

QUALITY IMPROVEMENT HEALTH AND EQUITY IMPROVEMENT COMMITTEE

March 20, 2025, 6:00 p.m. – 7:30 p.m.

Health Plan of San Mateo

801 Gateway Blvd.

South San Francisco CA 94080

Voting Members	Committee	Specialty	Present (Yes or Excused)
Jeanette Aviles, M.D.		SMMC Physician (Internal Medicine)	Yes
Kenneth Tai, M.D.		PCP (Internal Medicine)	Excused
Jaime Chavarria, M.D.		PCP (Family Medicine)	Yes
Maria Osmena, M.D.		PCP (Pediatric)	Yes
Nazleen Bharmal, M.D.		Chief Health Equity Officer, Stanford Medicine	Yes
Alpa Sanghavi, M.D.		SMMC Physician (Chief of Quality and Patient Experience)	Yes
Curtis Chan, M.D.		Deputy Health Officer, San Mateo County	Yes
Non-voting HPSM Staff		Title	Present (Yes or Excused)
Chris Esguerra, M.D.		CMO	Yes
Amy Scribner		CHO	Yes
Nicole Ford		QI Director	Yes
Mackenzie Moniz		Program Manager	Yes
Miriam Sheinbein, M.D.		Medical Director	Yes
Kaylee Knowles		Program Manager	Yes

1. Call to Order

The meeting was called to order by Dr. Aviles.

2. Public Comment/Communication

No public comments received.

3. Approval of Agenda

Approved by the Committee members.

4. Approval of Agenda

Approved by the Committee members.

5. Approval of Consent Agenda:

5.1. QIHEC minutes from December 19, 2025

5.2. UMC minutes from January 27, 2025

5.3. PRC minutes from December 10, 2024

Approved by the Committee members.

6. Utilization Management Review

Dr. Esguerra explained the ongoing efforts to reduce and clean up prior authorization requirements over the past two years. The goal is to make the process more flexible and clinically relevant, ensuring it supports providers rather than hindering them. For example, home health services, prior authorization is not required for the first three visits. Providers can conduct evaluations and determine the necessary care before seeking authorization for additional visits. Another example, in the case of physical therapy for adults, up to 20 visits are allowed without prior authorization. Providers can request additional visits if needed, explaining the necessity for extended care. Dr. Esguerra mentioned that the process has been designed thoughtfully, with a focus on removing unnecessary prior authorizations, especially for preventive measures like DEXA scans for osteoporosis, which no longer require prior authorization.

The team is currently reviewing other areas where prior authorizations can be reduced or eliminated. They plan to present their findings and recommendations in the June meeting, seeking input from members on additional areas to consider. Dr. Esguerra asked for the committee's feedback the next meeting. The current prior authorization list will be sent to committee members prior to the next meeting to facilitate

7. Clinical Guidelines

- 7.1.** Diagnostic Evaluation, Testing, Counseling and Disclosure of Suspected Alzheimer's Disease and Related Disorders (Alzheimer's Association)
- 7.2.** Medicare Annual Wellness Visit Algorithm for the Assessment of Cognition (Alzheimer's Association)
- 7.3.** Operationalizing the Detection of Cognitive Impairment during The Medicare AWW in a Primary Care Setting (Alzheimer's Association)
- 7.4.** Revised Criteria for Diagnosis and Staging of Alzheimer's Disease (Alzheimer's Association)
- 7.5.** Dementia Care Evidence Based Nonpharmacological Practices to Address Behavioral and Psychological Symptoms of Dementia (Gerontological Society of America)

Approved by the Committee members.

8. 2024 QIHE Evaluation, 2025 QIHE Program Description, 2025 QI Work Plan Review & Approval

The annual Quality Improvement and Health Equity (QIHE) Program documents were distributed and reviewed by the committee members. Ms. Ford presented the comprehensive quality improvement and health equity program description, evaluation, and work plan required for managed care plans. They summarized the clinical quality metrics, patient safety, and quality monitoring efforts, and areas of focus for 2025, including well-child visits and osteoporosis screening.

Approved by the Committee members.

9. 2024 CAHPS Results

Ms. Moniz shared the 2024 Consumer Assessment of Healthcare Provider and Systems (CAHPS) survey results, covering Medicare, Medi-Cal child, and Medi-Cal adult populations. The survey measures member experiences in various categories, including health plan, healthcare, customer service, and doctor communication.

Strengths identified in the survey include high ratings for annual flu vaccines, healthcare quality, and personal doctor ratings. These areas reflect positive member experiences and effective healthcare delivery.

Opportunities for improvement were identified in care coordination, getting care quickly, and how well doctors communicate. These areas require targeted efforts to enhance member experience and satisfaction.

The committee discussed the importance of making CAHPS data actionable for providers. They emphasized the need to share relevant data with providers and offer guidance on how to improve member experiences based on survey results.

10.2023 HOS Results

Ms. Ford presented the Health Outcomes Survey (HOS) results for Medicare members, focusing on measures related to urinary incontinence, physical activity, and fall risk management. The plan performed well compared to regional and national benchmarks.

The plan received high ratings for managing urinary incontinence, promoting physical activity, and reducing fall risks. These areas are crucial for improving the quality of life for Medicare members.

The committee discussed the importance of addressing disparities in health outcomes. They recognized the need to focus on vulnerable populations and ensure equitable access to care and support services.

The plan aims to continue monitoring and improving health outcomes for Medicare members. Future actions include targeted interventions to address identified disparities and enhance overall member well-being.

11. Adjournment:

Dr. Aviles adjourned the meeting.

Next meeting Thursday June 26, 2025