ALAMEDA Alliance FOR HEALTH
Health care you can count on.
Service you can trust.

INTERNAL QUALITY IMPROVEMENT COMMITTEE

3/20/2024, 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 for 3/20/2024	F. Zainal	Agenda was reviewed by Farashta. <u>Doula Policy: Linda Ayala</u> • Policy was approved by the State. • Linda will send the Policy out after the meeting. • Policy will be moved to April's QIHEC meeting.	L. Ayala will send out Doula Policy
II. Policies & Procedures **- BH 004**	A. Deroche	<u>BH004</u> • BHT Services outlines the scope of BHT benefit and case management responsibilities. • This separates the Mental Health and BHT policies. • Documenting an expansion of paraprofessionals to include BHT providers. • Added school-based services as well. • This policy will move to QIHEC for final approval.	
III. Meeting Minutes **- IQIC 1/17/2024**	F. Zainal	Meeting Minutes submitted for review.	
IV. Staffing Updates	F. Zainal	• Introduction of 2 new QIPSII -Kalkidan Asrat (Farashta) -Ami Ambu (Michelle) -Sarbjit Lal (Loc)	

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V. QI Program Trilogy Documents	QI Leadership	• Presentation included QIHE Program Evaluation • Activities related to Health Equity are found in all Trilogy Documents. <u>QI Activities Update</u> • Farashta went over the preliminary 2023 HEDIS Rates • Behavioral Health: Missing data from the state due to the changes in the claim systems from the county. Awaiting to see how DHCS will hold us accountable for this measure. • No decision made on what direction we will move if the rates are unavailable by the time everything closes out. • Disease Management: Controlling High Blood Pressure below MPL. Currently working on chart readings for this hybrid measure. • Well-Child: Most measures above MPL. Still below on Lead Screening in Children and Fluoride Varnish. • Above MPL on all Women's Health Measures. • In 2022, we were sanctioned due to not meeting MPL in 5 areas. At least 2 of the measures out of the 5 are above MPL for 2023.	

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		Quality Measures Below MPL MY2022 vs MY223	

Measures Below MPL in MY2022	MY 2022 Admin Rates	MY 2023 Admin Rates
Follow-up After Emergency Visit for Mental Illness (FUM)	49.03%	33.45%
Lead Screening for Children (LSC)	57.52%	60.67%
Well Child Visits 15-30 months (2x visits)	58.67%	58.05%
Controlling Blood Pressure (CBP)	41.77%	48.82%
Cervical Cancer Screening (CCS)	52.44%	58.05%

- There are 2 State Mandated projects
- 2023-2026 Equity Performance Improvement Project (PIP) Well Child Visits for African American children in the first 15 months of life.
- Baseline data was submitted last year.
- This year, we are working on understanding barriers and what the interventions are.
- Testing interventions will begin next year.
- 2023-26 Non-Clinical Performance Improvement Project (PIP) Improve percentage of provider notification for members with SUD/SMH Diagnosis following/within 7 days of an Emergency department visit.
- Submitting reports to providers and we continue to see how we can improve the reporting.

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		• QI Activities were broken down into 4 categories. **Member Focused** **Outreach, Education & Incentives** • Mailer – birthday cards, BCS targeted flyer • Outreach calls – First 5, CCS & BCS outreach calls • Non-utilizer pilot • On-hold messages • Member Incentives – HEDIS Crunch, well child, CCS, BCS **Additional QI Activities** **Addressing Data Gaps** • Supplemental data • Other health insurance removal • Mom & new born medical record match for well visits **Provider Focused** **Education & Support** • Established QI meetings • Webinars – P4P, ABCs of QI, measure specific webinars, , townhall • Measure highlights tools • Provider incentive programs – P4P, grant funded QI projects, after hours incentive, staff incentive • Actionable care gap reports **Collaboration** • CFMG texting campaign • CHCN CBP RMP project • Roots HTN Barbara Shop project • Mobile mammography • Pap clinics • This year, we are focusing on the following: • Pay for Performance (P4P) • Health Equity Incentive Pilot (New for 2024) • State Mandates QI Projects • Continue to work on Multidisciplinary workgroup projects. • Well-Child Campaign • IHA • Improve Access • This year, we will have a consultant who will guide the team on Practice Facilitation and advise some of our providers on proper Coding.	

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		• G.Degrano asked: When our clinics get assigned new members, are the clinics reaching out to the members for IHA? What do providers do to make sure they are seen in terms of access? • A report is sent to providers that include new and re-assigned members who haven't had an IHA in the last 12 months. We also launched IVR calls to remind members to schedule an appointment. • We do have the member rosters given to offices to call out to members. We push to make 2 documented attempts to get them in. Unfortunately, sometimes those who require an IHA and are healthy get pushed on a wait list. Providers can contact AAH to put a hold on member assignments due to provider turnover or access/capacity issues. • J. Karmelich: Do we think it's in our best interest to reach out to members for an appointment when we simply do not have availability for them to do so? It may increase the number of grievances. We are seeing an increase in access related grievances. • L. Tran: We see an increase on appointment availability. Based on our access related PQI it has doubled. • M.Stott: Part of the outreach is to educate the members on preventative screening and when it is required for them to do it. If they do call the clinic the should triage and see what type of services members need and get them in.	

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		Potential Quality Issues (PQI) • Christine went over the PQI dashboard for 2023. • Most cases received are Quality of Service (QOS) issues. Which are handled by G&A. There is a change in workflow to help change the flow of QOS cases coming in as PQI that are already being handled in G&A. • In 2023 there were a total of 9077 cases reviewed and closed. • Turnaround time fall within the benchmark of 95%. 2024 QIHE Plan Focus • We will continue to monitor our PQI process for clinical safety. • Substance use disorder was added to our workplan. • Continue to implement quality monitoring process for SNF/LTC Facilities. • M. Findlater asked: has there been a spike in the number of PQIs related to nursing facilities? There have been a lot of complex cases coming in the last few months. • This is question will be answered further along in the presentation.	

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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By
		Member Experience • Loc went over the Medi-Cal Child trended survey results for 2022. **Summary Rate Scores: Medi-Cal Child** • In Getting Needed Care, we see an increase compared to previous years. • In Getting Care Quickly, there was a decrease in rate. It is a composite measure. We are looking at Urgent/Non-Urgent Availability. We are not meeting the standard score of 86.7% • White/Hispanic/Latino/Other rate up above the plan average score for both categories. While African American/Asian/America Indian or Alaska Native rate us below plan average score.	

	2022 QC %	MY2022	Previous Year Comparison	MY2021	MY2020
Getting Needed Care (% Always or Usually)	84.2%	79.2%	↑	78.4%	82.2%
Getting Care Quickly (% Always or Usually)	86.7%	73.0%	↓	77.8%	78.8%

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		Medi-Cal Adult Trended Survey Results.	

Summary Rate Scores: Medi-Cal Adult

	2022 QC %	MY2022	Previous Year Comparison	MY2021	MY2020
Getting Needed Care (% Always or Usually)	81.9%	75.2%	↓	75.9%	79.0%
Getting Care Quickly (% Aways or Usually)	80.2%	72.9%	↓	75.9%	72.4%

- In Getting Needed Care, we see a .7% decrease compared to previous years.
- In Getting Care Quickly, we see a 3% decrease compared to previous years.

Commercial Adult Trended Survey Results.

Summary Rate Scores: Commercial Adult

	2022 QC %	MY2022	Previous Year Comparison	MY2021	MY2020
Getting Needed Care (% Always or Usually)	83.8%	72.0%	↑	65.8%	75.2%
Getting Care Quickly (% Always or Usually)	82.6%	56.0%	↓	62.0%	71.1%

- In Getting Needed Care, we see an increase compared to previous years.

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		• In Getting Care Quickly, we see a decrease compared to previous years. • This is in correlation to our provider appointment availability survey. We see a decrease in compliant rate for the commercial line of business. • We continue to discuss and develop improvement strategies with internal stakeholders. • Gather resources around alternative access and create a member facing document to educate members on alternative access. • Continue to work with provider to ensure there are designated urgent/non-urgent appointments. • Continue to encourage on-going provider education and onsite office visits to providers continually not meeting Timely Access. • Access related measure are included in P4P for MY2024. • M. Stott asked: When should we anticipate the CAPS 2023 Survey Results? • L. Tran: It is in the review process. We usually receive it in June/July. <u>Population Health Management/ Health Education</u> • Population Health is responsible for the following: - Alliance annual Member Needs Assessment - developing the PHM Strategy and the evaluation of last year's strategy. - Deliverables for the new DHCS PNA concepts. - Works with analytics and various other teams on PHM Implementation. - Oversees Health Education programs and services. • In 2023, we updated the Alliance PHM Strategy by conducting reviews with teams across the organization and received feedback and approval from our PHM committee.	

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		• DHCS Approved PHM Strategy in October. • Developed a shared goal and meaningful participation with Alameda County and City of Berkeley in their community health assessments community health improvements in accordance to the new concept developed by DHCS. • Monitor implementation of PHM in Fall of 2023. Alliance PHM Strategy **Strategic Pillars** / **2023 Programs** **Address primary care gaps and inequities**: • Non-utilizer outreach campaigns • Breast cancer screening - Equity • Under 30 months well visits – Equity **Support members managing health conditions**: • Hypertension & diabetes disease management • Maternal mental health • Follow-up after ED visit for mental illness and substance use **Connect members in need to whole person care**: • Transitional Care Services • Catastrophic case management • California Children's Services (CCS) referrals <u>2023 Health Education</u> • Launched 2 new diabetes prevention providers Yumlish and HabitNu. • Started up the Maternal Mental Health workgroup and collaborated with Behavioral Health to define provider guidelines, workflows and outreach strategies.	

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		• Working with Case Management to identify disease management populations. • In 2024 we are assessing member needs in order to update the 2024 PHM Strategy. • For Health Education, we are continuing to serve members by providing access to multiple educational materials. <u>Cultural & Linguistic Services</u> • In 2023, the big focus was to make sure we are offering interpreter services at an average fulfillment rate of 95%. • We look at the Member Satisfaction Survey for member feedback. • Over 57,000 interpreter services were provided in 112 languages by 3 different vendors with an increase in utilization for all modalities as well as an increase in member satisfaction. • 1 new CAC member and updated the charter to include 2024 DHCS requirements. • 100% staff participation in the Cultural Sensitivity training. • For 2024, we will continue to provide excellent interpreter services and increase the ability to track the services. • Launching the Timely Access Requirement (TAR) Survey in 2024. • Continue to get increased input from our CAC members. • A few things that were not mentioned in the presentation slides: - NCQA Prep - DSNP Prep - DHCS Audit	

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VI. EPSDT Audit	M. Stott	Medi-Cal for Kids & Teens • In a 2019 State Audit Report, less than half of Medi-Cal children did not receive the required amount of services. A follow-up audit showed the same results. • DHCS created the DHCS Quality Strategy and made Children's Preventative Care one of the Bold Goals 50x2025. • At State level, they want to close racial/ethnic disparities in well-child visits and immunizations by 50%. Also to ensure all Health Plans exceed the 50th percentile for all children's preventative care measures. • The State created APL 23-005 EPSDT with an IPD project to address all the different points. • The 2023 activities include chart reviews for IHAs. Another IHA chart review will take place this year with CAPs. • Care Coordination gap analysis through the IPD Project that will help with the audit. • First 5 member outreach with member voice feedback. • We will continue to monitor through the HEDIS Children's domain, facility site review, Grievances and utilization metrics. • Next steps include Provider training through Measure Highlight webinars. Non-utilizer outreach through Xaqt as well as recruit Quality Engagement Coordinators. • LEA Strategy Care Coordination working on a workflow map with CM and BH teams. • Offering additional trainings and provide site visits for CHDP sites.	

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VII. SNF/LTC Quality Monitoring	M. Stott K. Ebido	• We want to ensure that members are receiving a high quality of care, safety and adherence to standards of care in Skilled Nursing Facilities, Subacute Facilities, Intermediate Care Facilities for the Developmentally Disabled and Regional Centers. • The State wants up to ensure the SNFs and Subacute Facilities have a Quality Assurance Performance Improvement Program (QAPI) that is adhering to the CMS 5 Key elements. • Looking at CDPH Surveys. • Monitor quality performance via claims and data resources from ED visits, hospital acquired infections and potentially preventable 30 day readmissions. • Medical record and possible site reviews to assess quality and appropriateness of care. • We are also looking at CDPH findings and data for Intermediate Care and Developmentally Disables Facilities. Looking at PQIS and also looking at service delivery findings from Regional Centers. • The State will have us report on different outcomes and trends. <u>Status of Quality Monitoring</u> • We looked at 100 SNF based on bi-monthly analytics reports. We look for the QAPI Attestations received. We are up 52% currently. • In 2023 there were 9 facilities with QOC PQIs and 1 facility that has 2 PQIs. • We look at census of sites that have 1 to 2 star ratings. • In order for us to look at the overall quality of the sites we want to focus on the 1 and2 star facilities. • We will be doing a further deep dive to find out more information on the 1 star sites. We prioritize the sites according to trends and concerns.	Slides will be sent via E-mail

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VIII. Grievances & Appeals Report	A. Pena	• 6,431 unique grievance cases resolved during the reporting period. With a total of 7,312 grievances including all shadow cases. • All grievances related to Quality of Care were forwarded to the PQI team. • FWA grievances were forwarded to our Compliance department for further investigation. • Grievance filed against delegates and vendors were brought to JOMs. • Grievances filed against the plan are Access to Care which includes members not receiving their ID card, unable to reach AAH by phone and coverage disputes. • Quality of Service complaints against G&A, Member Services, BH and CM. • Decrease in grievances against Kaiser since we no longer have Kaiser as a delegate as of 01/2024. • Decrease in complaints with Xaqt and Beacon (due to contract ending in March 2023) • Decrease in grievance against out mental health providers in Q4 compared to Q3. • Grievances filed against contracted facilities: NorCal imaging had 199 coverage disputes . Majority of complaints files against our clinics are access to care issues.	
Adjournment	F. Zainal	Next meeting: July 10, 2024	

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Meeting Minutes submitted by: Ashley Asejo, Quality Programs Coordinator **Date:** 4/5/2024

Approved by: X *Farashta Zainal* **Date:** 4/7/2024
Farashta Zainal, MBA, PMP | Quality Improvement Manager