# Quality Improvement Health Equity Committee

**8/16/2024**

| Committee Member Name and Title | Specialty | Present |
|---|---|---|
| Donna Carey MD, Interim Chief Medical Officer, Alameda Alliance for Health | | X |
| Lao Paul Vang, Chief Health Equity Officer, Alameda Alliance for Health | | X |
| Sanjay Bhatt, Senior Medical Director, Quality & Behavioral Health, Alameda Alliance for Health, Emergency Medicine | | X |
| Aaron Chapman, MD, Medical Director, Alameda County Behavioral Health Care Services | Psychiatry | X |
| Tri Do, MD, Interim Chief Medical Officer, Community Health Center Network | Internal Medicine | |
| Felicia Tornabene, MD, Chief Medical Officer, Alameda Health Systems | Internal Medicine | |
| James Florey, MD, Chief Medical Officer, Children First Medical Group | Pediatrician | X |
| Rosalia Mendoza, MD Medical Director, Utilization Management, Alameda Alliance for Health, Family Practice | | X |
| Peter Currie, Ph.D. Senior Director, Behavioral Health, Alameda Alliance for Health | | |
| Michelle Stott, Senior Director, Quality, Alameda Alliance for Health | | X |

| Staff Member Name and Title | Present |
|---|---|
| Ashley Asejo, Clinical Quality Programs Coordinator | X |
| Kalkidan Asrat, Quality Improvement Project Specialist II | X |
| Linda Ayala, Director of Population Health and Equity | X |
| James Burke, Lead Quality Improvement Project Specialist | X |
| Rosa Carrodus, Disease Management Health Educator | |
| Tiffany Cheang, Chief Analytics Officer | |
| Andrea DeRochi, Behavioral Health Manager | X |
| Gil Duran, Manager, Population, Health and Equity | X |
| Kathy Ebido, Senior Quality Improvement Nurse Specialist | X |
| Michelle Findlater, Director, Utilization Management | X |
| Kisha Gerena, Accreditation Manager | X |

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|---|---|
| Kimberly Glasby, Director, Long Term Services and Supports | X |
| Richard Golfin III, Chief Compliance Officer & Chief Privacy Officer | |
| Sanya Grewal, Healthcare Services Specialist | |
| Bob Hendrix, Quality Improvement Project Specialist I | X |
| Megan Hils, Quality Improvement Project Specialist I | X |
| Lily Hunter, Director, Social Determinants of Health | X |
| Jessica Jew, Population Health and Equity Specialist | |
| Shatae Jones, Director Housing & Community Services Program | X |
| Beverly Juan, Medical Director Community Health | X |
| Jennifer Karmelich, Director, Quality Assurance | X |
| Allison Lam, Senior Director, Health Care Services | X |
| Daphne Lo | |
| Homaira Momen, Quality Review Nurse | X |
| Angela Moses, Quality Review Nurse | X |
| Fiona Quan, Quality Improvement Project Specialist I | X |
| Christine Rattray, Quality Improvement Supervisor | X |
| Tanisha Shepard, Quality Improvement Project Specialist | X |
| Sangeeta Singh, Quality Improvement Project Specialist I | X |
| Grace St. Clair, Director, Compliance & Special Investigations | |
| Yemaya Teague, Senior Analyst of Health Equity | X |
| Loc Tran, Manager, Access to Care | |
| Matthew Woodruff, Chief Executive Officer | |
| Farashta Zainal, Quality Improvement Manager | X |
| Hellai Momen, Quality Review Nurse | X |
| Mao Moua, Manager, Cultural and Linguistic Services | X |
| Ami Ambu, Quality Improvement Project Specialist II | X |
| Sarbjit Larb, Quality Improvement Project Specialist | X |
| Sean Pepper, Compliance Special Investigator | X |
| Brennan Yu, Quality Improvement Review Nurse | X |
| Ang Yen, Director Health Equity | X |
| **Community Members in Attendance** | |
| Wesley Lisker | |
| | |

| Agenda Item | | Responsible Person | Discussion | Vote | Action Items (High, Medium, Low) |
|---|---|---|---|---|---|
| **I.** | **Call to Order** | D. Carey | The meeting was called to order at 9:10am | | |
| **II.** | **Follow-Up/Action Items from 5/17/24 QIHEC** | D. Carey | • Follow up on 30-day readmission rates for patient who don't have mental health follow up.<br>• Deferred to the UM Workplan Update | | |
| **III.** | **Alameda Alliance Updates** | D. Carey | <u>DHCS Audit Observations</u><br>• 2 weeks of audit interviews followed by an additional 350 post-audit questions completed.<br>• 22 Potential concerns. Awaiting on findings from DHCS.<br><u>D-SNP Update</u><br>• Starting January 2026<br>• Webinars will be held for our providers soon.<br>• Information sessions be provided for the community once the benefits are offered.<br><u>CHCP Transition</u><br>• CA Health Department did a transition for the Chil Health & Disability Prevention (CHDP) Program away from the County effective July 1st.<br>• The Plan is responsible for some of the components including follow up after newborn hearing screening as well monitoring of Lead Screening.<br>• Training of staff will be incorporated into our current facility site review. (Clinical Visits) | | |
| **IV.** | **Chief of Health Equity Updates** | L. Vang | <u>DEI Training Curriculum Update</u><br>• Comprehensive training that focuses on Cultural Competency, Diversity/Equity/Inclusion (DEI) and Health Equity.<br>• Curriculum will go-live January 2025.<br><u>Strategic Health Equity DEI (Diversity Equity Inclusion) Roadmap</u><br>• A committee of internal and external stakeholders come together to develop a 3 year Health Equity DEI Roadmap. | | |

<table>
<tr><th>Agenda Item</th><th>Responsible Person</th><th>Discussion</th><th>Vote</th><th>Action Items (High, Medium, Low)</th></tr>
<tr><td></td><td></td><td>
<u>DEI Committee Meeting</u>
<ul><li>Monthly meeting that plays an instrumental role in creating the DEI Roadmap and Curriculum.</li></ul>
<u>VIA (Values in Action) Committee Update</u>
<ul><li>Next event will be held on October 10th.</li><li>LGBTQIA+ training in development for September.</li></ul>
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<tr><td>V. Committee Member Presentation: CHCN</td><td>H. Roth</td><td>
<u>QI Measures Strategy for Chronic Disease Measures</u>
<ul><li>Current CHCN Rates that have met MPL</li></ul>
<table>
<tr><th>Measure</th><th>Measure Description</th><th>Current Rate</th><th>MPL</th></tr>
<tr><td colspan="4">Chronic Disease</td></tr>
<tr><td>CDC LE9 / GSD</td><td>Glycemic Status Assessment for Patients with Diabetes<br>*lower is better</td><td>24.99%</td><td>38.00%</td></tr>
<tr><td>CBP</td><td>Controlling High Blood Pressure</td><td>63.28%</td><td>61.30%</td></tr>
<tr><td>COL</td><td>Colorectal Cancer Screening</td><td>41.28%</td><td>33.80%</td></tr>
</table>
Did not meet MPL in 2022 for CBP and COL.
<ul><li>Tiburcio Vazquez was highlighted for lowering their Glycemic Status Assessment rate by 7.5 percentage points.</li><li>Baywell (formerly West Oakland Health) increased their CBP rate by 8.1 Percentage points by expanding BP clinics between RNs and Providers, remote patient monitoring and was part of the Million Hearts grant.</li><li>Axis increased their COL rates by 10.6 percentage points by expanding the use of Cologuard.</li></ul>
<u>Intervention Highlights</u>
<ul><li>Controlling High Blood Pressure<ul><li>A lot of provider education sessions on best practices.</li><li>Having clinical sponsorship to discuss medication adherence.</li></ul></li></ul>
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|---|---|---|---|---|
| | | ○ AAH Pharmacy team involvement with providing reports on medication adherence.<br>○ BACH and Baywell expanded their Hypertension clinics.<br>• Diabetes Management<br>○ Expansion of RPM partnerships with Care Signal at TVHC and Goji at Asian Health Services.<br>○ Educational workgroup visits around medication management.<br>○ AAH Pharmacy team involvement with providing reports on medication adherence.<br>• Colorectal Cancer Screening<br>○ Heavy focus on process measures by increasing orders for Cologuard and FIT. A Tableau dashboard has been created to track the progress.<br>○ Developed a workflow for MAs or Care Coordinators for education and outreach.<br>○ Created staff competitions and raffles.<br>○ Opportunistic screenings at mobile mammography events.<br>• Non-measure specific best practices include the annual HEIDS Palooza, QI fundamentals and PDSA Training and Health Center PDSA support and workflow development.<br>• Areas of opportunity include raising ethnicity data for Colorectal cancer screening by exploring structural barriers. Also, build the Controlling blood Pressure dashboard on Tableau with detailed medication information.<br>• Research and education on continuous glucose monitoring and expanding partnerships with Yumlish.<br><br>**Questions/Comments:**<br>- S. Bhatt asked for more information on HEDIS-palooza and to also what feels impactful to the network and membership with provider/member incentives (P4P) | | |

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|---|---|---|---|---|
| | | - H. Roth: HEDIS-Palooza is an annual Quality Improvement meeting where discussions about how to support efforts in HEDIS Measures, bright spots, updates on QI visions with a focus on value based care. Identifying areas of opportunity as a team. Talking about eligible dollars is helpful (P4P) but it doesn't always speak to the QI team. We try to focus more on the data to understand where the gaps are. Incentive dollars aren't as motivating for certain measures such as chronic disease. It helps to tie in the patient population and the gaps.<br>- W. Lisker asked for an example on what would help put the focus on subsets for colorectal cancer screenings. What subsets of population are you looking at?<br>- H. Roth: There are some disparities among the Spanish speaking and African American populations but we haven't done any work on cultural/linguistic competency yet based on race/ethnicity data. Part of the work we want to focus on this year is linguistic competency work.<br>- Y. Ang asked if there is a certain subgroup within the AAPI are statistically more at risk for DM2. Wonder if have any disaggregated data ?<br>- H. Roth: his is definitely something for us to explore. We do have disaggregated DM data based on race/ethnicity (and subgroups) | | |
| **VI. Policies & Procedures** | D. Carey | Policies & Procedures packet was sent out prior to QIHEC for committee review.<br>• QI-101: Quality Improvement Health Equity Program<br>• QI-111: Delegation of Management and Oversight<br>• QI-119: Provider Preventable Conditions (PPC) and Adverse Events<br>• QI-105: Facility Site Reviews (FSRs), Medical Record Reviews (MRRs) and Physical Accessibility Review Survey (PARS)<br>• PHM-003: Risk Stratification and Segmentation<br>• BH-004/UM-062: Behavioral Health Treatment<br>• QI-108: Access to Behavioral Health Services<br>• UM 16: Transportation Guidelines | Move to Approve: 1st: A. Chapman 2nd : M. Stott | |

| Agenda Item | Responsible Person | Discussion | Vote | Action Items (High, Medium, Low) |
|---|---|---|---|---|
| | | • CM-004: Care Coordination of Services<br>• CM-005: Disease Management Programs<br>• CM-008: SPD HRA - Survey and Interventions<br>• CM-020: Health Information Form Member Evaluation Tool (HIF/MET)<br>• CM-021: Community Supports - Asthma Remediation<br>• CM-022: Community Supports - Housing Deposits<br>• CM-023: Community Supports - Housing Tenancy and Sustaining Services<br>• CM-024: Community Supports - Housing Transition Navigation Services<br>• CM-025: Community Supports - Medically Supportive Food/Meals/Medically Tailored Meals<br>• CM-026: Community Supports - Recuperative Care (Medical Respite)<br>• CM-027: Community Supports - Oversight, Monitoring & Controls<br>• CM-029: Developmental Disabilities<br>• CM-033: Home and Community Based Services (Waiver Programs) - DDS<br>• CM-035: Community Supports - Respite Services<br>• CM-036: Community Supports - Personal Care & Homemaker Services<br>• CM-037: Community Supports - Environmental Accessibility Adaptions (Home Modifications<br>• CM-038: Community Supports - Nursing Facility Transition/Diversion to Assisted Living Facilities<br>• CM-039: Community Supports - Transition Services/Nursing Facility Transition to a Home<br>• CM-040: Community Supports - Sobering Centers<br>• HCS-015: Enhanced Care Management - Outreach/Member Engagement<br>• HCS-020: Enhanced Care Management - IT/Data Sharing<br>• UM 001: Utilization Management Program<br>• UM 046: Use of Board Certified Consultants | | |

| Agenda Item | Responsible Person | Discussion | Vote | Action Items (High, Medium, Low) |
|---|---|---|---|---|
| | | • CBAS-001: Initial Member Assessments and Reassessments for Community Based Adult Services Eligibility | | |
| **VII. Meeting Minutes** | D. Carey | Meeting Minutes packet was sent out prior to QIHEC for committee review.<br>• QIHEC – 5/17/2024<br>• UMC- 5/31/2024, 7/26/2024<br>• CAC- 3/14/2024 (informational)<br>• CLS- 4/24/2024 | Move to Approve:<br>1st: M. Stott<br>2nd: A. Chapman | |
| **VIII. UM Workplan Update** | M. Findlater | • 2024 Recommended Areas of Focus<br>  ○ Refine UM data integrity & analysis.<br>  ○ Enhance regulatory process oversight.<br>  ○ Enhance throughputs<br>• Admits/1000<br>  ○ In 2023, Admits per 1000 is higher than it was so far for 2024.<br>  ○ By Delegate: Alliance has the highest admits (115.4) and CFMF has the lowest (8.5)<br>  ○ By Facility: Highest is Summit (9.9) and Stanford is lowest (1.2)<br>  ○ Aid Category: Duals is the highest (193.7) adults lowest (36.0)<br>• Average Length of Stay (ALOS)<br>  ○ The 2024 ALOS decreased from 2023 average.<br>  ○ By delegate: Alliance is the highest (5.4) and CFMG is the lowest (2.4)<br>  ○ By facility: UCSF is the highest (7.1) and LPH the lowest (2.1)<br>  ○ By aid category: SPD is the highest (5.5) Children the lowest (2.5)<br>• Paid Days per 1000<br>  ○ 2024 Paid days/1000 decreased from the 2023 average.<br>  ○ By delegate: The Alliance is the highest (621.2) and CFMG is the lowest (20.2) | | |

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|---|---|---|---|---|
| | | ○ By facility: HGH is the highest (51.7) and ECSF the lowest (14.5)<br>○ By aid category: SPD is the highest (1,044.1) Children's the lowest (22.1)<br>• Readmissions: The goal is 18%. In 2023 we exceeded the 18% goal. However, we are having a downward trend in the beginning of 2024 due to a lag in data/claims. We expect to have a full amount of claims data by April. We are potentially trending downward for the 2024 year.<br>• Outpatient Denials: Stable denial rates from 2023 and 2024 with an increase in total denials in January and March.<br>• Emergency Department Volumes: total rates are decreasing but individual networks have increased (Alliance and CFMG). The highest average ER visits by network are Newark Wellness Center as the highest followed by AHS then the Alliance. By facility, the highest is our out-of-network hospitals followed by Highland, Washington and UCSF Children's Hospital.<br><br>**Questions/Comments:**<br>– D. Carey Asked: Do we have thoughts about why the readmission rates for kids is rising?<br>– M. Findlater responded: We have looked into this at a high level- there is some suspected correlation with the integration of the Pediatric Subacute Populations- but I would need to take a closer look at the data if the committee is interested.<br>– R. Mendoza responded: Because admissions AND readmissions are low in general for the pediatric populations (low risk population) in any network (CFMG, Alliance, CHCN, AHS - low overall inpatient utilization), that means that any admission that is tied to a readmission will project a high rate. Pediatric readmissions typically come in waves. Previous utilization has been attributed to acute gastroenteritis and another case with a moderate/ severe eating disorder. The addition of the Long Term Care (LTC) pediatric | | |

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|---|---|---|---|---|
| | | members at ICF/DD and subacute facilities will need to be tracked closely - as we have learned that LTC members tend to readmit at a much higher rate, than our general members not based in nursing home facilities.<br>– Y. Ang asked: For readmission rates, when you correlate all this information, do you conduct any studies to correlate some of the readmission rates with some of the social determinants of health (SDOH) factors? One of the biggest contributors to readmission rates has to do with where they live and SDOH studies that have nothing to do with medication. Have you looked at the trends to spotlight any unusual activity?<br>– R. Mendoza: We do have a desire to update our current readmissions report. We have presented previously both social determinants of health and examination of primary care homes. With SDOH we are talking about severe mental illness, homelessness or home insecurity in addition to enrollment in ECM or case management as other factors to see what we are trying to do and are these members still slipping through the cracks.<br>– A. Lam asked: Dr. Ang, it would be great to get your insights for further root cause analysis in the readmission rates!<br>– Y. Ang: for instance, one of the well-researched SDOHs that contributes to reduced readmission among CHD inpatients is food insecurity. MTM intervention has been shown to lead to lower readmission rate. Food insecurity is common among Medicaid/Medi-Cal population, and major SDOHs in this population. | | |

| Agenda Item | Responsible Person | Discussion | Vote | Action Items (High, Medium, Low) |
|---|---|---|---|---|
| **QI Workplan Updates** | | | | |
| **IX. HEDIS Results** | F. Zainal | | | |

# 2023 Final HEDIS Rates

| | | 2022 | | 2023 | | | | | | | Benchmarks | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| P4P | Measure Description | PY Admin Rate | PY Hybrid Rate | EP | Num | My 2023 Variance from PY | Admin Rates | Hybrid Rates | Above MPL | Number to Treat to MPL | MPL | 75th Pctl | 90th Pctl |
| | **Behavioral Health** | | | | | | | | | | | | |
| N | Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30 Day | 29.82% | | 1,784 | 694 | 9.08% | 38.90% | | Y | 0 | 36.34% | 42.67% | 53.44% |
| Y | Follow-Up After Emergency Department Visit for Mental Illness - 30 Day | 49.03% | | 1,675 | 916 | 5.66% | 54.69% | | N | 4 | 54.87% | 64.29% | 73.26% |
| | **Disease Management** | | | | | | | | | | | | |
| N | Asthma Medication Ratio | 74.71% | | 2,138 | 1,494 | -4.84% | 69.88% | | Y | 0 | 65.61% | 70.82% | 75.92% |
| N | Controlling High Blood Pressure | 41.77% | 54.74% | 16,993 | 8,301 | 7.08% | 48.85% | 65.21% | Y | 2,118 | 61.31% | 67.27% | 72.22% |
| Y | HbA1c Poor Control (>9.0%) | 37.06% | 29.20% | 14,395 | 4,673 | 4.59% | 32.46% | 30.37% | Y | 0 | 37.96% | 33.45% | 29.44% |

| | | 2022 | | 2023 | | | | | | | Benchmarks | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| P4P | Measure Description | PY Admin Rate | PY Hybrid Rate | EP | Num | My 2023 Variance from PY | Admin Rate | Hybrid Rates | Above MPL | Number to Treat to MPL | MPL | 75th Pctl | 90th Pctl |
| | **Well Child** | | | | | | | | | | | | |
| Y | Childhood Immunization Status - Combo 10 | 45.20% | 52.80% | 3,584 | 1,478 | -3.96% | 41.24% | 45.74% | Y | 0 | 30.90% | 37.64% | 45.26% |
| Y | Immunizations for Adolescents - Combo 2 | 49.36% | 50.61% | 4,603 | 2,268 | -0.09% | 49.27% | 47.69% | Y | 0 | 34.31% | 40.88% | 48.80% |
| N | Developmental Screening in the First Three Years of Life Total | 44.24% | | 8,538 | 4,644 | 10.19% | 54.39% | | Y | 0 | 34.70% | 51.60% | |
| Y | Lead Screening in Children | 57.52% | 60.58% | 3,593 | 2,184 | 3.26% | 60.78% | 61.31% | N | 73 | 62.79% | 70.07% | 79.26% |
| N | Topical Fluoride for Children Rate1 - dental or oral health services | 12.18% | | 85,107 | 12,026 | 1.95% | 14.13% | | N | 4,400 | 19.30% | 23.30% | |
| Y | Well-Child Visits in the First 15 Months of Life - 6 or More Visits | 46.56% | | 1,418 | 832 | 12.12% | 58.67% | | Y | 0 | 58.38% | 63.34% | 68.09% |
| Y | Well-Child Visits for Age 15 Months to 30 Months - Two or More Visits | 69.01% | | 3,404 | 2,520 | 5.02% | 74.03% | | Y | 0 | 66.76% | 71.35% | 77.78% |
| Y | Child and Adolescent Well-Care Visits | 49.69% | | 81,658 | 45,973 | 6.61% | 56.30% | | Y | 0 | 48.07% | 55.08% | 61.15% |
| | **Women's Health** | | | | | | | | | | | | |
| Y | Breast Cancer Screening - ECDS | 56.08% | | 16,298 | 9,712 | 3.51% | 59.59% | | Y | 0 | 52.60% | 57.48% | 62.67% |
| Y | Cervical Cancer Screening | 52.44% | 53.83% | 55,469 | 32,353 | 5.89% | 58.33% | 60.58% | Y | 0 | 57.11% | 61.80% | 66.48% |
| N | Chlamydia Screening in Women | 64.14% | | 7,388 | 4,960 | 3.00% | 67.14% | | Y | 0 | 56.04% | 62.90% | 67.39% |
| N | Timeliness of Prenatal Care | 85.36% | 87.50% | 2,482 | 2,132 | 0.53% | 85.90% | 90.87% | Y | 0 | 84.23% | 88.33% | 91.07% |
| N | Timeliness of Postpartum Care | 81.72% | 85.42% | 2,482 | 2,153 | 5.03% | 86.74% | 89.95% | Y | 0 | 78.10% | 82.00% | 84.59% |

| Agenda Item | Responsible Person | Discussion | Vote | Action Items (High, Medium, Low) |
|---|---|---|---|---|
| | | | | |

- 2023 QI projects
  - Projects with impact to rates include provider education (webinars, 1:1meetings and measure highlight tools) as well as collaborating with providers for mobile mammography events, sending mailers for member incentives, and provider incentives.
  - For members, outreach through calls and mailers along with incentives helped impact rates.
  - Data and reporting with the help of our analytics team helped improve rates by excluding other member coverage, expanding year-round record retrieval, and made care gap reports actionable for providers.

## 2024 HEDIS Rates as of July

| | | 2023 | | 2024 | | | | | Benchmarks | |
|---|---|---|---|---|---|---|---|---|---|---|
| P4P | Measure Description | PY Admin Rate | PY Hybrid Rate | EP | Num | Rate | Above MPL | Number to Treat to MPL | MPL | 90th Pctl |
| | Behavioral Health | | | | | | | | | |
| N | Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30 Day | 38.90% | | 1,229 | 350 | 28.48% | N | 97 | 36.34% | 53.44% |
| Y | Follow-Up After Emergency Department Visit for Mental Illness - 30 Day | 54.69% | | 1,112 | 218 | 19.60% | N | 393 | 54.87% | 73.26% |
| | Disease Management | | | | | | | | | |
| N | Asthma Medication Ratio | 69.88% | | 1,333 | 903 | 67.74% | Y | 0 | 65.61% | 75.92% |
| Y | Controlling High Blood Pressure | 48.85% | 65.21% | 20,450 | 8,643 | 42.26% | N | 3,895 | 61.31% | 72.22% |
| Y | Glycemic Status >9.0% | 32.06% | | 16,888 | 8,318 | 49.25% | N | 1,908 | 37.96% | 29.44% |
| Y | Colorectal Cancer Screening - ECDS | 46.46% | | 41,738 | 15,039 | 36.03% | Y | | | |

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| | | 2023 | | 2024 | | | | | Benchmarks | |
|---|---|---|---|---|---|---|---|---|---|---|
| P4P | Measure Description | PY Admin Rate | PY Hybrid Rate | EP | Num | Rate | Above MPL | Number to Treat to MPL | MPL | 90th Pctl |
| | Well Child | | | | | | | | | |
| Y | Childhood Immunization Status - Combo 10 | 41.24% | 45.74% | 3,115 | 996 | 31.97% | Y | 0 | 30.90% | 45.26% |
| Y | Immunizations for Adolescents - Combo 2 | 49.27% | 47.69% | 3,910 | 1,617 | 41.36% | Y | 0 | 34.31% | 48.80% |
| Y | Developmental Screening in the First Three Years of Life Total | 54.39% | | 7,339 | 3,693 | 50.32% | Y | 0 | 34.70% | |
| Y | Lead Screening in Children | 60.78% | 61.31% | 3,125 | 1,983 | 63.46% | Y | 0 | 62.79% | 79.26% |
| Y | Topical Fluoride for Children Rate1 - dental or oral health services | 14.13% | | 97,856 | 617 | 0.63% | N | 18,270 | 19.30% | |
| Y | Well-Child Visits in the First 15 Months of Life - 6 or More Visits | 58.67% | | 1,277 | 583 | 45.65% | N | 163 | 58.38% | 68.09% |
| Y | Well-Child Visits for Age 15 Months to 30 Months - Two or More Visits | 74.03% | | 2,878 | 2,126 | 73.87% | Y | 0 | 66.76% | 77.78% |
| Y | Child and Adolescent Well-Care Visits | 56.30% | | 94,398 | 24,776 | 26.25% | N | 20,602 | 48.07% | 61.15% |
| | Women's Health | | | | | | | | | |
| Y | Breast Cancer Screening - ECDS | 59.59% | | 16,982 | 8,842 | 52.07% | N | 91 | 52.60% | 62.67% |
| Y | Cervical Cancer Screening | 58.33% | 60.58% | 80,489 | 33,422 | 41.52% | N | 12,546 | 57.11% | 66.48% |
| N | Chlamydia Screening in Women | 67.14% | | 6,530 | 3,729 | 57.11% | Y | 0 | 56.04% | 67.39% |
| N | Timeliness of Prenatal Care | 85.90% | 90.87% | 1,837 | 1,580 | 86.01% | Y | 0 | 84.23% | 91.07% |
| N | Timeliness of Postpartum Care | 86.74% | 89.95% | 1,837 | 1,434 | 78.06% | N | 1 | 78.10% | 84.59% |

- 2024 QI Projects
  - A lot of projects from 2023 will continue throughout 2024.
  - New projects for 2024 include both Well Child and Immunization Campaigns as well as focusing on closing care gaps for Anthem Adult expansion members, Asthma, diabetes and hypertension.

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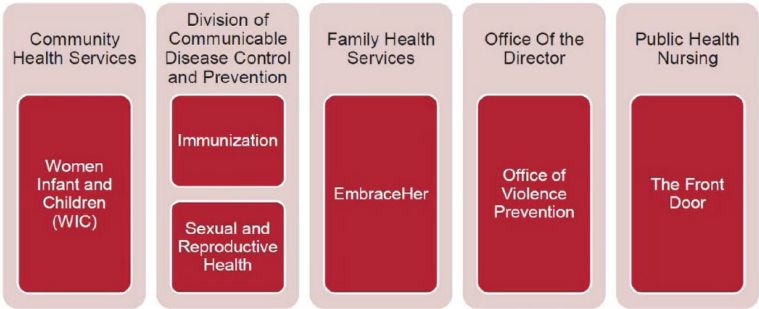
| **X.** | **Population Health & Equity Update** | G. Duran | • DHCS updated their population needs assessment requirement.<br>○ Plans are required to collaborate will all local health jurisdictions in their service areas.<br>○ The Alliance is partnering up with Alameda Community Health, City of Berkeley on the Community Health Assessment (CHA) and Community Health improvement programs (CHIP).<br>○ Alameda County is implementing their CHIP. We have AAH staff as well as CAC members who participated in the kickoff meeting on 5/1.<br>○ Alameda County and City of Berkeley are beginning their jurisdiction wide CHA and AAH will assist with meetings. | | |

| Agenda Item | Responsible Person | Discussion | Vote | Action Items (High, Medium, Low) |
|---|---|---|---|---|
| | | ○ Alameda County Health will be holding workshops focusing on their CHIP Program Areas. These workshops will cover Access to Care, Promote Economic Security & Opportunities and Communities & Individuals free from violence.<br>**Alameda County Health**<br>**CHIP Signature Pilot Programs**<br>  <br><br>• PHM DHCS required key Performance Indicators (KPIs) submissions were put on hold from February 2024 until further notice. We are still working on generating monthly monitoring reports while we wait.<br>• Added an additional enhancement to our HEDIS dashboard to help monitor and track DMHC Health Equity measures by race and ethnicity. | | |

| Agenda Item | Responsible Person | Discussion | Vote | Action Items (High, Medium, Low) |
|---|---|---|---|---|
| | | • Department of Managed Healthcare Health Equity Quality Measure Stratification (DMHC HEQMS) | | |

| HEQMS Measure | Both stratified and aggregate |
|---|---|
| Colorectal Cancer Screening* | Both |
| Breast Cancer Screening | Both |
| Glycemic Status Assessment for Patients with Diabetes | Both |
| Controlling High Blood Pressure | Both |
| Asthma Medication Ratio | Both |
| Prenatal and Postpartum Care | Both |
| Childhood Immunization Status | Both |
| Well-Child Visits in the First 30 Months of Life | Both |
| Child and Adolescent Well-Care Visits | Both |
| Immunizations for Adolescents | Both |

| HEQMS Measure | Aggregate only |
|---|---|
| Depression Screening and Follow-Up for Adolescents and Adults* | Aggregate only |
| Plan All-Cause Readmissions* | Aggregate only |
| CAHPS Health Plan Survey: Getting Needed Care | Aggregate only |

Depression Disease Management Program

- Launched Birth Wise Wellbeing on 5/14/2024.

| Agenda Item | Responsible Person | Discussion | Vote | Action Items (High, Medium, Low) |
|---|---|---|---|---|
| | | • AAH members who are pregnant or were pregnant in the last 12 months may be eligible for case management programs, behavioral health services, health education and care coordination such as doula, breastfeeding and other related services. | | |
| **XI. Access & Availability Updates** | L. Tran | • Q1 2024 Geo-Access Update<br>○ Reviewed on a quarterly basis to ensure we are meeting the geo-access standards for provider services.<br>○ There was an improvement in both pediatric Nephrology and Endocrinology from Q4 2023 to Q1 2024.<br>○ In collaboration with the Provider Services team, we monitor the provider capacity report. There are 5 providers that are approaching capacity at over 80%. The provider services team is reaching out to the 5 to inform them that they are about to reach capacity.<br>○ The Access team also monitor the 5 providers for any grievances related to access;2 out of the 5 had grievances.<br><br>**Questions/Comments:**<br>J. Florey: The pediatric specialist's availability along the 580 Corridor are all part of UC or Stanford so to meet those distance requirements would mean that they would need to open a clinic along the corridor. 3 providers that are part of CFMG and are reaching capacity have no alternatives and I am not sure what the alternatives could be. | | |
| **XII. PQI** | S. Bhatt<br>M. Stott | • PQI Dashboard<br>○ Dr. Bhatt went over the overall total number of PQIs in Q2 2024.<br>○ 10328 total PQIs for Q3 2023 to Q2 2024.<br>○ Bulk of our PQIs are related to service and access availability.<br>○ 25 quality of care cases in Q2 2024. | | |

| Agenda Item | Responsible Person | Discussion | Vote | Action Items (High, Medium, Low) |
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| | | • RN Audits Report<br>○ Clinical Reviewer PQI Case File Audit Report for Quality-Of-Service Issues (QOS).<br>○ This is to ensure accurate and appropriate clinical documentation, monitoring and oversight of QOS PQI Case files.<br>○ In order to ensure we are not missing service, access or linguistic items that may affect quality of care we do a quarterly audit.<br>○ 60 QOS cases were reviewed with a compliance rate of 98%<br>• Exempt Grievance<br>○ To ensure clinical monitoring of Exempt grievances for Potential Quality of Care, Service, Language and Access Issues per Alliance Policy and Procedures.<br>○ 100 randomly selected Exempt grievances are reviewed quarterly to determine if they were correctly identified for referral to the Quality Department for investigation with a goal of greater than or equal to 90% correctly identified and appropriately referred.<br>○ 100% of PQIs were captured in Q1 2024.<br>○ Next steps include the continuation to audit 100 cases per quarter. | | |
| **XIII. FSR Update/CAP** | K. Ebido | • FSR/Medical Record Review<br>○ The purpose is to provide a high-level overview of PCP FSRs completed within Q1 and Q2 2024<br>○ All CAPS (Corrective Action Plans) have been closed for Q2.<br>○ No open CAPS open for more than 120 days.<br>○ Only 1 failed review in Q2 with a Medical Record review of 79.02%. Non-passing scores are 79% and below. 88% is the average.<br>○ Failed scores are issued a CAP and new membership assignments are put on hold. Re-audit will happen in 12 months.<br>○ 5 total membership holds issued in Q2. | | |

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| | | • Facility Site Review (FSR) Updates<br>○ A DHCS conducted FSR will take place possibly the week of 9/16. We are awaiting the notification and provider list.<br>○ New FSRs include School-based clinics and OB/GYN clinics to begin in January 2025.<br>○ We are anticipating an All Plan letter to begin site visits at OB/GYN clinics.<br>○ The State is currently launching an FSR application to upload submission. Testing has been accepted by the database. More to come.<br>• LTC Monitoring<br>○ We are also monitoring long-term care facilities such as SNF and ICF-DD sites.<br>○ 94 Total number of facilities with 60% attestations received. | | |
| **XIV. Behavioral Health Update** | P. Currie | • Behavioral Health Report<br>○ BHT and mental health services became in-sourced in April 2023. After 1 year, we have seen significant increases in mental health and BHT utilization.<br>○ From January 2024 to May 2024, BHT unique utilizers has increased significantly by 22.51% totaling over 1000 members.<br>○ The number of claim hours used is significantly different than the number of hours authorized. This is due to factors such as child availability, provider availability and network limitations.<br>○ The demand for BHT utilization and authorization increased by 38% from December 2023 to January 2024 partly to do with the Anthem transition. There was a spike in authorizations from June-July 2024.<br>○ 3-7 year olds are the highest age group receiving services with 703 males and 203 females. | | |

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| | | ○ There are many opportunities of improvement such as expanding the network of providers, improve network limitations for members (afternoon/evening hours) as well as the ongoing improvement of processes and workflows through hiring and training in house.<br>○ From March 2024 to April 2024, there was a 5.5% increase in utilization of mental health services. This is a clear indicator that AAH is continuing to improve access to mental health services. | | |
| **XV. Public Comment** | D. Carey | None | | |
| **XVI. Meeting Adjournment** | D. Carey | Meeting Adjourned 10:38am | | |

X_____ <click to insert a date>
Dr. Donna Carey
Interim Chief Medical Officer
Chair

Minutes prepared by: Ashley Asejo - Clinical Quality Programs Coordinator