QUALITY IMPROVEMENT HEALTH AND EQUITY IMPROVEMENT COMMITTEE

September 19, 2024, 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)	Yes
Jaime Chavarria, M.D.	PCP (Family Medicine)	Yes
Maria Osmena, M.D.	PCP (Pediatric)	Yes
Jeanette Aviles, M.D.	SMMC Physician (Internal Medicine)	Yes
Alpa Sanghavi, M.D.	SMMC Physician (Chief of Quality and Patient Experience)	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 Specialist	Yes
Samareen Shami	PHM Manager	Yes
Non-voting Guest		**Present (Yes or Excused)**
Curtis Chan, M.D.	Deputy Health Officer, San Mateo County	Yes

1. Call to Order
   The meeting was called to order by Dr. Kenneth Tai.

2. Public Comment/Communication
   No public comments received.

3. Approval of Agenda
   Motion to approve. Approved by the Committee members.

4. Consent Agenda:
   4.1 QIHEC Minutes from June 20, 2024
   4.2 UMC Minutes from July 22, 2024
   4.3 CQC Minutes from August 19, 2024
   4.4 CCS Minutes from March 28, 2024, and June 27, 2024
   4.5 Dental Advisory Group minutes from
      4.5.1 June 21, 2024
      4.5.2 July 19, 2024
      4.5.3 August 16, 2024
   4.6 P&T Committee minutes from May 28, 2024

   Approval of Consent Agenda
   Motion to approve. Approved by the Committee members.
5. Utilization Management Review

The goal is to continue to reduce unnecessary prior authorization requirements based on the prior authorization list. One of the longstanding allowances for various MRIs whether prior authorization is necessary for any MRIs. There was an internal discussion to remove all MRIs; however, there was discussion specifically related to back pain. Feedback needed from this committee in contemplation of requiring prior authorizations for all and/or specific MRIs needed.

Comments

- Dr. Aviles stated specifically around back pain whether an MRI criterion has been met or not met. Are there examples of how many require MRIs and how often are based on criteria versus not?
- Dr. Esguerra stated most MRIs are approved whereas if back pain was denied could be clinical pathway guidance for prior authorization.
- Dr. Aviles commented that it looks like many providers are following the guidelines.
- Dr. Esguerra stated if any prior authorization requirements are removed, we monitor and review for over-utilization. Lastly, there has been minimal over-utilization of unnecessary services. Also, how would we move forward with not using prior authorization based on using clinical best practices.
- Dr. Chavarria questioned if prior authorization is required for radiologists?
- Dr. Esguerra stated yes for radiologists where there is a lack of clinical information perhaps from an imaging center providing the treatment.
- Dr. Tai questioned whether a practicing physician/provider would not require prior authorization? For example, low back pain. There was a campaign by the American College Physicians to choose wisely when using imaging or not to follow the clinical guidance.
- Dr. Chavarria asked if prior authorization requirement is mostly for new providers?
- Dr. Esguerra stated this could be more of a tracking mechanism in the system, which will be brought back to the UM team for further discussion.
- Dr. Aviles commented to see if there has been a spike as well as which providers with more over-utilization. This could be specifically a provider education versus penalizing all providers.
- Dr. Esguerra stated this would be helpful when monitoring and reviewing for over-utilization. The feedback received from this committee will be discussed at the Utilization Management Committee.

6. Clinical Practice Guidelines 2024

A list of clinical practice guidelines was sent out, which was previously reviewed and approved by this committee last year. There were some additions proposed by our medical directors in the guidelines. The purpose is strictly for provider-facing requirement guidelines and not for member-facing materials.

Comment from Dr. Chen if the guidelines are provided by the state and/or internally developed?
Comment from Ms. Ford the guidelines are locally developed. There are no mandates for any of the topics, which are generally from the USPSTF A & B guidelines. Note: there could be other topics such as dental integration, behavioral health integration guidelines added if improvement is needed on the list.

Approval of the Clinical Practice Guidelines approved by Dr. Aviles and approved by the committee members.

7. Population Needs Assessment 2024

Goals (Medi-Cal):

- Identify member health needs and health disparities

- Assess health outcomes and resources available
- Evaluate the health experiences of HPSM subpopulations
- Implement targeted strategies for PHM program/services gaps through an Action Plan
- Combine requirements of PHM2

What areas does the PNA cover?

- Member profile: demographics, engagement with care, program enrollment, chronic conditions & behavioral health, social determinants of health, disparities, action plan
- Subpopulation analysis: perinatal, children & adolescents, adults, older adults and people with disabilities, members with LEP

HPSM Membership

- San Mateo County/ACE Program
- CareAdvantage D-SNP
- HealthWorx
- Medi-Cal
- Total membership: 149,847

Demographics (HPSM Medi-Cal members, 2024 PNA)

- Language (50% of members prefer a non-English language and our population of Spanish speakers is rising, up to 6% since last year)
- Race/ethnicity (largest populations are Hispanic/Latino, not provided, and Asians or PI)

Age

- The 22-64 age group continues to grow as a percentage of overall membership
- Decrease in MC membership from 141,291 last year to 137,702 this year

Geography

- A large concentration is in the North County area (Daly City, Redwood City, San Mateo).
- The layout represents where there might be a lack of access deficiency with providers, specialty and non-specialty providers.
- Comparison with members, how many providers are in the specific areas.

Engagement with Care

- Primary care attendance among youth (0 – 21 years old)
    - 60% of HPSM's pediatric members saw a PCP in the past 12 months
    - 2,426 (12%) members who did not see a PCP had an emergency department visit in the last 12 months

Primary Care Attendance Among Adults

- 45% of HPSM's adult MC members saw a PCP in the past 12 months.
- 4,306 members who did not see a PCP did have an emergency department visit in the last 12 months.

Social Determinants of Health (SDOH)

- 11.3% of all HPSM MC members had 1 or more SDOH claims, up from 3.3% last year.
- More than 8,000 members have a housing economic circumstances SDOH code. 1,446 have been identified as homeless and 4,405 HPSM MC members lack adequate food and/or experience food insecurity.
- 1 in 4 members experiencing food insecurity are unhoused.
- 96% of members identified as food insecure speak English or Spanish.
- 2% of membership under the age of 21 experiences food insecurity based on claims.

Measuring Health Disparities

- Review overall membership level data associated with metrics for chronic disease management and preventive care access.
- Stratify member data by demographic variables to identify metric rates for subpopulation.

- Check statistical significance of metric rates for subgroups. Identify positive deviants and disparate subgroups.
- Deep analysis of disparate subgroups to determine which characteristics interact across multiple variables and metrics.
- Develop targeted action plan based on summary of findings.

Disparities Analysis Summary

- Age (17 – 21 and 22 – 50)
- Gender (male)
- Race/ethnicity (Caucasian/Black-Identifying)
- Spoken language (English/Arabic)
- Other disparities (SSF/People with Disabilities)

Prioritization

- Focus areas are prioritized based on:
    - Impact on population health
    - Volume of members affected
    - Presence and persistence of disparities
    - Regulatory & strategic alignment
    - Plan feasibility
    - Provider impact

Action Plan

- Perinatal Health
- Child and Youth Health
- Adult Preventive Health
- Chronic Condition Management

Comments

- Dr. Aviles asked if there is a breakdown of 0 – 21 for example, (0 – 5, etc.)
- Ms. Cloud stated there is a breakdown of 0 – 5 and onward. Generally, the ages between 12 – 21 have lower rates than those under 12 years of age.
- Ms. Shami reported the Medi-Cal population is less engaged than the CareAdvantage population. The ages between 0 – 31 months have higher rates of care than the 12 – 15 will slowly decrease and beyond the 15 will dramatically decrease across the network.
- HPSM offers a $25 gift card incentive to try to reach those members. An area for improvement is needed for this age group. The pilot was expanded to all SMMC clinics as of July 1 for better improvement. HPSM will continue to track those well visits if the incentive has any impact on clinic visits.
- Dr. Aviles commented if the assigned PCPs for the age group between 18 – 21 have seen their assigned PCP or not?
- Ms. Cloud stated under the 21-age group is assigned to their PCP and whether this age group will go to their PCP visit or not.
- Dr. Aviles commented with those 36% of adults not engaged if there is a comparison of ER visits for those 60% engaged?
- Ms. Cloud stated the 2,400 members have not seen any PCPs. There is a breakdown of ED utilization for those with PCP visits versus those who have not. The breakdown is also by race/ethnicity for comparison with racial and language differences, which could be a cause for concern.
- Dr. Esguerra stated one of our goals for the dental pilot for the age group under 21, 60% have had dental visits.

- Ms. Shami explained that these codes are tracked and reviewed, such as what support and programs are available for these members. However, it is very difficult when these codes will drop off.
- Dr. Esguerra stated more discussion in the strategic connection as well as a blueprint to start building out a matrix in the next few years to reconcile the data.
- Dr. Aviles commented on the Disparities Analysis Summary with the Black-Identifying members being a very small group. It appears not interventional that is systemic for such a small group. In addition, are the populations being served by only specific PCPs and should be addressed at the system level to be enrolled in HPSM Medi-Cal?
- Ms. Shami reported there are disparity challenges with certain populations. Meanwhile, HPSM is ensuring those members are receiving the same communication/flyers/gift cards. In addition, looking at the assigned clinics for those members not getting their well visits.

8. 2024 NCQA Health Plan Rating
    - Accredited NCQA Health Plan – HPSM received 4.5 out of 5 Stars
        - Patient experience
        - Prevention and equity
        - Treatment

9. Adjournment: **next meeting December 19, 2024**