

Meeting Minutes
SCCHA Quality Improvement Committee
 Wednesday, June 06, 2018

Voting Committee Members	Specialty	Present Y or N
Nayyara Dawood, MD	Pediatrics	N
Jennifer Foreman, MD	Pediatrics	Y
Jimmy Lin, MD	Internist	Y
Ria Paul, MD, Chair	Geriatric Medicine	Y
Jeff Robertson, MD, CMO	Managed Care Medicine	Y
Ali Alkoraishi, MD	Adult & Child Psychiatry	Y
Jeffrey Arnold, MD	Emergency Medicine	Y
Christine Tomcala, CEO	N/A	N

Non-Voting Staff Members	Title	Present Y or N
Johanna Liu, PharmD	Director of Quality and Pharmacy	Y
Lily Boris, MD	Medical Director	Y
Robin Larmer	Chief Compliance and Regulatory Affairs Officer	Y
Sandra Carlson, RN	Director of Medical Management	Y
Jamie Enke	Manager, Process Improvement	Y
Divya Shah	Health Educator	Y
Caroline Alexander	Administrative Assistant	Y

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Introductions	Ria Paul, MD Chairman called the meeting to order at 6:35 p.m. Quorum was established at this time.			

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Review and Approval of February 21, 2018 minutes	The minutes of the February 21, 2018 Quality Improvement Committee Meeting were reviewed. It was moved, seconded to approve minutes as written.	Minutes of the February 21, 2018 meeting were approved as presented.		
Follow up Items	<p>Two follow up items regarding Access and Availability were to be presented at the May 9th Quality Improvement Committee meeting:</p> <ul style="list-style-type: none"> • Bring results of VHP study to next meeting • Present action plan for improvement next meeting 	Action items were not available and will be followed up on at August 8 th QI Committee meeting	Carmen Switzer	August 8, 2018
Public Comment	No public comment.			
<p>Action Items</p> <p>A. Review of QI Program Evaluation 2017</p>	<p>Dr. Liu presented the QI Program Evaluation for 2017. For Medi-Cal Measures: Childhood Immunization Status measure, performed well this year. Trending up from the last 5 years. Part of provider performance program as well as auto assignment measure.</p> <p>Well Child Visits decreased a bit. Part of provider performance program measure. Will continue to work on this measure.</p> <p>Pre natal and Postpartum care trending up. Increasing member incentives for each trimester to encourage members to seek care during each trimester.</p> <p>Question from Dr. Paul regarding if there has been a drop in pregnancy rate. Dr. Robertson mentioned fertility rate has dropped.</p>	Approved as presented.		

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<p>B. Review of QI Work plan 2018</p> <p>C. Review of Case Management Program Evaluation 2017</p>	<p>Cervical Cancer Screening is above MPL but below HPL. Also a provider performance measure.</p> <p>Blood Pressure Control, 2016 abbreviated medical record review, improved in 2017.</p> <p>For Cal Medi-Connect Measures: Lower is better. Improved from 2016 to 2017.</p> <p>All Cause Readmissions: Quality withhold measure on MediCare side. Improved in this measure.</p> <p>Follow up after hospitalization for Mental Illness: Improved in this measure from last year. Working closely with County Behavioral Health Services Department. Possible lack of data contributing to the low number.</p> <p>Potential Quality of Care Issues (PQI's): 233 PQI's reported in 2017:</p> <ul style="list-style-type: none"> • 12 were level 0 • 184 were level 1 • 32 were level 2 • 5 were level 3 • 0 were critical incidents <p>Dr. Liu presented the QI Work plan 2018. Additions were around NCQA requirements. Tasks are across the organization but fall under Quality standards as part of NCQA standards. Many were carried over from 2017 for quality operations.</p> <p>Ms. Carlson presented the Case Management Program Evaluation for 2017. Program Goals and Objectives align with NCQA requirements. In November 2016, contracted with Optum for Disease Management and Case Management services. August 2017 Health Plan was notified by CMS organization failed to meet regulatory requirements for HRA completion. The Health Plan was put on a performance improvement plan. 32.9% HRA Completion rate in Q1 2017. November 2017 HRA completion rate was not met. Terminated contract with Optum. Building an internal case management</p>	<p>Approved as presented.</p> <p>Approved as presented.</p>		

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<p>D. Review of Population Assessment Report 2018</p>	<p>team. Timing coincided with Implementation of Essette, new case management program software. Reported weekly to CMS on progress and HRA completion rates. Over 2 month period, increased rate of HRA completion to above 90%, almost 100%. The Health Plan was removed from performance improvement plan. Increased staffing to a total of 21 team members. Have continued to develop Essette in order to enhance more of the regulatory requirements. Built in all of the NCQA requirements. Dr. Alkoraishi asked how CMS tracked our progress weekly on HRA completion. Per Ms. Carlson, weekly webinars were held with CMS to report out progress.</p> <p>Dr. Paul inquired about what methods are used to conduct an HRA. Dr. Robertson stated some are in person, most are done by phone.</p> <p>Dr. Liu presented the Population Assessment Report for 2018. SCFHP did a comprehensive assessment of its population, using county-wide data as well as plan-specific data such as HEDIS and member self-reported Health Risk Assessments to analyze overall needs. Key indicators were identified and analyzed using factors such as age, ethnicity and gender. Based on the data analyzed in this report, SCFHP was able to form generalizations about the needs of member groups.</p> <p>The overall goal of this report was to identify needs and address them to better service SCFHP members. To do this, SCFHP reviewed data from many sources including the Santa Clara County Public Health Department, Centers for Medicare & Medicaid Services (CMS), and internal data such as HEDIS and responses form the SCFHP HRA. The data analyzed provided an overall picture of one's healthcare experience and the barriers that may exist to obtaining care and maintaining optimal health. It also provided insight on social determinants of health and the role they play in shaping a person's healthcare experience.</p> <p>Dr. Paul asked how frequently we present this report. Dr. Boris stated it is done annually and is an NCQA requirement to show plan is addressing the entire population health.</p>	<p>Approved as presented.</p>		
<p>E. Review of Population Health Management Strategy 2018/</p>	<p>Ms. Carlson presented the Population Health Management Strategy for 2018 and Population Health Activities and Resources. As a result of the population assessment done,</p>	<p>Approved as presented.</p>		

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<p>Population Health Activities and Resources</p>	<p>identified some of the groups that stood out as high numbers of people that needed help. Came up with specific populations of members with targeted specific needs: Type 2 diabetics, members with multiple uncontrolled chronic conditions, homeless members, severe mental illness, and high utilizers of Medi-Cal, including long term care members. Redesigned care coordination activities for each subpopulation. Reviewed and updated staffing needs to implement programs and coordinate community resources. Through the redesign of program resources, activities and staffing, developed and initiated implementation of a population health management strategy. Took population of 7500 individuals and developed criteria which puts members into tiers, within each tier there are subcategories of case management programs, resources, and staffing. NCQA will be reviewing case files for the Tier 1 Complex Case Management population. At the end of one year, will be looking at all Population Health program goals and measuring program effectiveness. Introduces transition of care, coordination between case management and utilization management to make sure members get care needed upon discharge from hospital. NCQA requires an annual evaluation of the Population Health Strategy. Dr. Paul had a question regarding how the tiers were developed. Was it mandated by NCQA or did health plan develop it? The health plan decided how to set up tiers. Followed guidelines by which program will be evaluated during survey to develop the tiers.</p> <p>Dr. Paul asked about diabetes. Is it type 2 diabetes we are looking it, uncontrolled or controlled? Are we specifying this in the tiers? Dr. Liu stated it is not spelled out specifically in the tiers, but placement in the tiers would depend on the results of the assessment done on them. Dr. Robertson stated this is more of a strategy document. Dr. Paul asked if we had a lot of homeless in Cal MediConnect population. Dr. Robertson indicated there are about 500 in Cal MediConnect. Dr. Lin asked which members are included in each tier of case management. Ms. Carlson stated every Cal MediConnect member will be in one of the tiers and enrolled into a case management program. Goal is to show that we are decreasing ER visits and hospitalizations and assisting with stabilizing members. Dr. Paul inquired as to what transitional care plan includes. Ms. Carlson stated that there is a transition of care post discharge assessment. Anyone discharged to home from acute care facility or hospital</p>			

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	<p>is followed up within 72 hours of discharge to make sure they received prescriptions, have a follow up appointment, transportation to appointment. Utilization Management nurse can automatically do a referral to case management after assessment. Medication reconciliation is also done at this time.</p>			
<p>F. Review of Health Education Program Evaluation 2017</p> <p>G. Review of Health Education Work Plan 2018</p> <p>H. Annual Review of Quality Improvement Policies</p>	<p>Ms. Shah presented the Health Education Program Evaluation for 2017. Initial Health Assessment moved over to work plan. A few member incentives were closed out: Controlling Blood Pressure with 4.9% response rate, Diabetes Retinal Eye Exam 3.9% response rate, and Cervical Cancer Screening 1.3% response rate. Conducted class visits to all health education vendors. Started exploring new class options to add to current offerings.</p> <p>Ms. Shah presented the Health Education Work plan for 2018. Initial Health Assessment was added to Work Plan. Continuing Controlling Blood Pressure incentive. Launching new incentive program around Childhood Immunizations. Prenatal program is a three tier incentive program: first trimester, second trimester, third trimester. Working on renewing contracts with vendors for health education classes. Looking at adding new classes. Working with City of San Jose to expand fitness center options in Santa Clara County. Piloting a Healthy Living Day Camp for children.</p> <p>Dr. Liu presented updated policies. QI.08 Cultural and Linguistically Competent Services modified Group Needs Assessment from every 3 years to every 5 years. QI.13 Comprehensive Case Management (CCM) added verbiage specific to NCQA and Population Health Management structure.</p>	<p>Approved as presented.</p> <p>Approved as presented.</p> <p>Approved policies QI.1 to QI.22 as written.</p>		

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	<p>Included information about referrals to case management. Includes NCQA criteria CCM program is required to address. QI.14 Disease Management: propose retire this policy. Case Management (CM) and Disease Management (DM) were seen as separate bodies previously, now NCQA has retired having CM and DM as separate entities. Merged together under Population Health Management.</p> <p>QI.17 Behavioral Health Care Coordination edited to indicate plan defines processes for provision of Early, Periodic Screening, Diagnostic and Treatment services for members 0 to 21 years of age which includes medically necessary Behavioral Health Treatment services with or without an Autism diagnosis.</p> <p>QI.20 Information Sharing with SARC: continuing along state mandated coverage for autism. Coordinate with SARC to provide comprehensive assessment, diagnosis of autism versus developmental diagnosis.</p> <p>QI.21 Information Exchange Santa Clara Family Health Plan and County of Santa Clara Behavioral Services Department clarifies relationship with County Mental Health.</p> <p>QI.26 Continued Access to Care, informational only. Will convert to procedure. Facilitating notification to members about provider's termination and transition to another provider.</p>			
<p>Committee Reports</p> <p>A. Credentialing Committee</p> <p>B. Pharmaceutical and Therapeutics Committee</p>	<p>Dr. Robertson presented the February 7th and April 4th Credentialing Committee meeting minutes. No adverse action taken. No providers put on probation, suspended or terminated.</p> <p>Dr. Lin presented the December 14th Pharmaceutical and Therapeutics Committee meeting minutes. 100% compliance on turnaround time of 72 hours. Mavyret added to formulary with prior authorization. Added Vitamin D3 50,000 unit capsule to formulary. Added Tears Naturale PM to formulary. Added Shingrix with age limit of greater than or equal to 50 years old and quantity limit.</p>	<p>Minutes of the February 7th and April 4th, 2018 Credentialing Committee meeting were approved as presented.</p> <p>Minutes of the December 14, 2017 Pharmaceutical and Therapeutics Committee meeting were approved as presented.</p>		

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C. Utilization Management Committee	Dr. Lin presented the October 26th, 2017 and January 17th, 2018 Utilization Management Committee minutes. All preventive health services were removed from prior authorization grid, as well as colonoscopy. Note: Ad Hoc October 26 th UM Committee minutes were not presented to UMC on time so presented at April UM Committee meeting. UM policies were reviewed. No prior authorization for urgent care. Financial incentives do not influence decisions on determinations. Changed long term care authorization to six months (previously one year). Made this change to determine who could be discharged to community resources.	Minutes of the October 26, 2017 and January 17, 2018 Utilization Management Committee meeting were approved as presented.		
Discussion Items				
A. Compliance Report	Ms. Larmer presented an update for Compliance. Will be presenting Brown Act training at each committee meeting. Reminder to committee members regarding establishing quorum. If not sure will attend meeting, indicate not attending so as not to be counted for quorum.	Add phone number to QI Committee invitation for committee members to call if running late to meeting	Caroline Alexander	
B. Quality Dashboard	Dr. Liu presented the Quality Dashboard. Initial Health Assessment (IHA) and Facility Site Review (FSR) completion rate tracked on dashboard. Number of IHA's completed within 120 days of enrollment has increased from January to March of 2018. During the first quarter of 2018, percentage of FSR's completed timely is 100%.			
C. Non Agenda Item	Discussed when next meeting should take place, in July or August. Recommend committee not convene in July, convene in August, October, and December. Change meeting time to 6:30 p.m. due to new location and traffic concerns.	Update invitations with new dates, times and location	Caroline Alexander	
Adjournment	Meeting adjourned by Dr. Ria Paul at 7:53 p.m.			
Next Meeting	Wednesday, August 8, 2018- 6:30 PM	Calendar and attend.	All	

Reviewed and approved by:

Ria Paul
Ria Paul, MD

Date

8/8/18