Quality Improvement Health Equity Committee

2/16/2024

Committee Member Name and Title	Specialty	Present
Donna Carey, MD Chair	Medical Director, Case Management, Alameda Alliance for Health, Pediatrics	X
Paul Lao Vang	Chief Health Equity Officer, Alameda Alliance for Health	X
Sanjay Bhatt, MD Vice Chair	Senior Medical Director, Quality & Behavioral Health, Alameda Alliance for Health, Emergency Medicine	X
Aaron Chapman, MD	Behavioral Health Medical Director and Chief Medical Officer, Alameda County Behavioral Health Care Services	
Tri Do, MD	Chief Medical Officer, Community Health Center Network	X
Felicia Tornabene, MD	Chief Medical Officer, Alameda Health System	
James Florey, MD	Chief Medical Officer, Children First Medical Group	X
Rosalia Mendoza, MD	Medical Director, Utilization Management, Alameda Alliance for Health, Family Practice	X
Peter Currie, PsyD	Senior Director, Behavioral Health, Alameda Alliance for Health	X
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	X
Tiffany Cheang, Chief Analytics Officer	X
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	
Kish Gerena, Accreditation Manager	X
Kimberly Glasby, Director, Long Term Services and Supports	X
Richard Golfin III, Chief Compliance Officer & Chief Privacy Officer	X
Sanya Grewal, Healthcare Services Specialist	X
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	X
Shatae Jones, Director Housing & Community Services Program	X
Beverly Juan, Medical Director Community Health	
Jennifer Karmelich, Director, Quality Assurance	X
Allison Lam, Senior Director, Health Care Services	X
Helen Lee, Senior Director Pharmacy Services	
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
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	X
Matthew Woodruff, Chief Executive Officer	X
Farashta Zainal, Quality Improvement Manager	X

Community Members in Attendance	
Noha Aboelata, MD	

Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
I. Call to Order	D. Carey	The meeting was called to order at 9:05 Quorum reached at 9:07		
II. Alameda Alliance Updates	D. Carey	• Dr. O'Brien is currently on a leave of absence. Dr. Donna Carey will take on the role of Interim Chief Medical Officer in his absence. • Over 81,000 members transferred over from Anthem to The Alliance. 16,000 held back and 14,000 undocumented. • Birth Equity and Justice Involved Population are 2 new populations of focus that went live with Enhanced Care Management in January. • Introduction of Kimberly Glasby Director, Long Term Services and Support.		
III. Chief of Health Equity Updates	L. Vang	• Health Equity and DEI Committee has been selected. • The committee for DEI training curriculum has also been selected as required by APL 23-025. • Both committees will meet at the same time to discuss and design a 3-year equity roadmap as well as go over feedback on design implementation of the DEI Training Curriculum. • Yemaya T. gave an update on the Health Equity page on the Alliance Intranet. The page will include The HE Teams Mission, team introduction, definitions, and updates on current/future work. Webpage should be completed in the next few months.		
IV. Follow Up Item from 11/17/2023	M. Stott	• A change was made to the QIHEC Charter to include a designated Alliance personnel representing Grievance & Appeals.		

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QIHEC Charter Update				
V. Committee Member Presentations	S. Bhatt	• Dr. Bhatt briefly went over the 2024 Committee Member Meeting Presentation Schedule.		
VI. Approval Of Policies and Procedures & Meeting Minutes	D. Carey	• Brief overview of each Policy was presented by Senior Leadership of each department. • Policies & Procedures and Meeting Minutes were sent to the voting committee members for review prior to the meeting. <u>Behavioral Health</u> BH-003: Dyadic Services BH-004: BHT Services <u>Utilization Management</u> CBAS-002: Expedited Initial Member Assessment for CBAS Eligibility CBAS-004: Member Assignment to a CBAS Center UM-002: Coordination of Care UM-010: Coordination of Care- Long Term Care UM-012 to BH-005: Care Coordination-Behavioral Health UM-013 to BH-006: Care Coordination-Substance Abuse UM-018: Targeted Case Management and Early and Periodic Screening, Diagnosis and Treatment UM-024: Care Coordination-Dental Services UM-032: Therapeutic Enteral Formulas UM-045: Communication Services UM-050: Tracking and Monitoring of Services Prior Authorized	Move to Approve: Policies & Procedures 1st: T. Do 2nd: S. Bhatt Move to Approve: Meeting Minutes 1st: T. Do 2nd: J. Florey	

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		UM-052: Discharge Planning to Lower level of Care, (including Granting Administrative Days Pending Placement for Facilities contracted for Administrative Days) UM-056: Standing Referrals UM-060: Delegation Management and Oversight UM-062 to BH-007: Behavior Health Treatment UM-063: Gender Affirmation Surgery & Services UM-068: Tertiary and Quaternary Review Process UM-069: Continuous Glucose Monitoring Equipment <u>Cultural & Linguistic Services</u> CLS-001: Cultural and Linguistic Services (CLS) Program Description CLS-002: Member Advisory Committee CLS-003: Language Assistance Services CLS-008: Member Assessment of Cultural and Linguistic needs CLS-009: CLS Program-Contracted Providers CLS-010: CLS Program- Staff Training and Assessment CLS-011: CLS Program- Compliance Monitoring <u>Case Management</u> CM-001: Complex Case Management (CCM) Identification, Screening, Enrollment and Assessment CM-004: Care Coordination of Services CM-009: Enhanced Care Management – Infrastructure CM-010: Enhanced Care Management - Member Identification and Grouping		

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		CM-011: Enhanced Care Management - Care Management and Transitions of Care CM-013: Enhanced Care Management - Oversight Monitoring & Controls CM-014: Enhanced Care Management - Operations Non-Duplication CM-016: Enhanced Care Management – Staffing CM-018: Enhanced Care Management - Member Notification CM-021: Community Supports - Asthma Remediation CM-022: Community Supports - Housing Deposits CM-023: Community Supports - Housing Tenancy and Sustaining Services CM-024: Community Supports - Housing Transition Navigation CM-025: Community Supports - Medically Supportive Food/Meals/Medically Tailored Meals CM-026: Community Supports - Recuperative Care (Medical Respite) CM-027: Community Supports - Oversight Monitoring and Controls <u>Health Education</u> HED-001: Health Education Program HED-002: Health Education Materials HED-006: SABIRT Services HED-007: Tobacco Cessation HED-009: Diabetes Prevention Program <u>Long-Term Care</u> LTC-001: Long Term Care Program LTC-002: Authorization Process and Criteria for Admission, Continued Stay, and Discharge from a Nursing Long Term Care Facility		

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		LTC-004: LTC Bed Hold and Leave of Absence <u>Population Health Management</u> PHM-001: Population Health Management Program PHM-002: Basic Population Health Management PHM-005: Population Assessment <u>Quality Improvement</u> QI-124: Initial Health Appointments QI-125: Blood Lead		
VII. UM Workplan Update UM Metrics	M. Findlater R. Mendoza	Allison Lam presented the UM Workplan Update. • Some of the standard measures that are looked at are totals related to in-patient/outpatient denial rates and emergency room utilization. • Average Length of Stay is trending down year over year. • Admissions and Paid Days per 1k are decreasing downward. • Inpatient denial rates are evaluated to make sure out UM program is accountable. • Partial denials are those in which the patient does not have to be in the hospital for that particular reason. Yet, they are not ready for discharge. • Slight uptick in inpatient denials due to eligibility. • Steady trends in outpatient denial rates due to providers being out -of-network. • Tertiary/Quaternary denial has started to increase in Q4 2023. • Decrease in retro denials from September to December.		

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		• Emergency Room visits per 1k determine how well we manage our population's ED visits. Decrease in November 2023 data. • Headaches and chest pain are the top drivers of ED visits. Washington Hospital has the top ER admissions. • M. Woodruff asked if this data is published with other Health Plans. How do we compare to sister plans across the state? • A. Lam: No specific published data is shared through DHCS but it would be good to know for benchmarking. • J. Florey: Are we gathering information at the time of admission for adults whether they have received currently recommended immunizations or a TB skin test? Dr. Florey recommended immunizations become a routine part of the intake process. • A. Lam: To my knowledge, we are not. • M. Stott commented about benchmarking. The Medi-Cal managed dashboard had ED and inpatient benchmarking. We will need to confirm similar methodology but it is available. • S. Bhatt: The benchmarks do not publish data around length of stay. We need to be careful that our benchmarks or metrics do not influence our medical decision making. Does the length of stay data include LTC population? And are we seeing a decline. • A. Lam: Length of stay data includes LTC population. The SPD and duals population are still trending high in our length of stay.		

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VIII. Case Management Updates	L. Hunter	• Lily provided an update on Case Management, Community Supports and ECM that has occurred in the last quarter. **Case Management** • Transportation benefit: Case management obtains the Physician Certification Statement forms. This function has been in-sourced from Motivcare as of last year. • The State requires that before transportation begins, we have the PCS form available. • There has been an increase in rates from October-December. • Transitional Care Services: In 2023, Managed Care Plans were tasked by DHCS to provide Transitional Care Services to high-risk members. • A large uptick in members in 2024 when TCS became available for all members at any risk level. • The majority are hospital discharges. • Continuity of Care: With the Anthem transition in 2023, many members were absorbed in the beginning of the transition (2024). • Uptick in care coordination referrals in January 2024. **Community Supports** • In January, our provider network expanded to include East Bay Innovations as part of the housing bundle.		

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		• When we partner to serve individuals with housing, we look for entities who have access to housing units. • East Bay Innovations has access to additional funding for those who are coming out of SNF. • Expanded services in Caregiver respite services and Nursing facility transition/diversion and community transition services. Omatochi was brought on to further expand our provider network. • Added Alameda County Community Food Bank to help support Medically Tailored/Supportive Food. • We will be adding sobering centers (Cherry Hill) starting July 2024 • Expanded asthma remediation age group from 19 years and under to all ages. **Enhanced Care Management (ECM)** • All populations of focus for ECM have now gone live. • Individuals transitioning from incarceration is a big area of focus. There is a lot of attention associated with this. This is the post-release portion. Working with ECM providers and state prisons to talk about how we will address pre-release. • Birth Equity Population: Individuals who are pregnant or have been pregnant in the last 12 months.		

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IX. QI Workplan Update DHCS Sanctions Updates on QI Investment 2023 HEDIS Rates	M. Stott F. Zainal	**HEDIS/MCAS Performance** • In the beginning of the year, the State sanctioned AAH $80,000 for 5 measures below MPL. Last year we were sanctioned $25,000 for 3 measures. • The State is increasing accountability and financial impact for MPLS that we have. • Sanctions are scored according to several factors such as beneficiary impact, trending factors and the Healthy Places Index. • The State also requested a revised comprehensive quality strategy. • QI Investment: $5million allocated to 5 areas. • Provider Engagement: Finding increased and promotion of the Pay-4-Performance Program and provider training. • Member Engagement: Hiring 2 QI engagement coordinators to outreach to members. • Data Collection and Sharing: Continuing to promote Manifest MedEx as part of our P4P Program. • Funding/Resources: Offering practice coaching in documentation and coding/practice coaching. • Organizational Alignment: Coordinated campaigns across all departments (Well-Child Visit Campaign) • Several PDSA Projects specific to the MPL, Internal Multi-disciplinary workgroups who work together to review the data in detail. • Continuously work on Access & Availability with extended office hours.		

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		• Also working with Behavioral Health, Population Health & Health Equity teams in various projects to support MPL measures. **2023 HEDIS Rates as of February 2024** • Admin Measure rates are stabilizing. Most of the claim's data have been received. • Small shifts in rates may happen in March. • Below MPL in Behavioral Health, possibly due to not receiving complete data for the State from the County. • Below MPL for Controlling High Blood Pressure. This is a Hybrid Measure. HEDIS team is currently working on reviewing charts to determine Hybrid rate. • Although we are above MPL for Asthma Medication Ratio, our rate is dropping. This is a trend throughout our network. QI team is currently investigating. • For the Well-child domain. We are below MPL on Lead Screening, Topical Fluoride and Well-Child Visits in the first 15 months. Still waiting on chart review for the hybrid measures. • Above MPL on all Women's Health Measures. • J. Florey: We found that lead screening rates improved remarkably when lead testing was done in -office. The cost of machines is often split amongst providers. They have a positive return on their investment by year 2. The W30 measure did not have to follow the CHDP periodicity tables which contributed to not all visits being completed. The problem is that it may require		

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		some investigation of claims history to recognize that patients receive the 6 visits. There are gaps in care, coding and denominators. • F. Zainal: We are working with our in-network providers on point-of-care testing units in the offices. There are providers who also do the draw in-office and have Quest Diagnostics come and pick up the specimens. Lead Screening measure have tremendously improved over the years. In terms of the 6 well-visits, DHCS is working on having CIN numbers assigned to babies while in hospital before discharge. It will help us capture our first visit. Our HEDIS team is working on pairing up mom to baby as well. We are also encouraging providers to make sure they work on the measure at the beginning of the year. It is a time-sensitive measure.		
X. CLS Program Description and Evaluation	L. Ayala	**2024 CLS Program Highlights:** • The goal of CLS Program is to make sure our members receive equitable access to high-quality health care services including behavioral health. • Minor changes were made to the program description. • "Member Advisory Committee" to "Community Advisory Committee" (CAC) • Updates to DEI training description. • Expanded responsibilities of CAC.	Move to Approve: 1st: J. Florey 2nd: T. Do Dr. Carey indicated the CLS trilogy documents as P&P, it was actually the CLS Description and Evaluation	

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		2023 CLS Workplan Evaluation • Member Cultural and Linguistic Assessment. No significant changes in the demographic of our membership. • 5% increase in member who speak Spanish. • Met the metric for Language assistant services goal to reach an average fulfillment rate of 95% or more for in-person, video or telephonic interpreter services. • R. Mendoza: even seeing the increase of cultural linguistic needs in 2023, the adult expansion that we got in January 2024 is going to increase inherently in our work this year. • Provider language capacity (member satisfaction). We ask members if they are receiving quality interpreter services. We stayed withing our goals for adults and children throughout the years. • We have looked at network capacity over the years. No significant findings. We committed to monitor and provide access to support providers when needed. • Cultural sensitivity training all staff completion goal met. • Provider Cultural Sensitivity training available on provider site. • CAC update on charter and contract requirement implementation is ongoing.	(Trilogy Documents)	

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		2024 CLS Workplan • Next year, we will continue to assess the cultural linguistic needs of our members . • Anticipate Starte request to include Arabic as one of our languages. Making base material available. • Expanding satisfaction surveys around timely access and interpreter services. • Expansion of CAC. • Working closely with Behaviors Health on CLS appropriateness and availability of services in Behavioral Health.		
XI. **PQI** Annual Training RN Audits Exempt Grievance PQI Dashboard	S. Bhatt C. Rattray	• Annual PQI Training was performed in January during the Health Care Servies Meeting. • C. Rattray gave a brief overview of the Annual PQI Training. • This training is to help capture as many issues as possible so that we can provide the best possible outcomes for our members. • Quarterly, quality of service issues is audited to ensure accurate and appropriate review. • 5 cases are reviewed per month per nurse. • 100% of these cases were reviewed correctly. No interventions needed. • Exempt Grievance Audit Report: 100 cases quarterly. Trying to identify any exempt grievance that could have been sent to quality. No issues withing the last 4 quarters. Will continue to track and report out quarterly. • 9000 PQIs over the last year. The majority were closed within the first 30 days. The majority of the cases are service in nature. Clinical pieces are relatively small compared to Access.		

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		• Over 5000 service issues compared to 500 clinical.		
XII. Behavioral Health Update	P. Currie A. DeRochi	• 550 unique utilizers prior to insourcing. • By October increased to 673 and December, increased to 806. • The majority of unique utilizers fall in the 3-7 year old ages. Early intervention had a much greater impact throughout the lifespan rather than later in their development. • Large volume of members are Hispanic. There are limited Spanish speaking providers in BHT treatment. We are constantly looking for ways to improve our services for this population. • Lack of Spanish speaking providers result in delays in accessing services. • Bulk of services received are face to face interventions under the umbrella of ABA services. • Centria is our largest provider of ABA services. • We have 39 qualified Autism Service Provider Groups in our network and are continuing to look for more. • One of the reasons that Behavioral Health was insources was the decrease in utilization of ABA services. • In 2021-2022, there was an under-utilization of BHT/ABA services. Bringing it in-house we hope to address that an increase access for out members. • As of April, almost 500 children waiting in a back log queue were not able to access services. Steady rise in authorizations and turnaround times were impacted.		

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		• 806 unique utilizers as of December. • 1,761 total new auths for April to December 2023. • 600 Auths pre-loaded from Beacon in March 2023. • Increase in unique utilizers from 550 prior to insourcing to 806 post insource. • A positive trend increased demand but we still have network limitations that impact access. • BH would like to expand their network in order to increase access. • Help establish CDE centers of excellence. • Reduce barriers to access and the number of members awaiting BHT/ABA services. • Increase in mental health utilization. We are seeing a steady increase in unique utilizers of mental health services. • By removing barriers to initiate mental health services and having no limit to the amount of services helped increase the utilization (Open access Benefit). • From 6,157 members in April to 7,424 members in August. • Over 10,000 members in active treatment as of October.		
XIII. QIHEC Schedule Change	D. Carey	Motion to approve to move QIHEC meeting from March to April due to DHCS Audit.	Move to Approve: 1st: J. Florey 2nd: M. Stott	
XIV. Public Comment	D. Carey	None		
XV. Meeting Adjournment	D. Carey	Next Meeting April 19, 2024		

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

Minutes prepared by: Ashley Asejo, Clinical Quality Programs Coordinator