

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

Wednesday, April 10, 2019, 6:00-8:00 PM  
Santa Clara Family Health Plan, Redwood  
6201 San Ignacio Ave, San Jose, CA 95119

**VIA TELECONFERENCE AT:**

Residence  
3411 S. Conway Ct.  
Kennewick, WA 99337

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**Committee Members Present:**

Ria Paul, MD and Chair  
Ali Alkoraishi, MD, Psychiatrist  
Christine Tomcala, CEO  
Jennifer Foreman, MD, Pediatric CSG  
Jimmy Lin, MD, Internal Medicine  
Laurie Nakahira, DO, Chief Medical Officer

**Non-Committee Members Present:**

Johanna Liu, Director of Quality and Pharmacy  
Zara Hernandez, QI Coordinator  
Sandra Carlson, Director of Medical Management  
Kelsey Kaku, Pharmacy Resident  
Darryl Breakbill, Director of Grievances and Appeals  
Chris Turner, COO  
Divya Shah, Health Educator  
Jessica Bautista, Health Homes Program Manager  
Mai Chang, Manager of Quality Improvement  
Robin Larmer, Chief Compliance and Regulatory Affairs Officer

**Via Teleconference:**

Carmen Switzer, Provider Network Access Manager

## 1. Introduction

- a. Prior to the Introductions, Robin Larmer spoke with Dr. Dawood via teleconference to advise that, in compliance with the Brown Act, as her name was not previously listed on the Agenda as attending via teleconference, her participation in this evening's meeting is not required. Dr. Dawood disconnected the phone.
- b. Dr. Ria Paul called the meeting to order at 6:06 p.m. A Quorum was established at this time.

## 2. Review and Approval of Meeting Minutes

- a. The minutes of the February 13, 2019 Quality Improvement Committee were reviewed. It was moved and seconded to approve the minutes as written.

## 3. Public Comment

- a. No Public Comment.

## 4. CEO Update

Christine Tomcala, CEO, shared the following updates:

As of January 2019, membership was at 251,000 members. As of April 2019, membership was at 250,778 which is slightly down from January but remains fairly stable.

Department of Managed Health Care (DMHC) and Department of Healthcare Services (DHCS) audits: DMHC and DHCS will be onsite for two weeks in March. DMHC does not leave behind a report when their audit is completed. DHCS conducts an exit conference before they leave, though their findings at that point are not necessarily final.

National Committee for Quality Assurance (NCQA) Survey: Santa Clara Family Health Plan (SCFHP) has achieved the three year NCQA accreditation for their Cal MediConnect (CMC) program. Congratulations to Johanna, the Quality team and the whole organization for their efforts.

O'Connor Hospital and St. Louise Regional acquisition: Both hospitals have been acquired by Santa Clara County and are working through the transition.

Regional Medical Center: SCFHP has signed a contract with Regional Medical Center for all product lines.

This concluded Ms. Tomcala's update.

## 5. Action Items

### a. Review of Quality Improvement Program Evaluation 2018

Johanna Liu, Director of Quality and Pharmacy, presented the following updates for the Medi-Cal Population:

The 2018 Childhood Immunization Status (CIS) rates went up from 2017.

Well Child visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of life (W34) dropped slightly, but the rate is still well above the Minimum Performance Level (MPL) for 2018. A new member incentive will roll-out this year.

The Prenatal and Postnatal Care (PPC) rates show a slight upward trend, with an ongoing member incentive program for PPC prenatal. In addition, we are in the process of expanding the program to more networks. It is challenging to find expectant mothers before they enter the healthcare system. A discussion ensued as to potential incentives that will enhance the upward trend.

Cervical Cancer Screening (CCS) screening levels met the goal to exceed MPL of 51.88%, but below High Performance Level (HPL) of 70.80%. The rate decreased 3.16% from Health Effectiveness Data Information Set (HEDIS) 2017.

Comprehensive Diabetes Care (CDC) measure has multiple parts. SCFHP met the goal of exceeding the MPL for all CDC HbA1c indicators. HbA1c good control went up a bit and HbA1c poor control went down a bit.

Controlling High Blood Pressure (CBP) shows a very slight decline, but the goal was met of blood pressure control exceeding MPL of 52.55%, but below HPL of 71.69%.

Ms. Tomcala added that our new Governor has new expectations and new measures that Health Plans will be required to report for Measurement Year 2019. The measures will be retroactive to 1/1/2019.

For our CMC population, Ms. Liu presented the following:

For the Plan All-Cause Readmission (PCR) measure, lower is better, and our rate increased slightly by 1.30%. HEDIS is changing the system of measurement for this measure. Lack of timely notification of a patient's discharge is a disadvantage for tracking this measure.

Follow-Up After Hospitalization for Mental Illness (FUH) shows improvement between 2017 and 2018. The goal is to get to the 56% benchmark; however, SCFHP gets credit for any improvement within the 10% range from our past score.

Controlling High Blood Pressure (CBP) shows an improvement between 2017 and 2018.

Ms. Liu concluded her presentation with a summary of Quality Improvement and Performance Improvement projects for 2018.

**Action:** It was moved and seconded to approve the Quality Improvement Program Evaluation 2018. The motion carried.

**b. Review of Quality Improvement Work Plan 2019**

Ms. Chang provided an overview of the Work Plan's goals for 2019.

**Action:** Chair Paul called for a motion to approve the Quality Improvement Work Plan 2019. It was moved and seconded to approve the Quality Improvement Work Plan 2019. The motion carried.

**c. Review of Population Health Assessment 2019**

Ms. Shah presented an overview of the Population Health Assessment for 2019. Ms. Shah explained this is a comprehensive assessment of SCFHP's CMC population and can help to identify this population's needs.

**Action:** Chair Paul called for a motion to approve the Population Health Assessment 2019. It was moved and seconded to approve the Population Health Assessment 2019. The motion carried.

**d. Review of Complex Case Management Experience Report 2019**

Ms. Carlson presented the Complex Case Management Experience Report for 2019. Ms. Carlson stressed that, in 2018, the performance goal was not met due to the fact that the program was brand new at that time.

The survey has since been re-designed for the January-April 2019 performance period to gather more specific data, and SCFHP did meet the 90% performance goal.

**Action:** Chair Paul called for a motion to approve the Complex Case Management Experience Report 2019. It was moved and seconded to approve the Complex Case Management Experience Report 2019. The motion carried.

#### **e. 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.06 Quality Improvement Study Design/Performance Improvement Program Reporting
- vi. QI.08 Cultural and Linguistically Competent Services
- vii. QI.09 Health Education Program and Delivery System Policy
- viii. QI.11 Member Non-Monetary Incentives
- ix. QI.12 SBIRT
- x. QI.28 Health Homes Program Policy

Ms. Liu presented the annual Review of the Quality Improvement Policies itemized above. Ms. Liu stated there are no updates, and all policies are current. There is a new policy, QI.28, the Health Homes Program policy. This policy is per a new Medi-Cal requirement that begins July 1, 2019.

**Action:** Chair Paul called for a motion to approve the Review of Quality Improvement Policies. It was moved and seconded to approve the Review of Quality Improvement Policies. The motion carried.

#### **6. Discussion Items**

##### **a. Appeals and Grievances:**

Mr. Breakbill explained that his department is monitoring California Home Medical Equipment (CHME) to ensure members get what they need, and he gave an overview of the year to date (YTD) grievances that have been filed. As of January 1, 2018, there have been 403 complaints filed. Their department averages a monthly intake of approximately 300-400 cases. Mr. Breakbill spoke to the relationship change with CHME, and the many opportunities for outreach with Utilization Management (UM) and vendors.

##### **b. Access and Availability:**

Ms. Switzer discussed the Provider Satisfaction Survey Results for 2018. Several new measures were added to meet NCQA accreditation requirements and to identify other potential internal quality improvement opportunities. This report does not include Valley Health Plan or Kaiser as they conduct their own annual surveys. Ms. Switzer provided an overview of the criteria used to conduct the survey, and presented the results in detail.

##### **c. Initial Health Assessment (IHA): 3Q & 4Q Reports:**

Ms. Chang explained this is a complete medical, social, and needs assessment within the first 120 days of enrollment. Ms. Chang then went on to present an overview of the IHA Audit Components and the subsequent results.

## 7. Committee Reports

### a. Credentialing Committee

Dr. Nakahira presented a review of the February 27, 2019 Credentialing Committee report. A discussion was initiated by Dr. Alkoraishi in regards to integrating the credentialing process. Dr. Alkoraishi stated that he is constantly in the process of being credentialed, and it is time consuming. Dr. Nakahira advised she can look into this process.

**Action:** Chair Paul called for a motion to approve the February 27, 2019 Credentialing Committee Report. It was moved and seconded to approve the February 27, 2019 Credentialing Committee Report as presented. The motion carried.

### b. Pharmacy and Therapeutics Committee

Dr. Lin presented a review of the December 13, 2018 Pharmacy and Therapeutics Committee meeting minutes.

**Action:** Chair Paul called for a motion to approve the December 13, 2018 Pharmacy and Therapeutics Committee meeting minutes. It was moved and seconded to approve the December 13, 2018 Pharmacy and Therapeutics Committee meeting minutes.

### c. Utilization Management Committee

Dr. Lin next presented a review of the January 16, 2019 UM Committee meeting minutes.

**Action:** Chair Paul called for a motion to approve the January 16, 2019 UM Committee meeting minutes. It was moved and seconded to approve the January 16, 2019 UM Committee meeting minutes.

### d. Compliance Report

Ms. Larmer presented the February 28, 2019 Compliance Activity Report and the resulting CAR Conditions. Ms. Larmer also discussed the 2018 CMS Program Audit Update, and the 2019 DMHC and DHCS Audit results.

**Action:** Chair Paul called for a motion to approve the Compliance Activity Report. It was moved and seconded to approve the Compliance Activity Report. The motion carried.

### e. Quality Dashboard

Ms. Liu presented the 2019 Quality Improvement Dashboard results.

**Action:** Chair Paul called for a motion to approve the 2019 Quality Improvement Dashboard. It was moved and seconded to approve the 2019 Quality Improvement Dashboard. The motion carried.

## 8. Adjournment

The meeting adjourned at 7:55 p.m.

The next meeting is scheduled for Wednesday, June 12, 2019

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Ria Paul, MD Quality Improvement Committee Chairperson

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Date