

Quality Improvement and Health Equity Committee (QIHEC) Meeting 2024 Quarter 3 Summary Report September 17, 2024

Overview:

The Gold Coast Health Plan (GCHP) Quality Improvement and Health Equity Committee (QIHEC) meets quarterly, with special meetings scheduled as needed to conduct business. The QIHEC is chaired and facilitated by the Chief Medical Officer (CMO), with committee members comprised of internal leadership, the Chairs from the ten QIHEC Subcommittees, one Commissioner, three practicing physicians in the community, and a behavioral health care practitioner. This report represents a summary of the September 17, 2024 QIHEC meeting.

Approval Items

- **Approved**
 - 2024 Quarter 2 QIHEC Meeting Minutes
 - May 7, 2024 Special Meeting
 - June 11, 2024 Regular Meeting
 - Quality Improvement and Health Equity Committee Meeting Schedule for 2025
 - Carelon 2023 Quality Improvement Work Plan Evaluation
 - Gold Coast Health Plan 2023 Quality Improvement and Health Equity Transformation Program Evaluation
- **Approved contingent upon clarification of follow-up questions discussed at this QIHEC**
 - Carelon 2024 Quality Improvement Program Description
 - Carelon 2024 Quality Improvement Work Plan

Open Action Items from Prior QIHEC Meeting

- **Action Item #57 - Closed**
 - Facility Site Review (FSR) Nurse reported that some independent providers voiced concerns about additional FSR paperwork and increased costs. They may stop seeing pediatric patients. Committee member James Cruz, MD asked if the independent providers are going to stop seeing all pediatric members.
 - Resolution: Member Services confirmed that some pediatric members assigned to one independent provider have been reassigned and another independent provider opted to continue seeing their existing pediatric members.
- **Action Item #59 - Closed**
 - Committee member Jeffrey Yarges asked if there is a trending report showing a year-to-year comparison of child lead screening collected during Initial Health Appointments (IHA).
 - Resolution: The QI Department reported that audit results for blood lead anticipatory guidance and blood lead screening have been added to the FSR/IHA Dashboard for quarterly trending.
- **Action Item #60 - Closed**

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- Committee member James Cruz, MD asked if there was information regarding closing the loop on referrals during Facility Site Reviews and to quantify any level of improvement.
- Resolution: Heidi Ramirez provided Dr. James Cruz with data collected during Facility Site Reviews/Medical Record Reviews including: 1) Office practice procedures allow timely provision and tracking of internal and external referrals; 2) Physician Review and follow-up of referral/consultation reports and diagnostic test results; 3) Evidence of practitioner review of specialty consult/referral reports and diagnostic tests; 4) Evidence of follow-up of specialty/consult/referrals made, and results/reports of diagnostic tests, when appropriate.
- **Action Item # 61 - Closed**
 - Committee member James Cruz, MD asked if the medical record reviews include tracking of providers who completed an Adverse Childhood Exposure Experience (ACE) screenings.
 - Resolution: The QI Department is sending providers the list of recommended adult/pediatric health assessments & standardized tools (e.g., SDOH, ACEs, CRAFTS, etc.). The information is also be posted on the GCHP website. The QI FSR nurses also provide training to providers and recently completed a training for risk assessment screening tools at the August 21, 2024 QI Collaboration meeting.
- **Action Item #62 - Closed**
 - Committee Chair Felix Nuñez, MD, MPH, said that Dr. Underwood's feedback on continuous glucose monitoring can be shared at the next Director of Pharmacy meeting with the state and the next Chief Medical Officer (CMO) meeting with the state.
 - Resolution: The Department of Health Care Services (DHCS) reported there is no additional flexibility in use of continuous glucose monitors. GCHP will regroup internally to evaluate how to expand the eligibility for use of these monitors in the clinical setting.

QIHEC Membership Updates

- QIHEC Chair Changes
 - Due to recent staffing changes, the Commission has appointed Dr. Felix Nuñez as the acting Chief Executive Officer and Dr. James Cruz has been appointed as the acting Chief Medical Officer and will be chairing the QIHEC meetings.
- QIHEC Membership Changes
 - Dr. John Fankhauser and Dr. Sandrine Pirard are retiring and will be leaving the QIHEC and Dr. Gary Proctor and Dr. Alicia Casapao will be joining the QIHEC.

Quality Improvement and Health Equity Committee Meeting Schedule for 2025

- The 2025 schedule will increase the meeting cadence from quarterly regular meetings in 2024 (4 meetings) to 6 meetings in 2025. The increased meeting frequency is intended to provide sufficient committee time for review of accreditation and regulatory requirements.

Carelon Behavioral Health Quality Improvement Program Description and Work Plan

- The Director of National Quality Management at Carelon Behavioral Health reported on Carelon's 2023 Quality Program Evaluation and the 2024 Quality Improvement Program Description and Quality Improvement Work Plan.
- GCHP QIHEC Committee members had follow-up questions on the 2024 Quality Improvement Work Plan pertaining to reporting methodology, performance monitoring, health equity and

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cultural linguistics training, language assistance for Spanish and Mixteco populations, processing grievances efficiently, delegation oversight of grievances, and incorporation of CalAIM initiatives. Approval of these two documents is contingent upon clarification of the questions addressed during this QIHEC meeting.

Gold Coast Health Plan 2023 Quality Improvement and Health Transformation (QIHET) Program Evaluation

- The 2023 QIHET Work Plan effectively monitored and reported on organization-wide goals which included 46 comprehensive quality initiatives. Goals were met for 35 out of 46 initiatives.
- Rates improved for 27 Managed Care Accountability Set Measures and 15 out of 18 measures met or exceeded the DHCS minimum performance level (MPL).
- Multiple quality initiatives were launched in 2023 that included
 - Quality Incentive Pool and Program (QIPP) launched
 - Member outreach campaigns to close care gaps
 - Expansion of the point-of-care member incentive programs
 - Provider and member education campaigns
 - Data improvements and collection of new supplemental data sources
 - Health fairs and mobile mammograms
- The Program structure consisted of oversight by Quality Committees and Subcommittees. Resources for the QIHET Program included multidisciplinary GCHP staff with leadership from the Chief Medical Officer (CMO). Network providers gave feedback on quality improvement and health equity transformation activities through quarterly QI Collaboration meetings, monthly Joint Quality Operations Meetings (JQOM) and monthly Joint Quality Program Committee Meetings (JQPC), the quarterly Quality Improvement Committees (QIC), and the subcommittees.

QIHEC Subcommittee and Department Summaries

Compliance/Delegation Oversight

- 10 delegation oversight audits were completed as scheduled: 4 credentialing, 2 claims, 1 transportation, 2 utilization management, and 1 quality improvement and cultural linguistics.
- 7 corrective action plans were issued and 3 were closed.

Managed Care Accountability Set (MCAS) Steering Committee

- MCAS Dashboard: 2024 Quarter 2 MCAS rates reviewed.
 - 7 MCAS rates achieved DHCS MPL
 - 9 MCAS rates increased compared to 2024 Quarter 1
- MCAS Operations Steering Committee: new sub-committee launched July 2024 to align and drive the organization's strategy and initiatives around MCAS, including but not limited to, prioritization, goals, work plans, and performance tracking.
- QIHET Work Plan Updates: Reviewed interventions related to member engagement (outreach and member reward programs), community collaborations, data improvements, and member and provider education campaigns.

Quality Improvement: Facility Site Review (FSR) / Initial Health Appointment (IHA)

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- Facility Site Reviews:
 - The QI FSR Nurses completed 6 FRS FSRs and 5 medical record reviews (MRR). Most clinic sites are continuing to pass their FSRs, but there has been an increase in MRR corrective action plans and need for focused reviews. Continuing to assist the clinics with major changes in workflows, educational visits for providers and staff, and environmental safety to align with the DHCS FSR/MRR Standards.
- Initial Health Appointments:
 - The QI Nurses completed 257 audits on IHAs and MRR in 2024 Quarter 1 and 73% met IHA criteria. Areas in need of improvement include screenings for sexually transmitted infections, age-appropriate immunizations, blood lead screening and anticipatory guidance, psychosocial/behavioral risk assessments, and intimate partner violence screenings. Continuing IHA audits to measure compliance and educate providers and clinic staff in the IHA requirements.

Population Health Management (PHM) Department

- Wellth Program: 1,264 members in 2024 Quarter 1 and 85% of program participants engaged in 80+% of the daily check-ins. Approval received from the Commission to enroll up to 5,500 additional members in FY 2024-2025.
- Population Needs Assessment (PNA): The PNA will be updated and reviewed in November 2024.

Behavioral Health Quality Committee

- Carelon's performance for post-ED outreach attempts for members identified with substance use or mental health conditions in 2024 YTD was 97% and appointments scheduled and/or discharge assessments completed for this target population in 2024 YTD was 28%.
- The BH Department completed all planned activities within the QIHETP Work Plan and continues to share barriers to goal attainment with leadership. The 2024 Quarter 2 activities included implementing workflows to coordinate post ED care with Conejo Health, evaluating MY 2023 barriers to create mitigation plans, and negotiate additional data source through Bamboo Health.

Utilization Management Committee

- Prior authorization turn-around-time benchmarks were met in 2024 Quarter 2.
- 24-Hour Nurse Advise Line (NAL): GCHP began implementing strategies to increase awareness of the after-hour nurse advise line.
- Medical Management System: The new medical management system, TruCare, was successfully launched on July 1, 2024 with more enhancement planned to increase functionality and ensure regulatory requirements are met.

Member Services Committee

- Call Center:
 - All Conduent Call Center benchmarks were met in 2024 Quarter 2 for speed of answer, abandonment rate, call center volume, and phone quality.
 - On July 1, 2024, Gold Coast Health Plan transitioned to an internal call center. To prepare for this transition, 40 agents were hired to staff the internal call center. The Member Services department will continue to audit call center metrics and hold weekly meetings

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with the internal call center staff to evaluate performance and identify opportunities for improvement

- Membership: As of June 30, 2024, GCHP's membership was 248,315 members. There was a 0.7% decrease in membership from 2024 Quarter 1 (250,134 members) to 2024 Quarter 2 (248,315 members).

Network Operations

- Network Operations monitors capacity on a quarterly and annual basis via the DHCS Quarterly Monitoring Report Template (QMRT) and the Annual Network Certification. Provider Network Quarterly Monitoring Outcomes for Q2 2024:
 - Network adequacy standards met for PCPs and Specialists
 - Ratio of Specialist to Members and PCPs to Members met
 - 100% of new provider orientation scheduled within 10 days and completed within 30 days was not met; 161 out of 223 orientations were completed timely. Retroactive dates, limited staffing, and limited provider availability contributed to delayed orientations.
- The 2024 Provider Satisfaction Survey is ongoing and results will be segmented by Primary Care Provider and Specialty type.

Quality Improvement: NCQA Accreditation

- Health Equity Accreditation (HEA) and Health Plan Accreditation (HPA) mock surveys have been scheduled for 2024 Quarter 2 and Quarter 4. The mock surveys serve as a midway assessment to evaluate current compliance with NCQA standards, identify remaining gaps, and develop plans to remediate those gaps in preparation for 2025 final surveys.

Health Education and Cultural Linguistics (HE/CL) Committee

- Cultural and Linguistic Requests: 743 requests completed which was a 12% increase from 2024 Quarter 1. The top 3 requested languages were Spanish, Vietnamese, and Mixteco.
- Program Referrals: 693 completed. 412 HE and 272 CL (sign-language and in-person interpreting) referrals. This was a 47% increase from 2024 Quarter 1.
- Follow-Up Referrals: 271 from Care Management and 349 from ECM/CM and other special projects/programs.
- QIHET Work Plan Activities:
 - Outreach Calls to promote the Health Fairs/Community Events: 887.
 - Tobacco cessation, HE packets, and provider C&L/DEI trainings.

Grievance and Appeal (G&A) Committee

- All grievance and appeal benchmarks were met except one. The benchmark to acknowledge 98% of member grievance within in 5 calendar days was 95%.
- 2024 Quarter 2 grievances included 67 quality of care cases: 36% substantiated; 38% non-substantiated; 6% unfounded due to lack of information; 20% had no rating applied. Next steps include collaborating with Provider Network Operations to identify the provider offices or clinics that need additional resources to address and resolve issues related to these various complaints.
- G&A has increased the monitoring of all the mailroom functions related to scanning and forwarding any appeals and grievances to ensure they are routed timely.

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Pharmacy and Therapeutics (P & T) Committee

- Drug Utilization Review (DUR) of opioid prescription utilization met performance benchmarks in 2024 Quarter 2 with <5% increase in the following metrics (1) total opioid utilization; (2) combined use with benzodiazepines; and (3) combined use with antipsychotics.
- Medi-Cal Rx will continue to cover COVID-19 Antigen over-the-counter test #4 kits/30-days
- New policies and procedures have been approved for pharmaceutical management of Physician Administered Drugs (PADs) and Drug Recall Notification.
- The Pharmacy & Therapeutics Committee on August 15, 2024 reviewed and approved the recommended changes to the list of PADs requiring prior authorization.

Credentials/ Peer Review Committee (C/PRC)

- All credentialing, recredentialing and peer review benchmarks were met in 2024 Quarter 2.
- Identified need to upgrade Symplr software to improve efficiency of credentialing process.

Medical Advisory Committee (MAC)

- Quorum was not met for 2024 Quarter 2 and the review and approval of the clinical practice and preventive services guidelines was moved to 2024 Quarter 3 Medical Advisory Committee.