ALAMEDA Alliance FOR HEALTH
Health care you can count on.
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INTERNAL QUALITY IMPROVEMENT COMMITTEE

1/17/2024, 1:00pm-2:30pm

Remote

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Name	Title	Name	Title
Dr. Sanjay Bhatt, Co-Chair	Medical Director, Quality Improvement	Dr. Steve O'Brien	Chief Medical Officer
Michelle Nepomuceno Stott, RN, MSN	Senior Director of Quality	Dr. Beverly Juan	Medical Director, Utilization Management
Dr. Rosalia Mendoza	Medical Director, Clinical Services	Darryl Crowder	Director, Provider Relations & Provider Contracting
Dr. Donna Carey	Medical Director, Clinical Services	Cecilia Gomez	Sr. Manager, Provider Services
Julie Anne Miller	Director, Health Care Services	Tiffany Cheang	Chief Analytics Officer, Healthcare Analytics
Lilly Hunter	Director, Social Determinants of Health	Farashta Zainal	Manager, Quality Improvement Team
Grace St. Clair	Director, Compliance	Christine Rattray	Supervisor, Quality Improvement (PQI)
Sean Pepper	Compliance Special Investigator	Gil Duran	Manager, Population Health and Equity
Jennifer Karmelich	Director of Quality Assurance	Mao Moua	Manager, Cultural and Linguistic Services
Alma Pena	Manager, Grievances & Appeals	Annie Lam	
Linda Ayala	Director, Population Health		
Loc Tran	Manager, Access to Care		

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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By
Call to Order/Roll Call			
I. Review Agenda 1/17/2024	F. Zainal	Informational	
II. Policies & Procedures	F. Zainal L. Ayala	Informational Reviewed the polices listed below HED-001: Health Education Program HED-002: Health Education Materials HED-006: SABIRT Services HED-007: Tobacco Cessation HED-009: Diabetes Prevention Program PHM-001: Population Health Management Program PHM-002: Basic Population Health Management PHM-005: Population Assessment QI-124: Initial Health Appointments QI-125: Blood Lead BH-003: Dyadic Services BH-004: BHT Services	
III. Meeting Minutes - IQIC 10/11/2023	F. Zainal	Informational	

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IV. Charter Review	F. Zainal	Changes made to the charter include: • Updates to the names of the external committee meetings (HCQC to QIHEC). Update from our legal Team, internal committees do not need to cast votes on meeting items such as policies and minutes. Since all policies and minutes are voted on during QIHEC.	
V. Staffing Updates	F. Zainal	Farashta: • Awaiting background checks for our new QI Project Specialist II new hire. • In the process of posting 2 other QI Project Specialist II Positions. • Waiting to post 2 Engagement Coordinator positions who will help with member outreach. Michelle: • Sent an offer for a QI Project Specialist II position. • QI Nurse recruitment. • Offer out for QI Project Specialist I position.	
VI. HEDIS Update	F. Zainal	Still waiting for claims to come in. Farashta presented HEDIS rates as of January 5, 2024. <u>Behavioral Health</u>: • -Below MPL on both FUM and FUA Measures.	

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		Disease Management: • Above MPL for Asthma Medication Ratio and HbA1c Control. • Below MPL for Controlling High Blood Pressure. This measure is dependent on chart review. So final rates will depend on the HEDIS chart Review. R. Mendoza: What is the primary barrier for the follow up after ED visits and controlling high blood pressure? F. Zainal: The challenging part of the ED visits is reaching out to the members. For this to count as a follow up, a certain clinician needs to do the assessment on that member. A barrier is in terms of access to a Behavioral Health Provider. S. Bhatt: The biggest barrier is making sure we have complete data. Understanding who is in the denominator. We are trying to coordinate/case manage these members within 30 days after the ED visit. If we do not get a claim before day 30 then we do not hit the 30-day turnaround. Many of these individuals are SMI. they often are the responsibility of Alameda County Behavioral Health. However, they still fall into our denominator. F. Zainal: As far as Controlling High blood Pressure, the rates for 2023 have improved over the previous year. We are trying to get more members into remote monitoring, so we are trying to get those devices to members. Part of the challenge for remote monitoring is that the BP rates come in but still require staff into put the reading in the EMR system in order for reading to be reportable.	

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		Well Child: • Most measures are above MPL. • Below MPL for Lead Screening, Topical fluoride and Well-Child visits for ages 15-30 months. • Lead Screening is a hybrid measure that is still awaiting chart review. • Still awaiting DHCS data to come in for Fluoride Varnish. • Kaiser data still needs to be integrated. • Supplemental chart review taking place for W15. • We will continue to work with providers next year to offer incentive services. • W30/WCV: above MPL on both measures. • Increase in rate due to getting members with other primary insurance off the denominator to count towards the rates. R. Mendoza: A barrier I noticed is that a lot of children ages 0-5 are receiving Fluoride varnish for free with Headstart or other Community Support Programs. Since they are free, we will not receive credit for those applications. We may want to continue discussion with the Office of Dental Health. S. O'Brien: We can partner with analytics to see if we can have access to that data. R. Mendoza: It is the FQHC dentists that provide services for free. They do have it on a registry to monitor frequency to make sure they do not duplicate application in a dental setting.	

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		Women's Health: • All measures above MPL. HEDIS Accountable Measures Below MPL in 2022 • 5 areas below MPL in 2022 (FUM, CPB, W30-6+, LSC, CCS) • We were sanctioned $88,000 for the 5 Measures. The sanctions continue to increase. We have to submit a quality strategy at the end of January providing a summary of activities done in 2022 as well as the QI Investment Strategy and various other projects.	
VII. IHA Update - Audit Findings	A. Moses H. Momen	Requirements and Elements • IHA must be completed within 120 days of enrollment. • Excludes members who completed an IHA within 12 months prior to enrollment. • Minimum of 2 outreach attempts. • History of member's physical and mental health. • Risk identifications. • Preventative services recommended by USPSTF (United States Preventative Services Task Force) • Health education. • Diagnosis and plan for treatment of diseases. • 40 charts total (20 adult/20Children) • IHA Completed between 1/28/23-10/28/23 • Categories include comprehensive visit and Health Care Maintenance/Preventative Services.	

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		Adults • Average case percentage at 65%. • Top 7 highest measures:	

Criteria Highest 7 Measures	Totals	% Complete
D) Diagnosis and Plan of Care	20	100%
6. High Blood Pressure Screening	17	85%
1. Initial Health Appointment	16	80%
A) Comprehensive History & Physical	16	80%
B) Review of Organ Systems	16	80%
C) Comprehensive Physical and Mental Exam	14	70%
2. Health Care Maintenance/Preventative Screenings	14	70%
A) Intervention/Referral within 60 days	14	70%

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		• 5 Measures with greatest possibility of improvement:	

Criteria Lowest 5 Measures	Totals	% Complete
B) Coordination of Care with appropriate resources/agencies	13	65%
5. Depression Screening	11	55%
3. Alcohol Use Disorder Screening and Behavioral Counseling	10	50%
4. Drug Use Disorder Screening and Behavioral Counseling	10	50%
7 Cervical Cancer Screening (age 21-65)	5	25%

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		Children: • 17 Child 3 Adolescent. Age range 2 months to 6 years. • Average success at 41%. • Low percentages are due to Fluoride varnish, hearing screenings and records requested for specific dates of service. Leaving out follow up visits or consult notes. • Top 6 Highest Measures:	

Child Categories - 6 Highest	Total	% complete
D) Diagnosis and Plan of Care	17	100%
1. Initial Health Appointment A) Comprehensive History and Physical	14	82%
C) Comprehensive Physical and Mental Exam	14	82%
2. Well-child/well-care visit completed	14	82%
B) Review of Organ Systems	13	76%
5. Vision Screening	10	59%

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		• 11 Measures with the greatest possibility of improvement:	

3. Fluoride Varnish	1	6%
4. Hearing Screening	1	6%
A) Intervention/referral within 60 days	0	N/A
5. Vision Screening	10	59%
A) Intervention/referral within 60 days	0	N/A
6. Blood Lead Screening		
A) Discussion	3	18%
B) Ordered or Refusal	1	6%
C) Result available in the record or declination form available	2	12%
7. Maternal Depression Screening	3	18%
8. Developmental Disorder Screening	4	24%
A) Intervention/referral within 60 days	3	18%
B) Coordination of care with appropriate resources/referral agencies	4	24%

Adolescent:

- 3 charts. Ages 9 to 14 years old.
- Average success at 33%.
- Ages do not qualify for most categories.

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		• Top 5 Measures:	

Adolescents Categories	Total	% complete
1. Initial Health Appointment A) Comprehensive History and Physical	2	67%
B) Review of Organ Systems	2	67%
C) Comprehensive Physical and Mental Exam	2	67%
D) Diagnosis and Plan of Care	2	67%
4. Vision Screening	2	67%

• 8 Measures with the greatest possibility for improvement:

Adolescents Categories	Total	% complete
2. Well-child/well-care visit completed	1	33%
3. Hearing Screening	1	33%
A) Intervention/referral within 60 days	N/A	N/A
4. Vision Screening	2	67%
A) Intervention/referral within 60 days	N/A	N/A
5. Alcohol Use Disorder Screening and Behavioral Counseling	N/A	N/A
6. Drug Use Disorder Screening and Behavioral Counseling	N/A	N/A
7. Tobacco Use Screening, Prevention, and Cessation Services	N/A	N/A
8. Depression Screening	N/A	N/A

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		Lessons Learned: • Will be expanding medical records requests beyond the IHA requested dates to include follow up notes and consults. • Utilizing EPSDT codes for hearing, vision and dental services. Next Steps: • Findings were sent to providers. • Update and promote IHA documents along with new codes. • Promote IHA requirements at JOM meetings and preventative screenings through HEDIS initiatives. • Next round of chart review is in Q2 2024. • There are a lot of documentation opportunities. Some providers have an updated system (EPIC) a lot of Direct providers may not have that. Sometimes the information is hard to locate. • We are going to pursue a documentation and coding specialist through a vendor. To identify billing opportunities as well as support document education.	
VIII. P4P Update	S. Bhatt J. Burke	-New health equity incentive pilot launching in 2024. -Metrics have not changed significantly from last year. -New incentive to providers to participate in a data entry exchange to possibly help improve HEDIS rates and data sharing. -Health Equity Incentive pilot includes 3 metrics and identifying the population who perform lower than expected in those 3 metrics. James went over MY24 P4P HEDIS Measures:	

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		• A lot of measures held to the MCAS are on the list. • Colorectal Cancer Screening is making a comeback this year. It is in the P4P but not accountable for the MCAS. • Glycemic Status Assessment for Patients with Diabetes is an updated measure from the MCAS. Allows your glycemic results to count as a test result. Directs: • If they can at least meet the MPL or the 50th percentile they can receive 100% of the points for that measure they achieve that on. Delegates: • 75% of points awarded per measure if the NCQA 50th percentile is met or if the meet the MPL. 75% Percentile equals 100% of points. -Total points increased by 10 from previous year equaling 70 points. Other Measures: • Total points reduced from 40 to 30. • New Measure: Members with at least one primary care visit completed by the PCP Group within the measurement year. • Goal for directs: 100% points if PCP Group meets 90th Percentile from 2023. • 1/3 of the points for each 0.5% increase from 2023 visits per 1,000 rate. • Readmission Rate are back but only for AHS & CHCN. • Member satisfaction surveys are back for both non-urgent and urgent appointment availability.	

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		Monitoring Measures: • Avoidable visits per 1000 was under "Other Measures" now moved to Monitoring Measures for 2024. • No points that providers can earn in this area. Just a better way to monitor and track for future P4Ps. Health Information Exchange Incentive (HIE) • This is a new way to engage providers by incentivizing the participation in Manifest MedEx Health Information Exchange (HIE). • Incentives are based on the number of members assigned to PCP group at the end of the measurement year. • We are going to see if we can tag onto existing provider meetings and have Manifest join in to answer any questions. • The only qualification to earn incentive is to have joined by the end of December 2024. Health Equity Incentive Pilot • We focus on 3 measures in 3 different domains from the MCAS list that did not meet MPL in 2022. - Children: W15 measure - Cancer Prevention: CCS - Chronic Disease: CPB • Race/ethnicities that were 5% below the overall admin rate in 2022. • Help providers capture who are qualified, Analytics are flagging gap in care reports to identify members.	

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IX. PQI - RN Audits - Exempt Grievance - PQI Dashboard	A. Moses H. Momen	Angie went over the Clinical Reviewer PQI Case File Audit Report for Quality-of-Service issues. • The purpose is to ensure accuracy and appropriate clinical documentation, monitoring and oversight of PQI case files. • This report deals with quality of service for Q2 2023 and Q3 2023 • There was an LOA during the reporting time. Causing a lower number of cases reviewed. • 100% Goal reached. Exempt Grievance Audit Report: • Reporting period: Q4 2022 to Q3 2023 • Purpose is to ensure clinical monitoring of Exempt Grievances. • 100 randomly selected Exempt grievance were reviewed. • Cases were reviewed to determine if they were correctly identified for referral to the Quality Department for investigation. • 100% for all 4 quarters. Homaira went over the PQI Dashboard 9125 PQI referrals for 2023.	
X. FSR/MRR Update	K. Ebido	• The State has finalized updating the FSR and MRR Standards dated November 2023. • Implementation will be January 1, 2024. • State will provide updated tools.	

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		• Minimal changes and questions to the tools. • Personnel: CHDP sunsetting this year. Added to the standards is the nurses will have to look to the education and training of the MAs. Added language about evidence of training for facilities with pediatrics. • Infection Control: No new standards. Just formatting changes. • Pediatric Preventative Criteria: Slight changes made to this Criteria. Initial Health Appointment expanded to include history of physical and behavioral health, identification of risk, preventative screenings, diagnosis and plan for disease treatment. Member Risk Assessments include at least 1 health risk assessment, social drivers of health or adverse childhood experiences. • Adult Preventative Criteria: same criteria as pediatric. We are still trying to get information from CHDP on what our role is in having to do some of the trainings. The CHDP transition documentation will bring more clarity once we receive them.	
XI. NCQA Update	K. Gerena	• National Committee for Quality Assurance • Mission is to improve the quality of healthcare. • Their vison is better healthcare, better choices, better health. • AAH is accredited in 6 different standards - Quality Improvement - Population Health Management Network - Utilization Management - Credentialing - Members Experience - Health Equity	

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		• Submission date for HealthPlan re-accreditation and Health Equity Accreditation will be in June 2025. • It is mandatory for Medi-Cal Plans to be accredited by January 1,2026. • Moc Audit will be held through the first of February with a focus on Pharmacy, Behavioral Health, Medical Appeals, Case Management and Credentialing.	
Adjournment	F. Zainal	Next meeting: March 20, 2024	

Meeting Minutes submitted by: Ashley Asejo, Quality Programs Coordinator **Date:** 2/7/2024

Approved by: X *F. Zainal* **Date:** 2/7/2024
Farashta Zainal, MBA, PMP | Quality Improvement Manager