

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

Tuesday, August 9, 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

### Members Absent

N/A

### Specialty

Geriatrics  
Adult & Child Psychiatry  
Pediatrics  
Pediatrics  
Internist

### Staff Present

Tyler Haskell, Interim Compliance Officer  
Lori Andersen, Director, Long Term Services and Support  
Mai Chang, Director, Quality & Process Improvement  
Angela Chen, Director, Case Management & Behavioral Health  
Tanya Nguyen, Director, Customer Service  
Lucille Baxter, Manager, Quality & Health Education  
Charla Bryant, Manager, Clinical Quality & Safety  
Karen Fadley, Manager, Provider Data, Credentialing and Reporting  
Claudia Graciano, Manager, Provider Access Program Manager  
Robert Scrase, Manager, Process Improvement  
Victor Hernandez, QA Program Manager, Grievance & Appeals  
Amy Johnson Veazey, Accreditation Program Manager  
Udari Perera, Process Improvement Project Manager  
Cecilia Le, HEDIS Project Manager  
Olivia Pham, Process Improvement Project Manager  
Parina Mosley, Medical Management Personal Care Coordinator  
Nancy Aguirre, Administrative Assistant

### 1. Roll Call

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

Laurie Nakahira, D.O., Chief Medical Officer (CMO), welcomed back Mai Chang to Santa Clara Family Health Plan (SCFHP) as the Director of Quality and Process Improvement. Previously, Ms. Chang served as a Manager for the Quality Improvement (QI) department. Dr. Nakahira welcomed additional new hires, Parina Mosley, Medical Management Personal Care Coordinator; Olivia Pham, Process Improvement Project Manager; Amy Johnson, Accreditation Program Manager; and Udari Perera, Process Improvement Project Manager.

## 2. Public Comment

There were no public comments.

## 3. Meeting Minutes

Meeting minutes of the 06/14/2022 Quality Improvement Committee (QIC) meeting were reviewed.

**It was moved, seconded and the draft minutes of the 06/14/2022 QIC meeting were unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Nakahira

**Ayes:** Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

**Absent:** Dr. Alkoraishi, Dr. Dawood, Dr. Foreman

## 4. Chief Executive Officer (CEO) Update

Christine Tomcala, Chief Executive Officer (CEO), announced the Plan's membership is currently at 315,281. Membership continues to grow while we remain in a public health emergency.

This concludes Ms. Tomcala's update.

## 5. Compliance Report

Tyler Haskell, Interim Compliance Officer, presented the Compliance Report. In May, the Plan recently received notice of a routine Department of Managed Health Care (DMHC) survey to be held onsite in October. This survey will cover the overall performance of the Plan against State health plan licensing regulations.

Mr. Haskell noted the Plan underwent its annual Department of Health Care Services (DHCS) audit in March, and has not yet received a written preliminary report.

Mr. Haskell announced DHCS has recently initiated a process to ensure Medi-Cal (MC) managed care plans' operational readiness for the requirements of the new 2024 contract. Between August 2022 and December 2023, plans will be required to submit documents demonstrating readiness to implement the revised contract. Compliance is working with internal business units to prepare submissions.

Mr. Haskell added, the Plan is currently undergoing the Compliance Effectiveness Audit required by CMS. This audit reviews the effectiveness of our Compliance Program and must be completed annually.

In response to Dr. Paul's question regarding the last DMHC audit and outcome, Mr. Haskell noted the last DMHC audit took place in 2019, with a follow up audit in early 2021. There were a low number of findings.

## 6. Cal MediConnect (CMC) Availability of Practitioners Evaluation

Claudia Graciano, Manager, Provider Access Program Manager, presented the CMC Availability of Practitioners Evaluation. The goal of this evaluation is to ensure there is adequate network to meet member's needs. The 2022 CMC results reflect all Provider Type goals were met, as well as the goals for Providers Accepting New Patients.

Ms. Graciano reviewed the metrics and standards for Maximum Driving Time & Distance (MTD), and noted the Plan met all performance goals.

***Jennifer Foreman, MD, joined the meeting at 6:25pm.***

***Nayyara Dawood, MD, joined the meeting at 6:30pm.***

***Ali Alkoraishi, MD, joined the meeting at 6:31pm.***

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

**Motion:** Dr. Nakahira  
**Second:** Dr. Lin  
**Ayes:** Dr. Alkoraishi, Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala  
**Absent:** None

## 7. Annual E-Mail Quality and Analysis Report

Tanya Nguyen, Director, Customer Service, reviewed the Annual E-Mail Quality and Analysis Report. SCFHP has a responsibility to ensure the information shared via e-mail to members is accurate and timely. This is accomplished by measuring and evaluating the quality and timeliness of 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 analyses for both factors.

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

In response to Dr. Paul's question regarding the kind of e-mails received from members, and if e-mails are encrypted, Ms. Nguyen noted the e-mails received from members come in a variety of inquiries such as, billing statement assistance, PCP selection, benefit explanation, etc. Ms. Nguyen confirmed the emails sent from SCFHP are encrypted.

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

**Motion:** Ms. Tomcala  
**Second:** Dr. Lin  
**Ayes:** Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Pail, Ms. Tomcala  
**Absent:** None

## 8. Santa Clara Family Health Plan (SCFHP) Member Experience, including Behavioral Health (BH): 2021 Analysis

Victor Hernandez, Quality Assurance Program Manager, Grievance & Appeals, reviewed the Member Experience Report for CY2021. The data collected is aggregated into five categories – 1) Quality of Care, 2) Access, 3) Attitude/Service, 4) Billing/Financial, and 5) Quality of Practitioner Office Site. Mr. Hernandez reviewed the goals for each category as well as the quantitative and qualitative analyses. Areas with opportunities for improvement were reviewed.

Angela Chen, Director, Case Management and Behavioral Health, presented the Member BH Experience Survey Results on behalf of Jamie Enke, Program Manager. The purpose of this survey is to assess the member's perception of their access to care and quality of care.

Ms. Chen reviewed the qualitative analysis, unmet goals, as well as the opportunities for improvement.

**It was moved, seconded and** the SCFHP Member Experience, including BH: 2021 Analysis was **unanimously approved.**

**Motion:** Dr. Lin  
**Second:** Dr. Dawood  
**Ayes:** Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala  
**Absent:** None

## 9. HEDIS Reporting

Cecilia Le, HEDIS Project Manager, presented the HEDIS Report. Ms. Le reviewed the HEDIS timeline, achievements and challenges, performance results for MC Managed Care Accountability Set (MCAS) Measures, and Cal MediConnect (CMC) measure results. Ms. Le highlighted MC met the Minimum Performance Level (MPL) for 13 of 15 MCAS measures, and for CMC, the rates increased for majority of hybrid measures from previous year.

Ms. Le noted a decline in the MC MCAS immunization measure (CIS10). Moreover, this decline is in line with the statewide decrease in the immunizations due to COVID-19.

Jennifer Foreman, MD, Santa Clara Valley Medical Center, noted the decrease for measure CIS10 is likely due to the recent addition of the influenza vaccine in the combination. As a result, the same vaccines are not being compared for vaccination status, as in previous years. Unfortunately, the influenza vaccine is often times declined by families, as it is not required by schools or daycare centers.

Additionally, Dr. Foreman shared the difficulty in reaching measure W30A-6 (Well-Child Visits in the First 15 Months of Life – 6 or more visits), as most infants initially share their mother's MC coverage. This poses an issue, as recognition of the initial Well-Child visit(s) is/are not recorded under the infant's membership.

Ms. Le shared the next steps and opportunities for improvement. Some of which include, increase in home assessments, member outreach using bilingual staff, and interdepartmental collaboration on focused measures.

## 10. Annual Review of QI Policies

Angela Chen, Director, Case Management & Behavioral Health, presented policies QI.17, QI.18, QI.21, and QI.25. Ms. Chen noted the minor changes of each policy.

- a. QI.17 Behavioral Health Care Coordination
- b. QI.18 Sensitive Services, Confidentiality, Rights of Adults and Minors
- c. QI.21 Information Exchange Between SCFHP & SCCBHSD
- d. QI.25 Palliative Care

**It was moved, seconded and** policies QI.17, QI.18, QI.21, and QI.25 were **unanimously approved.**

**Motion:** Dr. Nakahira

**Second:** Dr. Lin

**Ayes:** Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

**Absent:** None

- e. QI.34 Housing and Homelessness Incentive Program

Lori Andersen, Director, Long Term Services & Supports, presented a new policy – QI.34, specific to the Housing and Homelessness Incentive Program (HHIP). This policy reflects the APL 22-007, including how the health plan will participate in and implement the HHIP program, including the achievement of metrics and collaboration with the Coordinated Entry System and Continuum of Care (CoC) to address the needs of those who are unhoused or housing insecure in Santa Clara County. This is an opportunity for the health plan to partner very closely with the CoC, stakeholders, and providers to build on the existing County Plan to End Homelessness.

**It was moved, seconded and** policy QI.34 was **unanimously approved.**

**Motion:** Dr. Nakahira

**Second:** Dr. Lin

**Ayes:** Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

**Absent:** None

## 11. Quality Dashboard

Charla Bryant, Manager, Clinical Quality and Safety, presented the Quality Dashboard beginning with the Initial Health Assessment (IHA) results. Reports indicate a slight decrease in completion rates when comparing June – July 2021 to 2022. Ms. Bryant noted DHCS had temporarily suspended the requirement to complete IHAs for members within 120 days of enrollment until the COVID-19 emergency declaration is rescinded. DHCS required all Primary Care Providers (PCPs) to resume IHA activities on 10/01/2021.

Ms. Bryant noted between June – July 2022, 14 Facility Site Reviews (FSRs) were completed. Certified Master Trainers (CMT) and QI Nurses continue to conduct FSRs to ensure sites operate in compliance with all applicable local, State, and federal laws and regulations.

Ms. Bryant reviewed the Potential Quality of Care Issues (PQIs), noting 52.3% of PQIs due from June – July 2022 closed on time (within 90 days). Also reviewed were the results for the Outreach Call Campaign, an internal program where staff conduct calls to members to promote health education. A total of 12,602 calls were made from June – July 2022.

In an effort to improve the HEDIS MC and CMC rates, alerts have been loaded into QNXT, so that internal staff can remind members about screenings and/or visits they are due for. A total of 3,084 QNXT Gaps in Care (GIC) alerts were terminated between June – July 2022.

Ms. Bryant noted Health Education (HE) mailing occurs July through November to remind members to complete missing services by the end of the year. A total of 28,202 letters were mailed to members, and 629 of which were mailed to CMC members.

## 12. Pharmacy & Therapeutics Committee (P&T)

The draft Open minutes of the 06/16/2022 P&T Committee meeting were reviewed by Jimmy Lin, MD, Chair, P&T Committee.

**It was moved, seconded and the 06/16/2022 draft Open P&T Committee meeting minutes were unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Nakahira

**Ayes:** Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

**Absent:** None

## 13. Utilization Management Committee (UMC)

The draft minutes of the 07/20/2022 UMC meeting were reviewed by Dr. Lin, Chair, UMC.

**It was moved, seconded and the 07/20/2022 draft UMC meeting minutes were unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Nakahira

**Ayes:** Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

**Absent:** None

## 14. Credentialing Committee Report

Dr. Nakahira reviewed the 06/01/2022 Credentialing Committee Report.

**It was moved, seconded and the 06/01/2022 Credentialing Committee Report was unanimously approved.**

**Motion:** Dr. Nakahira

**Second:** Dr. Lin

**Ayes:** Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

**Absent:** None

## 15. Adjournment

The next regular QIC meeting will be held on October 11, 2022. The meeting was adjourned at 7:30pm.

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Ria Paul, MD, Chair

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Date