

QUALITY IMPROVEMENT COMMITTEE MEETING

March 15, 2023, 6:00 p.m. – 7:30 p.m.

Health Plan of San Mateo

801 Gateway Blvd.

South San Francisco CA 94080

Voting Committee Members	Specialty	Present (Yes or Excused)
Kenneth Tai, M.D.	PCP (Internal Medicine)	Y
Jaime Chavarria, M.D.	PCP (Family Medicine)	N*
Maria Osmena, M.D.	PCP (Pediatric)	Excused
Jeanette Aviles, M.D.	SMMC Physician (Internal Medicine)	Y
Non-voting HPSM Members	Title	Present (Yes or Excused)
Chris Esguerra, M.D.	CMO (Psy)	Excused
Nicole Ford	QI Director	Y
Richard Moore, M.D.	Sr. Medical Director (IM)	Y
Miriam Sheinbein	Medical Director (FM)	Y
Talie Cloud	Population Health Specialist	N*

*On teleconference

1. Call to Order

The meeting was called to order by Nicole Ford.

2. Public Comment/Communication

No public comment or communication for discussion at this meeting.

3. Approval of Agenda

Motion to approve. Approved by the QIC members.

4. Consent Agenda:

4.1 QIC Minutes from December 21, 2022

4.2 UMC Minutes from January 23, 2023

4.3 CQC Minutes from February 27, 2023

4.4 Dental Advisory Group minutes from Jan 20, 2023, and Feb 17, 2023

Motion to approve. Approved by the QIC members.

5. Approval of the 2022 QI Program Evaluation, 2023 QI Program Description and 2023 QI Work Plan

Ms. Ford presented a high-level overview of the QI Program documents.

- Clinical Quality Measures = above the HPL on four of the measures such as diabetes measures for poor control. Three measures were below the MPL that were identified by DHCS (50th percentile across all Medicaid plans). Cervical Cancer Screening and Well Child Visits for six or more within the first 15 months of life and an additional two visits within the 15 to 30 months of life.
- All Quality Withhold Measures for CareAdvantage CalMediConnect = passed with three are HEDIS measures. 1) Plan All-Cause Readmissions, 2) Controlling High Blood Pressure, and 3) follow up after hospitalization for mental illness.

Comment from Dr. Tai with what was the target?

Comment from Ms. Ford: For the Controlling High Blood Pressure measures, the benchmark is 71%. We did not meet the benchmark but passed the withhold measure by meeting the gap improvement metric with sufficient improvement from prior year results.

- HEDIS Outcome Survey (HOS) Metrics for 2022 (reported last year)/collected prior year) = Improving Bladder Control, Reducing Fall Risks, and Physical Activity in Older Adults where HPSM's performance overall was very good in our region as well as nationally compared to other contracts in California.
- Potential Quality Issue (PQI) Monitoring = completed 42 PQI/Quality of Care Reviews from 1/12/2022 to 12/31/2022.
- Facility Site Review (FSR) and Medical Record Review (MRR) = due to staffing shortages and with the pandemic, there was a lack of certified site review nurse(s), HPSM was only able to conduct one site review in 2022. Of the one facility site review completed in 2022, the FSR score was 73% and of the one medical record review completed in 2022, the MRR score was 93%. HPSM is now able to catch up in the following year with the certified site review nurses to conduct site reviews. HPSM is collaborating with SFHP and SCHP where we can share reviews of shared provider offices.
- Quality Program Changes (contract change) = previously a Medicare/Medicaid plan with quality withhold monitoring, which changed to a D-SNP/Dual Eligible Special Needs plan in 01/01/2023. Continue to report on HOS and CAHPS clinical measures for D-SNP. HPSM is rated on quality with the STARS program based on other plans.
- Initial Health Assessment (IHA) is now called the Initial Health Appointment, and the Staying Healthy Assessment requirement/Initial Health and Behavioral Assessment questionnaire was removed from IHA. A visit/encounter with a primary care provider within the first 120 days after enrollment with HPSM is still required.

Comment from Ms. Ford from last DHCS audit, we received a CAP due to not meeting the requirement of an visit within the first 120 days of enrollment.

Comment from Dr. Tai whether the Plan has documentation in terms of the initial appointment refusal after three or more attempts to contact the member, the Plan is complying.

Comment from Ms. Ford, where HPSM currently does not have a mechanism to systematically capture these refusal attempts. Perhaps providers could provide a code to help identify on a regular basis.

Comment from Dr. Moore if the member should drop out temporarily out of the system, how is it measured in our system?

Comment from Ms. Ford, where if there was an assessment within the prior 12 months, count as an initial health appointment.

Recommendation by Ms. Ford if we have a record of the visit within the first 12-month period, we might be able to document it in the Patient Engagement Report. Lastly, DHCS would still require a response from the Plan to hold providers compliance with these clinical measurements.

- Other areas of focus for 2023 with Cervical Cancer Screening = below the MPL. With the general health promotion, HPSM sends monthly reminders to members, e.g., on their birthdays.
- Continuing with our CCS measure for adult and family practice as part of HPSM P4P benchmark program, target member outreach from our Care Management team. CM team

would identify those barriers for members to get their cervical cancer screening appointments.

Comment from Dr. Aviles, what is the target?

Comment from Ms. Ford needs to provide the benchmark target to the committee later.

Comment from Dr. Sheinbein where HPSM has an article in the Provider Newsletter as well as on the web page specifically those with disabilities in how to access care.

Comment from Ms. Ford, we are exploring member incentives.

- Well Care Visits for six visits within the 13-months of life, which is a benchmark for our pediatric and family practice measure for P4P. A strategy to try to link new baby to mom for visits to capture on the claim since new babies are not assigned to HPSM yet. This measure was previously a hybrid measure for chart review but now HPSM is measured under the full population. Looking for ways to capture the data for any missing visits.
- We have an action plan for the SWOT analysis such as engaging with family health services to connect members to their pediatrician or primary care provider for these visits. The Well Child Visit for HEDIS is the number of visits within the 1st 15 month-period.

Comment from Dr. Tai, what is the number of births? Could the Plan invest in a coordinator or a panelist to track to ensure the mother is seen within the 1st 15 months for the Well Child Visit? Perhaps emphasize as part of ongoing education for the 1st six-month visit from the Plan.

Comment from Dr. Sheinbein, we have about 1,000 births per year.

Comment from Ms. Ford, where we have a Baby and Me Program to increase timely prenatal and post-partum visits. An incentive program for members to do timely prenatal care in the first trimester and post-partum care.

The next round of DHCS required Performance Improvement Projects (PIP) are starting this year. DHCS has chosen the topic areas. As many of the other MCPs struggle with the W30 measure, DHCS has chose this as the clinical PIP topic with the focus of reducing the disparity for Black/African American identifying members state-wide.

- The other PIP topic chosen by DHCS is for Plans work on building an infrastructure of linking members to mental health services and coordinating those services through Behavioral Health. HPSM is planning to focus on connecting members who have an ER visits with primary diagnosis of mental ill to behavioral health services for follow-up care. The specific intervention is still in development, but initial focus is notifying the treating behavioral health provider of the ED visit for members with established behavioral health services or coordinating follow-up with a behavioral health provider post ED discharge to initiate treatment.

Comment from Dr. Tai, where it is difficult to get the data from specialty mental health providers to primary care providers due to protected confidentiality practices.

6. Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2022 Results

Not discussed.

Recommended Actions: CAHPS results will be sent out to the committee before next meeting.

Follow-up: CAHPS 2022 Results presentation sent to committee members on 6/15/23.

7. Meeting time and location

Discussed if potentially the third Thursday on a quarterly basis could be another option for the QIC members to attend onsite/in-person at 801 Gateway location. Also, working out the details if HPSM staff could attend remotely or not. QIC is a public-held meeting at HPSM location and if teleconferencing is potentially permitted at another public site, it must be posted and open to the public.

8. Adjournment: next meeting June 22, 2023