

QUALITY IMPROVEMENT AND HEALTH EQUITY COMMITTEE

March 21, 2024, 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)	Excused
Jaime Chavarria, M.D.	PCP (Family Medicine)	Yes
Maria Osmena, M.D.	PCP (Pediatric)	Excused
Jeanette Aviles, M.D.	SMMC Physician (Internal Medicine)	Yes
Non-voting HPSM Staff	Title	Present (Yes or Excused)
Chris Esguerra, M.D.	CMO	Yes
Nicole Ford	QI Director	Yes
Richard Moore, M.D.	Medical Director, Senior	Yes (Virtual)
Samareen Shami	PHM, Manager	Yes (Virtual)
Talie Cloud	PH Program Specialist	Yes

1. Call to Order

The meeting was called to order by Dr. Jeanette Aviles.

2. Public Comment/Communication

No public comment or communication for discussion at this meeting.

3. Approval of Agenda

Motion to approve. Approved by the Committee members.

4. Consent Agenda:

4.1 QIHEC Minutes from December 21, 2023

4.2 UMC Minutes from January 22, 2024

4.3 CQC Minutes from February 20, 2024

4.5 Dental Advisory Group minutes from

4.5.1 December 15, 2023

4.5.2 January 19, 2024

4.5.3 February 16, 2024

4.6 P&T minutes from October 24, 2023

4.7 Peer Review Committee minutes from 12/12/2023

Approval of Consent Agenda

Motion to approve. Approved by the Committee members.

5. Utilization Management Review

Dr. Esguerra reported we will need input from this committee going forward with the Utilization Management Committee meetings. The Utilization Management Committee meetings have been established on a quarterly basis. Previously, we identified inconsistencies with certain groups of services where there were some services requiring prior authorization. There was a high volume

of inconsistencies with services not requiring prior authorization. The majority of clean up required to remove prior authorizations from the list.

The plan for this year is a broader review for all requiring prior authorizations from a standpoint 1) how is it useful, 2) preventative care, and 3) a prior authorization might not necessarily be the solution. The last Utilization Management meeting from January 2024 focused on the cleanup of the prior authorization list. There have been alignment issues with DHCS requiring prior authorization, but the Plan would not require prior authorization for certain services. From a primary care perspective on current routine services, might not require prior authorization. The driver of costs is not primary care but mostly with hospitals, emergency room visits, post-acute care, high costs durable medical equipment, and perhaps high costs of drugs administered by physicians.

#### Recommended actions

- Feedback and input from this committee to work through the process in the frequency, the analysis work, and a more explicit discussion from a quality perspective.
- Review nutritional supplements that are under Medi-Cal Pharmacy Benefits.

Comments from Dr. Esguerra where DHCS for Medi-Cal has required prior authorization for some services where there were audit findings for the Plan due to removing prior authorization for the service. A few services are under federal statute and/or are a state regulatory letter requirement. For example, two specific services 1) NEMT and 2) Dental and Anesthesia require prior authorization. In addition, how to streamline efficiency and remove these barriers while requiring prior authorization for better support/purpose versus being the gatekeeper for prior authorizations.

#### 6. Approval of the 2023 QI Program Evaluation, 2024 QIHE Program Description, & 2024 QI Work Plan

2023 QI Evaluation Summary – Clinical Quality Measures (HEDIS/MCAS – MY2022/RV2023) Medi-Cal

3 measures above HPL (above 90<sup>th</sup> percentile)

- Childhood immunization status – combination 10
- Immunization for adolescents – combination 2
- Prenatal postpartum care – Postpartum care

1 measure below MPL (50<sup>th</sup> percentile)

- Well-child visits:6 or more well-child visits in the 1<sup>st</sup> 15 months of life

CareAdvantage Cal-MediConnect (CMC)

- Plan All Cause Readmission (PCR) and follow-up after hospitalization for mental illness (FUH) met quality withhold benchmarks.
- Controlling High Blood Pressure under quality withhold benchmark.

Performance measurement system change from quality withhold benchmarks to CMS STARS for MY2023/RV2024.

- Health Outcomes Survey (HOS) – 2022 collection (Cohort 23/Round 25)
  - Trends in improving or maintaining physical health and mental health scores were as expected, the same as or higher than the national average.

- Measures incorporated into Medicare Star Ratings include the Improving Bladder Control (MUI Treat Rate), physical activities, and Reducing the Risk of Falling (FRM Manage Rate). HPSM performed well in these measures, at the 4- and 5-Star rate.
- Member Experience (CAHPS)
  - Collected for both Child and Adult Medi-Cal members as well as CareAdvantage members in 2023.
  - Performed well for flu vaccine measure.
  - Identified areas of focus for improvement are How Well Doctors Communicate, Rating of Personal Doctor, Customer Service.
- Patient Safety and Quality of Care Monitoring
  - Potential Quality Issue (PQI) Monitoring.
  - Facility Site Reviews & Physical Accessibility Reviews.

#### 2024 Program Changes – greater emphasis and integration of Health Equity

- Stratification of HEDIS/MCAS results by race and ethnicity of membership to more readily identify and trend disparities where DHCS has asked to integrate within the Quality Improvement program.
- NCQA also incorporates race and ethnicity stratification with the HEDIS quality metrics.
- Ongoing efforts to collect sexual orientation and gender identity of membership. Collecting data from providers, members, and other surveys.

#### Areas of focus for 2023

- Well-Child Visits (W30) 6+ visits in 1<sup>st</sup> 15 months of life
  - Benchmark and Care Gap P4P payment measure.
  - Continued to investigate potential data gaps and procure additional data capture.
  - Engaging Family Health Services to assist with member barriers to child-well visits.
  - DHCS Clinical PIP topic – reducing disparity for the Hispanic population.
  - State-wide MCP Collaborative Sprint Rapid Cycle Intervention to improve on all child well visits.
- Behavioral Health measure data capture and coordination
  - DHCS Nonclinical PIP topic – building an infrastructure that links members to county mental health and providers for coordinated services.
  - Notifications to PCPs and BH providers after ED visit for mental illness or substance use.
  - Depression screening data capture – PHQ-9
- Cancer Screenings and Chronic Conditions Management
  - Benchmark and Care Gap P4P payment measures.
  - CA member incentive for breast and colorectal cancer screenings.
  - Cologuard pilot.
  - Exploring primary care engagement strategies.
  - Communication of disease management programs and resources for members and providers.
- Cancer Screening Initiative
  - Cancer screening reminder letter to members due for least one cancer screening receive a mailed reminder letter and scheduled screenings in available languages. Approx. 28,000 letters mailed Q1 2024 and Q2 2024 letters will be mailed within a week.

- Cologuard Pilot for CA members assigned, receive a mailed Cologuard. 234 kits mailed with 15% completion rate. Another 429 kits are in the process to be sent out in the mail.
- Cancer screening incentive for CA members who complete a breast and/or colorectal cancer screening, receive a \$25 Target gift card.
- Primary Care Engagement – goal to increase the number of members who visit their primary care provider annually by 5%. Ongoing/planned work:
  - Call campaign planned for CA members who have not visited a PCP in the past 12 months. Planned implementation mid-April 2024.
  - Assessing root causes and opportunities for Medi-Cal population.
  - Ensuring the importance of preventive care is discussed in any interaction a member has with HPSM.
- Chronic Condition Management – conducted analysis of members with diabetes and hypertension & surveyed 21 provider groups and identified 3 buckets of work:
  - Staff awareness building
  - Provider communications
  - Targeted network improvements.
- YMCA Fitness Membership Program – YMCA membership is available to CA members at no cost.
- To learn more: <https://www.hpsm.org/member/my-health-plan/careadvantage-2024/fitness-membership-program>

Comment from Dr. Aviles with the well-child visits in the missed visits. Ms. Ford stated the analysis report does not provide the actual visits other than the metric counts of 6 visits. Continue to work on this measure and there have been improvements over the last year. Basically, all California health plans struggle with this measure. Currently working statewide to help improve on this measure.

Comment from Dr. Aviles if there is a measurement for Reducing the Risk of Falling and is there an expected tool/standard documentation? Ms. Ford reported that the provider should ask specifically to risk of falling. There is no specific documentation or tool required, The measure is a member-based survey (HOS).

Comment from Dr. Esguerra where HPSM could help by providing the forms to providers as well as helping remind members what was discussed at the appointment. The challenge with the survey is whether members remembered the fall assessment and remembered to enter in the survey. There are opportunities for care coordinators/providers to ask members about the risk assessment/survey, which might motivate the member.

Comment from Ms. Ford with the surveillance of the PQI monitoring where most issues are grievance related as well through our case management for other recorded incidents. We are reviewing the PQI processes in how to streamline, timely investigation, and outcomes within our internal operations for improvement. Meanwhile, the FSR was placed on hold during the public health emergency (PHE) from 2021 – 2022 with our contracted primary care clinics. During the PHE, there was a backlog of reviews as well as staffing turnovers. As of February 2024, we have two, full-certified quality review nurses for site reviews.

Comment from Dr. Chavarria when members receive the Cologuard letter, should members go to their providers? Ms. Cloud reported the letter states to contact their primary care provider to schedule the appointment and there is a contact at HPSM for their PCP.

Comment from Dr. Chavarria what is the next step if the Cologuard test is positive? Ms. Cloud stated some of the kits tested positive where the results are faxed to the provider lab along with the spreadsheet with the results on a bi-weekly basis to SMMC. SMMC will follow up to schedule the colonoscopy.

Comments from Dr. Aviles, SMMC does not notify for normal cancer screening results. Also, why a call campaign for the CA population with the primary care engagement? Ms. Cloud stated the data performance in relation to Stars on several measures showed care gaps for those members who have not visited their PCP in the past year. Also, we proactively look for any members who have not visited their PCP where 10% of members have not visited their assigned PCP.

Comment from Dr. Aviles concerning the gift card for the CA population is eligible for anyone and is there an age limit cap? Ms. Cloud stated the general mailer went out to all members with the explanation of benefits.

Comments from Dr. Esguerra where 94% of the CA members qualify for the healthy foods supplemental benefit due to a chronic condition diagnosis. A healthy foods card is issued once confirmed on the encounter data.

The YMCA Fitness Membership Program is specifically a supplemental benefit for the CA population, which was communicated to many healthcare partnerships who work with CA members.

Motion to approve. Approved by the Committee members.

## 7. Adjournment: **next meeting June 20, 2024**