

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

Wednesday, August 10, 2021, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan, Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Approved

Members Present

Ria Paul, MD, Chair
Ali Alkoraishi, MD
Jennifer Foreman, MD
Jimmy Lin, MD
Laurie Nakahira, D.O.,
Chief Medical Officer
Christine Tomcala,
Chief Executive Officer

Specialty

Emergency Medicine
Adult & Child Psychiatry
Pediatrics
Internist

Staff Present

Chris Turner, Chief Operating Officer
Laura Watkins, Vice President, Marketing & Enrollment
Johanna Liu, PharmD, Director, Quality & Process Improvement
Janet Gambatese, Director, Provider Network Operations
Tanya Nguyen, Director, Customer Service
Tyler Haskell, Interim Compliance Officer
Lucile Baxter, Manager, Quality & Health Education
Gaya Amirthavasar, Process Improvement Project Manager, QI
Byron Lu, Process Improvement Project Manager, QI
Cecilia Le, HEDIS Project Manager, QI
Rita Zambrano, Executive Assistant
Nancy Aguirre, Administrative Assistant

Members Absent

Nayyara Dawood, MD Pediatrics

1. Roll Call

Ria Paul, MD, Chair, called the meeting to order at 6:01 pm. Roll call was taken and quorum was established.

2. Public Comment

There were no public comments.

3. Meeting Minutes

Minutes of the June 9, 2021 Quality Improvement Committee (QIC) meeting were reviewed when a quorum was established.

It was moved, seconded and the minutes of the 06/09/2021 QIC meeting were unanimously approved.

Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Foreman, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood, Dr. Nakahira

4. CEO Update

Christine Tomcala, Chief Executive Officer, reported the current Plan membership is approximately 275,000 members, reflecting an 11.3% increase over the last year. Of which, approximately 10,080 are Cal MediConnect (CMC) members and 285,000 are Medi-Cal (MC) members.

Ms. Tomcala announced the CalAIM transition plan was submitted in July, with more details to come. Additionally, the MC Carve Out plan is scheduled for implementation in January, 2022.

Ms. Tomcala highlighted the Strategic Planning used to compose Santa Clara Family Health Plan's (SCFHP) new Mission and Values.

Laurie Nakahira, D.O., Chief Medical Officer, SCFHP joined at 6:07pm.

5. SCFHP CMC Availability of Practitioners Evaluation

Janet Gambatese, Director, Provider Network Operations, presented the SCFHP CMC Availability of Practitioners Evaluation.

Ms. Gambatese explained, SCFHP conducts quantitative analysis against availability standards and a qualitative analysis on performance. These performance measures are used to assess provider availability. SCFHP's goal is to maintain an adequate network and to monitor how effectively the network meets the needs and preferences of its members.

Ms. Gambatese reviewed the methodology used for the provider to member ratios, as well as the metrics.

Ms. Gambatese concluded SCFHP is able to demonstrate its ability to meet performance goals relevant to provider-to-member ratios and maximum time and distance across all in-networks PCPs, high-volume impact specialists, and behavioral health providers. Ms. Gambatese noted SCFHP's efforts to contract available providers within Santa Clara County is on-going.

It was moved, seconded and the SCFHP CMC Availability of Practitioners Evaluation was unanimously approved.

Motion: Dr. Lin

Second: Dr. Alkoraishi

Ayes: Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood

6. HEDIS Reporting

Cecilia Le, HEDIS Project Manager, Process Improvement, presented the HEDIS Reporting for 2020. Ms. Le reviewed the challenges, including limited staff at provider offices as well as limited remote Electronic Medical Record (EMR) access. Ms. Le noted there were two measures that reached the desired percentile: Postpartum Care (PPC-Post) and BMI Percentile for Children/Adolescents 3 – 17 years (WCC-BMI).

Ms. Le reviewed the MC Managed Care Accountability Sets (MCAS) Measures for CY 2020, including Cervical Cancer Screening (CCS), Childhood Immunization Status – Combo 3 (CIS-3), HbA1c Testing (CDC-HT), and Timeliness of Prenatal Care (PPC-Pre).

The MC MCAS that fell below MPL include: Controlling High Blood Pressure (CBP), Child & Adolescent Well-Care Visits (WCV), and Chlamydia Screening in Women (CHL).

Ms. Le reviewed the CMC Quality Withhold Measures including, CBP, Plan All Cause Readmission (PCR), and Follow up After Hospitalization for Mental Illness – 30 day follow up (FUH-30).

Lucille Baxter, Manager, Quality & Health Education, reviewed the current interventions for both members and providers.

7. Annual E-Mail Quality and Analysis

Tanya Nguyen, Director, Customer Service, presented the Annual E-Mail Quality and Analysis. Ms. Nguyen explained SCFHP has an obligation to ensure the information submitted via e-mail to members is accurate, current, and timely. This is accomplished by measuring and evaluating the quality and timeliness of the information.

There are two factors used to evaluate e-mail quality and timeliness of information. They include, E-mail Turnaround-Time and Response's Quality and Comprehensiveness. Also reviewed were the qualitative analysis for both factors.

Ms. Nguyen concluded by reviewing the opportunities for improvement and the interventions implemented.

It was moved, seconded and the Annual E-Mail Quality and Analysis was unanimously approved.

Motion: Dr. Lin

Second: Dr. Alkoraishi

Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood

8. Annual Quality and Accuracy of Information to Members via Web and Telephone Analysis

Ms. Nguyen presented the Annual Quality and Accuracy of Information to Members via Web and Telephone Analysis. SCFHP has the responsibility to provide access to accurate, quality personalized health information via the SCFHP website and telephone.

Ms. Nguyen reviewed the methodology, data, and quantitative analysis used to evaluate the quality and accuracy of information to members via the SCFHP website. No barriers or opportunities were identified for the functionality of the websites since all established goals were met at 100%.

Ms. Nguyen reviewed the methodology, measures, and quantitative analysis used to evaluate the quality and accuracy of information to members via telephone. All established measured were met at 100%.

It was moved, seconded, and the Annual Quality and Accuracy of Information to Members via Web and Telephone Analysis were unanimously approved.

Motion: Dr. Lin

Second: Dr. Alkoraishi

Ayes: Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood

9. Quality Dashboard

Johanna Liu, Director, Quality and Process Improvement, reviewed the Quality Dashboard, beginning with Potential Quality of Care Issues (PQI). Dr. Liu noted 100% of PQIs, due from May 2021 – July 2021, closed on time (within 90 days).

Dr. Liu reviewed the Initial Health Assessment (IHA). Reports indicate an increase in completion rate May 2021 – July 2021. Dr. Liu also reviewed the Outreach Call Campaign. There were more outreach calls completed in May due to extra help from the temp COVID-19 outreach team.

Dr. Liu announced the Health Homes Program (HHP) launched with Community Based Care Management Entities (CB-CME) on July 1, 2021 for Chronic Conditions and on January 1, 2020 for Serious Mental Illness. As of July 23, 2021, 748 members that have verbally consented into HHP.

Dr. Liu noted Facility Site Reviews (FSR) were not conducted due to COVID-19. However, extensions have been approved by DHCS.

10. Compliance Report

Tyler Haskell, Interim Compliance Officer, reviewed the Compliance Report. Mr. Haskell noted SCFHP recently completed the Medicare Data Validation (MDV) Audit, and achieved 100% compliance in all four categories.

Mr. Haskell reviewed the Department of Health Care Services (DHCS) MC Managed Care Audit, and reported three findings relating to delegate oversight, utilization management, and transportation vendor enrollment. The Plan will submit correcting action plans for each finding to DHCS by August 18, 2021.

Mr. Haskell noted the Department of Managed Health Care (DMHC) has not released a preliminary report for the DMHC MC Managed Care Audit conducted in March 2021.

Mr. Haskell reported the Plan has been selected by CMS's external quality review organization to participate in the 2021 Performance Measure Validation Audit. All requested documents have been submitted in advance of a scheduled review session on August 19, 2021. A draft report is anticipated in early December.

11. P&T Committee Minutes

Dr. Lin reviewed the draft P&T minutes for the 06/17/2021 meeting.

It was moved, seconded, and the draft minutes of the 06/17/2021 P&T meeting were unanimously approved.

Motion: Dr. Lin

Second: Ms. Tomcala

Ayes: Dr. Alkoraishi, Foreman, Dr. Nakahira, Ms. Tomcala

Absent: Dr. Dawood

12. UMC Committee Minutes

Dr. Lin reviewed the draft UMC minutes for the 07/21/2021 meeting.

It was moved, seconded, and the draft minutes of the 07/21/2021 UMC meeting were unanimously approved.

Motion: Dr. Lin

Second: Ms. Tomcala

Ayes: Dr. Alkoraishi, Foreman, Dr. Nakahira, Ms. Tomcala

Absent: Dr. Dawood

13. Credentialing Committee Report

Laurie Nakahira, D.O., Chief Medical Officer, reviewed the 06/02/2021 Credentialing Committee Report.

It was moved, seconded, and the 06/02/2021 Credentialing Committee Report was unanimously approved.

Motion: Dr. Lin

Second: Dr. Alkoraishi

Ayes: Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood

14. Adjournment

The next QIC meeting will be held on October 12, 2021. The meeting was adjourned at 7:36PM.

Ria Paul, MD, Chair

Date