utilization Management Committee Minutes

Dr. Lin reviewed the minutes of the October 16, 2019 Utilization Management Committee (UMC) meeting minutes. There were no comments made.

It was moved by Dr. Alkoraishi, **seconded** by Dr. Foreman, **and** the minutes of the October 16, 2019 UMC meeting were **approved**.

21. Adjournment

The next QIC meeting will be on April 8, 2020. The meeting was adjourned at 7:42 pm.



Ria Paul, MD, Chair of Quality Improvement Committee

4/9/2020

Date