



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

Wednesday, April 14, 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

Ali Alkoraishi, MD
 Nayyara Dawood, MD
 Jennifer Foreman, ND
 Jimmy Lin, MD
 Christine Tomcala, Chief
 Executive Officer

Specialty

Adult & Child Psychiatry
 Pediatrics
 Pediatrics
 Internist

Staff Present

Chris Turner, Chief Operating Officer
 Laura Watkins, Vice President , Marketing and
 Enrollment
 Johanna Liu, PharmD, Director, Quality &
 Process Improvement
 Angela Chen, Interim Director, Case
 Management
 Lucile Baxter, Manager, Quality & Health
 Education
 Mai Phuong Nguyen, Manager, Oversight
 Victor Hernandez, Program Manager,
 Grievance and Appeals
 Theresa Zhang, Manager, Communications
 Byron Lu, Process Improvement Program
 Manager, Quality Improvement.
 Nancy Aguirre, Administrative Assistant
 Sandra Walle, Coordinator, Quality
 Improvement

Members Absent

Jeffery Arnold, MD
 Laurie Nakahira, D.O.,
 Chief Medical Officer
 Ria Paul, MD, Chair

Geriatric Medicine

 Emergency Medicine

1. Roll Call

Johanna Liu, PharmD, Director, Quality and Process Improvement, acting Chair, called the meeting to order at 6:05 pm. Roll call was taken.

2. Public Comment

There were no public comments.

3. Meeting Minutes

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

It was moved, seconded and the minutes of the February 9, 2021 QIC meeting were unanimously approved.

Motion: Dr. Alkoraishi

Second: Dr. Lin

Ayes: Dr. Dawood, Dr. Foreman , Ms. Tomcala

Absent: Dr. Arnold, Dr. Nakahira, Dr. Paul

4. CEO Update

Christine Tomcala, Chief Executive Officer, reported the current Plan membership is approximately 279,000 members. Of which, approximately 10,000 are Cal MediConnect (CMC) members and 269,000 are Medi-Cal (MC) members. This reflects a slight increase from the previous report in February, 2021. However, a lot of these members' aren't new members, but rather members whose redeterminations are on hold due to the public health emergency.

Ms. Tomcala announced the Governing Board has approved a new Strategic Plan as well as a new Mission, Vision and Values for our organization. Further details will be disclosed at a later date.

Ms. Tomcala shared that although SCFHP has not yet officially opened the Blanca Alvarado Community Resource Center, two vaccination clinics have been held there. Between both vaccination clinic days, 300 Johnson & Johnson vaccines were distributed. Now that the Johnson & Johnson vaccine production is paused, it is unknown as to when the next vaccination clinic will be. SCFHP looks forward to continuing to host vaccine clinics potentially going forward.

This concludes Ms. Tomcala's update. No questions were asked.

5. Assessment of Member Cultural and Linguistic Needs and Preferences

This item was deferred to the following QIC meeting.

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

Lucille Baxter, Quality and Health Education Manager, presented the QI Program Evaluation 2020. The QI Program Evaluation 2020 includes four different categories: Clinical Improvement; Safety of Clinical Care; Quality of Service; and Members' Experience.

The Clinical Improvement category contains five sections: Quality Measures & Improvement Performance; Quality Improvement Projects (QIP); Performance Improvement Projects (PIP); Initial Health Assessment (IHA); and Health Outcomes Survey (HOS).

Dr. Lin asked if SCFHP sends providers a Gaps of Care list of their patients in need of appointments. Ms. Baxter explained the Gaps of Care list will be available on the Provider Portal in May, 2021, and will be updated monthly thereafter.

The Safety of Clinical Care category contains three sections: Facility Site Review (FSR) & Medical Record Review (MRR); Provider Preventable Conditions (PPCs); and Potential Quality of Care (PQI).

The Quality of Service category includes Access & Availability of Services. The Members' Experience category includes two sections: Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Grievance and Appeals.

Based on the results from the QI Program Evaluation, Ms. Baxter stated that the QI Program is adequately resources to meet, maintain, and improve areas around the quality and safety of clinical care and service, as well as member experience. The Quality Improvement Committee structure allows the departmental areas to gain clinical insights and understanding from the committee members; this is possible through the participation of practitioners and leadership involvement in the QI program. Updates to the QI program were discussed in the QI Program Description that was approved by the Quality Improvement Committee in February 2021.

It was moved, seconded and the QI Program Evaluation 2020 was unanimously approved.

Motion: Dr. Lin

Second: Dr. Dawood

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

Absent: Dr. Arnold, Dr. Nakahira, Dr. Paul

7. Review of QI Work Plan 2021

Ms. Baxter presented the QI Work Plan 2021. The QI Work Plan is divided into four QI Activity categories: Quality of Clinical Care; Quality of Service; Members' Experience; and Safety of Clinical Care.

Ms. Baxter reviewed the deliverables, goals and objectives, previous barriers/issues, the timeframe, and staff responsible of each QI Activity.

It was moved, seconded and the QI Work Plan 2021 was unanimously approved.

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

8. Health Outcomes Survey (HOS)

Byron Lu, Process Improvement Program Manager, Quality Improvement, presented the HOS 2020. Mr. Lu explained the Medicare HOS is the first patient-reported outcomes measure used in Medicare managed care. HOS is mandatory for all Medicare Advantage contracts and is a multi-year survey, including the baseline survey and a follow up survey two years later. The data sources for HOS are the survey responses and the HEDIS rates. Mr. Lu noted there were a total of 226 HOS Cohort '20 respondents with a 59.1% response rate.

Mr. Lu presented the Physical Health and Mental Health results over two cohorts. Also reviewed were the performance measurements for Multiple Chronic Condition, BMI, and Prevalence of Chronic Medical Conditions.

There are two measures of functional health: Improving or Maintaining Physical Health; and Improving or Maintaining Mental Health. Also included are three HEDIS Effectiveness Care Measures: Improving Bladder Control – MUI; Monitoring Physical Activity – FAD; and Reducing the Risk of Falling – FRM.

Mr. Lu reviewed the HOS projected Star Rating for 2021 and 2022, as well as the Interventions.

9. Annual Review of QI Policies

Dr. Liu reviewed the QI policies: QI.03, QI.04, QI.06, QI.08, QI.09, QI.11, QI.12, and QI. 28. Angela Chen, Interim Director, Case Management (CM) reviewed the CM policies: QI.13, QI.15, QI.19, QI.30, QI.31, and QI.32.

- a. **QI.03** – No changes made
- b. **QI.04** – No changes made
- c. **QI.06** – No changes made
- d. **QI.08** – No changes made
- e. **QI.09** – No changes made
- f. **QI.11** – No changes made
- g. **QI.12** – Further edits will be made, as this policy is transferring departments
- h. **QI.13** – Updated
- i. **QI.15** – Updated
- j. **QI.19** – Updated
- k. **QI.28** – No changes made
- l. **QI.30** – Newly developed, to be incorporated in a training module
- m. **QI.31** – Newly developed, to be incorporated in a training module
- n. **QI.32** – Newly developed, to be incorporated in a training module

It was moved, seconded, and the QI Policies were unanimously approved.

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

10. Grievance and Appeals Report Q4 2020

Victor Hernandez, Quality Assurance Program Manager, Grievance and Appeals (G&A), presented the G&A Report Q4 2020. Mr. Hernandez noted the decrease in cases received in Q2 2020 and Q3 2020. However, in Q4 2020, SCFHP had more cases this year than last year by about 1,000.

Mr. Hernandez reviewed the cases received as well as the G&A rate per 1,000 members for MC and CMC. Also reviewed were the top three MC and CMC Grievance categories. Mr. Hernandez noted an unusual trend within the top 3 Grievance categories: Inappropriate Billing made it to the top three MC Grievances.

Ms. Tomcala asked if there were any commonalities regarding this unusual trend. Mr. Hernandez will take a closer look at this data and report back at the following QIC meeting.

Mr. Hernandez reviewed the G&A by network, vendor, reason, and rationale for overturns.

It was moved, seconded, and the G&A Report Q4 2020 were unanimously approved.

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

11. Compliance Report

Mai Phuong Nguyen, Manager, Oversight, presented the Compliance Report, specifically, the Fraud, Waste, and Abuse (FWA) program. SCFHP is committed to implementing FWA awareness for all staff, governing board members, as well as providers and members, as all are important sources for identifying potential FWA.

Ms. Nguyen reviewed the number of ways SCFHP works to prevent FWA, including a Compliance Hotline, Compliance Electronic Mailbox, FWA Awareness, FWA training, and Internal and External Audits.

Ms. Nguyen noted in 2020, SCFHP added an internal Special Investigations Unit (SIU) team to its FWA program. During the period of January through March 2021, the SIU team has received 18 suspected FWA leads.

12. Utilization Management Committee (UMC)

Dr. Lin reviewed the draft UMC minutes for the 01/20/2021 meeting.

It was moved, seconded, and the draft minutes of the 01/20/2021 UMC meeting were unanimously approved.

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

13. Consumer Advisory Board (CAB)

In lieu of Dr. Nakahira, Dr. Liu reviewed the draft CAB minutes for the 03/04/2021 meeting.

It was moved, seconded, and the draft minutes of the 03/04/2021 CAB meeting were unanimously approved.

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

14. Pharmacy and Therapeutics Committee (P&T)

Dr. Lin reviewed the draft P&T minutes for the 03/18/2021 meeting.

It was moved, seconded, and the draft minutes of the 03/18/2021 P&T meeting were unanimously



approved.

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

15. Credentialing Committee Report

In lieu of Dr. Nakahira, Dr. Lin reviewed the 02/03/2021 Credentialing Committee Report.

It was moved, seconded, and the Credentialing Committee Report was unanimously approved.

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

16. Adjournment

The next QIC meeting will be held on June 9, 2021. The meeting was adjourned at 7:55 pm.

DocuSigned by:

Ria Paul, MD

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Ria Paul, MD, Chair

Date