

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

Tuesday, February 8, 2022, 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
Nayyara Dawood, MD
Jennifer Foreman, MD
Jimmy Lin, MD
Laurie Nakahira, D.O.,
Chief Medical Officer
Christine Tomcala,
Chief Executive Officer

Specialty

Geriatrics
Adult & Child Psychiatry
Pediatrics
Pediatrics
Internist

Staff Present

Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, Vice President, Strategy & Analytics
Tyler Haskell, Interim Compliance Officer
Lori Andersen, Director, Long Term Services and Support
Johanna Liu, PharmD, Quality and Process Improvement
Desiree Funches, Quality Improvement RN
Lucille Baxter, Manager, Quality & Health Education
Mauro Oliveira, Manager, Grievance and Appeals
Byron Lu, Process Improvement Project Manager
Amber Tran, Process Improvement Project Manager
Karen Fadley, Provider Database Analyst
Claudia Graciano, Provider Network Associate Lead
Tu Le, Medical Management Care Coordinator
Zara Hernandez, Health Educator
Nancy Aguirre, Administrative Assistant

Members Absent

None

1. Roll Call

Ria Paul, MD, Chair, called the meeting to order at 6:02 pm. Roll call was taken and quorum was established.

2. Public Comment

There were no public comments.

3. Meeting Minutes

Meeting minutes of the 12/7/2021 Quality Improvement Committee (QIC) meeting were reviewed.

It was moved, seconded and the minutes of the 12/7/2021 QIC meeting were **unanimously approved.**

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

4. Network Adequacy Assessment 2021

Karen Fadley, Provider Database Analyst, presented the Network Adequacy Assessment 2021 for the Cal Medi-Connect (CMC) line of business. On an annual basis, Santa Clara Family Health Plan (SCFHP) conducts a quantitative analysis against availability and accessibility standards, and a qualitative analysis on performance. Provider types included in this assessment are primary care, high volume specialist(s), high impact specialist(s), and high volume behavioral health providers.

Ms. Fadley reviewed the results for Appointment Availability for each provider type. Also reviewed were the contributing factors to the results and opportunities for improvement.

It was moved, seconded and the Network Adequacy Assessment 2021 was **unanimously approved.**

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

5. Clinical, Behavioral, & Medical Preventative Practice Guidelines

Johanna Liu, PharmD, Director, Quality and Process Improvement, presented the Clinical, Behavioral, & Medical Preventative Practice Guidelines, in place of Lan Tran, Quality Improvement Nurse. These clinical practice guidelines are intended to assist providers in clinical decision-making.

Practice guidelines are reviewed and updated at least every two (2) years and more frequently when updates are released. SCFHP monitors compliance and member outcomes related to these clinical guidelines for quality improvement initiatives.

It was moved, seconded and the Clinical, Behavioral, & Medical Preventative Practice Guidelines were **unanimously approved.**

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

6. Quality Improvement (QI) Program Description 2022

Lucille Baxter, Manager, Health and Education, presented an overview of the contents included within the QI Program Description 2022.

It was moved, seconded and the QI Program Description 2022 was **unanimously approved.**

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

7. Health Education (HE) Evaluation 2021, HE Program Description 2022, HE Work Plan 2022

Zara Hernandez, Health Educator, presented the HE Evaluation 2021 and noted item 3B (Evaluation of Plan's self-management tools for usefulness to members) and 3C (Review of Plan's online web-based self-management tools) are still in progress. The Plan is in need of a solution to meet Medicaid requirements by 12/2023, as both items are part of the NCQA 2020 Health Plan Accreditation Requirements. Also in progress

is item 4D (Comprehensive Tobacco Prevention and Cessation Services).

Ms. Hernandez reviewed the overall changes made to the HE Program Description 2022. Changes include the specification that the HE Program Description 2022 includes Medicaid and Medicare. Additionally, modifications to the HE Program Description 2022 is permitted, and is subject to change, based on NCQA requirements. Furthermore, Initial Health Assessment (IHA) and Facility Site Review (FSR) were removed.

Ms. Hernandez reviewed the HE Work Plan 2022. Items 5C and 5D were added to the HE Work Plan 2022 to lead improvement in the health of communities impacted by disparities.

It was moved, seconded and the HE Evaluation 2021, HE Program Description 2022, and HE Work Plan 2022 were **unanimously approved**.

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

8. Cultural and Linguistics (C&L) Evaluation 2021, C&L Program Description 2022, C&L Work Plan 2022

Ms. Hernandez presented the C&L Evaluation 2021 and noted SCFHP fulfilled all requirements and goals. Ms. Hernandez highlighted items 3A and 3B. Goals for both items were met by focusing on despaired groups.

Ms. Hernandez reviewed the overall changes made to the C&L Program Description 2022. Changes include the specification that the C&L Program Description 2022 includes Medicaid and Medicare, and that the C&L Program Description 2022 can be modified and is subject to change based on DHCS requirements.

Ms. Hernandez noted item 3C was added to the C&L Work Plan 2022.

It was moved, seconded and the C&L Evaluation 2021, C&L Program Description 2022, and C&L Work Plan 2022 were **unanimously approved**.

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

9. Grievance and Appeals (G&A) Report Q3 and Q4 2021

Mauro Oliveira, Manager, Grievance and Appeals presented the G&A Report for Q3 2021. Mr. Oliveira reviewed the correction made to the Q3 2021 report, specific to the total G&As per 1000 members, for both MC and CMC.

Mr. Oliveira presented the G&A Report for Q4 2021. The top 3 MC Grievance Categories and the top 3 MC Grievance Subcategories were reviewed, as well as the MC Appeals by Case Type, and Disposition. In addition, the Top 3 Cal MediConnect (CMC) Grievance Categories and the top 3 CMC Grievance Subcategories were reviewed, as well as the CMC Appeals by Case Type, and Disposition.

It was moved, seconded and the G&A Report Q3 and Q4 2021 were **unanimously approved**.

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

10. SCFHP Equity Steering Committee

Ngoc Bui-Tong, Vice President, Strategy & Analytics, presented the SCFHP Equity Steering Committee. The purpose of this committee is to align, develop, coordinate, strengthen, and/or expand organization-wide efforts, as well as raise health equity for our members and create an equitable and inclusive workplace. Additionally, the SCFHP Equity Steering Committee serves as an advisory body to the executive team in support of the Strategic Plan and Plan Objectives.

Ms. Bui-Tong reviewed the structure of this committee, reflecting a support of three (3) councils. The councils include: The Member Equity Council, The Provider and Vendor Equity Council, and The Staff Council. Ms. Bui-Tong reviewed the focus of each Council.

11. Health Outcomes Survey (HOS) 2021

Byron Lu, Process Improvement Project Manager, presented the HOS Cohort 2021 results. Mr. Lu noted there were 121 respondents, reflecting a 66.5% response rate. Mr. Lu reviewed the HOS questions, results, and trends over a 3-year cohort.

Also reviewed were the findings for the Cohort 21 Performance Measurements, and the top chronic conditions at SCFHP. Mr. Lu noted the top three (3) reported chronic conditions for all 3 cohorts (19, 20, 21) have remained the same.

Mr. Lu reviewed the Star Ratings for each measure, as well as the interventions to improve the HOS outcome.

12. American with Disabilities Act (ADA) Work Plan 2022

Desiree Funches, Quality Improvement RN, presented the ADA Work Plan 2022. The ADA Work Plan 2022 is comprised of different metrics, measuring patient safety, access, delivery of preventive care, health education, and grievance monitoring.

Ms. Funches reported a total of 15 Potential Quality Issues (PQI) cases against nursing homes that were identified in the Patient Safety domain for 2021. Out of these 15 cases, four (4) cases were validated to be PQI cases upon investigation.

13. Annual Review of QI Policies

- a. QI.05 Potential Quality of Care Issues
- b. QI.07 Physical Access Compliance
- c. QI.10 Initial Health Assessment (IHA) and Staying Healthy Assessment (SHA)
- d. QI.14 Disease Surveillance
- e. QI.23 Alcohol and Drug Screening Assessment, Brief Intervention, and Referral to Treatment (SABIRT)
- f. QI.29 Nurse Advice Line
- g. QI.31 Community Supports (CS)
- h. QI.32 Enhanced Care Management (EMC)

Lori Andersen, Director, Long Term Services and Support, presented the two (2) new policies, QI.31 and QI.32. Ms. Andersen noted Community Supports is not a benefit, but rather a program that is being offered under the CalAIM initiative. Additionally, ECM is new Medi-Cal (MC) benefit. The intent of ECM is that community based organizations provide these services to members.

It was moved, seconded and policies QI.31 and QI.32 were **unanimously approved** with addendum.

Motion: Dr. Lin

Second: Dr. Alkoraishi

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

Absent: N/A

Dr. Liu reviewed policies QI.05, QI.07, QI.10, QI.14, QI.23, and QI.29, and noted there were no significant changes.

It was moved, seconded and policies QI.05, QI.07, QI.10, QI.14, QI.23, and QI.29 were **unanimously approved**.

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

14. QIC Charter

Dr. Liu presented the QIC Charter and noted the minor administrative edits made. No questions were asked.

It was moved, seconded and the QIC Charter was unanimously approved.

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

15. Quality Dashboard

Dr. Liu reviewed the Quality Dashboard and presented an overview of the Wellness Rewards Program – a calendar year program offered to members who complete preventative screenings and close gaps in care. Year to date, (YTD), a total of 7,990 gift cards have been mailed to members.

Dr. Liu reviewed the completion rates for the Initial Health Assessment (IHA). Reports indicate an increase in completion rates from November 2021 – December 2021. Also reviewed was the Outreach Call Campaign, an internal program where staff conduct calls to members for health education promotion. A total of 5,350 calls were made from November 2021 – December 2021.

Dr. Liu noted 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. HHP is designed to coordinate care for MC beneficiaries with chronic conditions and/or substance use disorders. A total of 788 members have verbally consented into Health Homes as of December 31, 2021.

Dr. Liu announced Facility Site Reviews (FSR) have resumed. In November 2021 and December 2021, there were six (6) FSRs that were completed.

16. Compliance Report

Tyler Haskell, Interim Compliance Officer, presented the Compliance Report. Mr. Haskell provided an update to CMS's Compliance Program Effectiveness (CPE) audit. SCFHP received results from Piedmont in January 2022, and is working to address a few findings related to Production Services and Provider Network Operations (PNO).

The 2022 Department of Health Care Services (DHCS) Annual Audit will take place between March 7 and March 18, covering a review period of March 2021 through February 2022. Unlike previous DHCS audits, which covered only the MC line of business, this audit will cover both MC and Cal MediConnect (CMC).

Mr. Haskell noted in January 2022, SCFHP received notice of the Department of Managed Health Care (DMHC) Financial Audit that will be conducted by June 2022. This audit occurs every three years and examines the financial health and sustainability of the health plan. It is expected that DMHC will begin requesting documents in March 2022.

17. Consumer Advisory Board (CAB)

Dr. Nakahira reviewed the draft minutes of the 12/2/2021 CAB meeting.

It was moved, seconded and the 12/2/2021 draft CAB meeting minutes were unanimously approved.

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

18. Pharmacy & Therapeutics Committee (P&T)

The draft minutes of the 12/16/2021 P&T Committee meeting were reviewed by Dr. Lin, Chair, Pharmacy and Therapeutics Committee.

It was moved, seconded and the 12/16/2021 draft meeting minutes were **unanimously approved.**

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

19. Utilization Management Committee (UMC)

The draft minutes of the 1/19/2022 UMC meeting were reviewed by Dr. Lin, Chair, UMC.

It was moved, seconded and the 1/19/2022 draft meeting minutes were **unanimously approved.**

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

20. Credentialing Committee Report

Laurie Nakahira, D.O., Chief Medical Officer, reviewed the Credentialing Committee Report.

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

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

21. Adjournment

The next regular QIC meeting will be held on April 12, 2022. The meeting was adjourned at 8:02PM.

Ria Paul, MD, Chair

Date