

QUALITY IMPROVEMENT HEALTH AND EQUITY IMPROVEMENT COMMITTEE

June 26 ,2025 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)	Yes
Jeanette Aviles, M.D.	SMMC Physician (Internal Medicine)	Excused
Alpa Sanghavi, M.D.	SMMC Physician (Chief of Quality and Patient Experience)	Yes
Curtis Chan, M.D.	Deputy Health Officer, San Mateo County	Excused
Nazleen Bharmal, M.D.	Chief Health Equity Officer, Stanford Medicine	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
Talie Cloud	PHM Program Manager	Yes
Megan Noe	PHM Director	Yes
Non-voting Guest	Title	Present (Yes or Excused)
Kismet Baldwin-Santana, M.D.	Health Officer, San Mateo County	Yes
Ndidi Unaka, M.D.	Chief Health Equity Officer, Stanford Medicine Children's Health	Yes

1.0 Call to Order

The meeting was called to order by the Committee.

2.0 Public Comment/Communication

No public comments received.

3.0 Approval of Agenda

Motion to approve. Approved by the Committee members.

4.0 Approval of Consent Agenda

4.1 QIHEC minutes from March 20, 2025

4.2 CQC minutes from February 24, 2025

4.3 P&T Committee minutes from September 17, 2024, November 26, 2024 and February 26, 2025

4.4 CCS Clinical Advisory minutes from September 26, 2024 and December 4, 2024

4.5 PRC minutes from February 11, 2025 and April 8, 2025

4.6 DAG minutes from September 20,2024, October 18,2024, November 15,2024 and April 18, 2025

Motion to approve. Approved by the Committee members.

5.0 Utilization Management Review

Dental Integration Pilot: Dr. Esguerra provided an update on the dental integration pilot, which is in its fourth year. He explained that the dental integration pilot has significantly increased access to orthodontic services by easing prior authorization requirements. Initially, the state had stringent requirements, but the program aimed to approve around 100 services per year, which has been achieved and exceeded.

The program has expanded coverage for preventive services, including routine cleanings and carries risk assessments, which were not previously covered by the state. This expansion aims to make the dental benefits more comprehensive and similar to commercial plans.

Dr. Esguerra highlighted the inclusion of new technologies such as hydroxyapatite, a substance that strengthens teeth, in the dental benefits. This technology is relatively new and not covered by the state, but the program has decided to include it to enhance dental care.

The program is an investment by the organization, as the expanded benefits are not reimbursed by the state. The financial analysis of the first two years showed an increase in costs due to increased access and restorative services, but this was anticipated as part of the investment.

Dr. Esguerra stated that the second round of changes will go live in July, and providers are being informed about the updates. This includes ensuring that dental providers are aware of the new benefits and how to bill for them.

6.0 MY2024/RY2025 HEDIS Results

Ms. Ford presented the Health Effectiveness Data Information Set (HEDIS) results, highlighting improvements in several measures, including childhood immunizations, breast cancer screening, and prenatal and postpartum care. She noted that the plan had no measures below the minimum performance level and six measures above the high-performance level for the California Department of Healthcare Services (DHCS) Managed Care Accountability Set (MCAS). This indicates a strong overall performance in the HEDIS results.

There were significant improvements in childhood immunizations, with the Plan to achieve high performance levels. This improvement is attributed to better data capture and increased efforts to ensure children receive their vaccinations on time. The Plan performed well in prenatal and postpartum care measures, with the postpartum care measure being very close to the high-performance level. This indicates effective care for pregnant members and new mothers.

Ms. Ford discussed improvements in diabetes management, particularly in glycemic control. The Plan has seen positive trends in managing diabetes, which is attributed to ongoing

efforts and incentives for providers. Ms. Ford mentioned ongoing efforts to improve data capture for diabetes management, including capturing A1C values and ensuring accurate documentation. These efforts have led to positive trends in diabetes management measures.

Staff highlighted significant improvements in developmental screenings, with rates increasing substantially. This improvement is due to better data capture and coding by providers, ensuring that screenings are appropriately documented.

Ms. Ford discussed the challenges of capturing depression screening data, particularly the need for actual screening tool total score values. The Plan is working to establish data feeds with providers to capture these values accurately

Ms. Ford presented the Plan's all-cause readmissions data, showing improvements in the observed rate for both Medicare and Medicaid populations. They explained the methodology for calculating the observed-to-expected ratio and noted that the Plan aims to keep this ratio below one.

Ms. Ford explained the stratification of HEDIS measures by race and ethnicity, noting that the Plan captures more granular categories, but reports based on HEDIS specifications. They discussed the challenges of capturing accurate race and ethnicity data and the importance of addressing disparities in health outcomes. The Plan uses stratified data to identify and address disparities, ensuring that all populations receive equitable care.

6. **Adjournment:** The meeting was adjourned by the Committee. The next meeting is scheduled for Thursday, September 18, 2025.