QUALITY IMPROVEMENT & HEALTH EQUITY COMMITTEE MEETING

September 21, 2023, 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)	Excused
Jeanette Aviles, M.D.	SMMC Physician (Internal Medicine)	Yes
Non-voting HPSM Members	**Title**	**Present (Yes or Excused)**
Nicole Ford	QI Director	Yes
Miriam Sheinbein	Medical Director (Family Medicine)	Yes
Janet Davidson	Utilization Review Management Manager	Yes
Talie Cloud	Population Health Specialist	Yes
Samareen Shami	Population Health Manager	Yes

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

2. Public Comment/Communication
   No public comment or communication for discussion at this meeting.

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

4. Consent Agenda:
   4.1 QIC Minutes from June 22, 2023
   4.2 UMC Minutes from July 24, 2023
   4.3 CQC Minutes from August 21, 2023
   4.4 Dental Advisory Group minutes from
   - June 16, 2023
   - July 21, 2023
   - August 18, 2023
   - September 15, 2023

   Motion to approve. Approved by the QIHEC members.

5. QIHEC Reporting Structure
   Ms. Ford reported there has been a change in the naming structure to include a more in-depth focus on the health equity side for quality measurement and review. In addition, the reporting structure for other sub-committees (Utilization Management/Dental Advisory/Pharmacy & Therapeutics/CCS Clinical Advisory/Peer Review/Physician Advisory) will report to QIHEC.
   Recommended Actions: None.

6. Clinical Practice Guidelines Review for 2023

The guidelines were updated to include new additions and links from 2013 recommendations. The requirement for having the guidelines is not specific to comprehensive clinical practice; however, HPSM is required to maintain a list of evidence-based guidelines. There is valuable and helpful to have specific guidelines for some of these important metrics, such as for billing, claims, documentation purposes. The guidelines are focused on conditions based on metrics.

- Asthma
- Behavioral Health
- Cancer Screening
- Cardiovascular and Circulatory Guidelines (new)
- Chronic Pain and Prescribing Controlled Substances (new)
- COPD (new)
- Dental (new)
- Diabetes
- Gastroenterology (new)
- Gender Affirming Care (new)
- Immunization Schedules
- Obesity
- Pediatrics
- STD and Other Infectious Disease Guidelines
- Tobacco Cessation Resources (new)

Comment from Dr. Tai where there could be providers who will use the clinical evidenced-based guidelines as resources. NEMS uses UpToDate for resources. The guidelines would be beneficial for new providers coming into practice as part of their orientation for resource-use to be helpful.
Comment from Dr. Chavarria where Epoch and UpToDate highlight these care gaps; however, the guidelines are also useful resource tools.
Comment from Dr. Aviles if the guidelines will be available on the website as well as available to the external network? Comment from Dr. Sheinbein - Search/navigate under HPSM Provider Network for Clinical Guidelines 2023.

Approval of Clinical Practice Guidelines Review.
Motion to approve. Approved by the QIHEC members.
Recommended Actions: Post approved clinical practice guidelines to HPSM external website for use by network providers.

7. Prior Authorization List Review

Ms. Davidson reported one of the goals is to improve the prior authorization experience for providers. The goal is to improve and enhance the prior authorization list capability on the HPSM website by researching other commercial plans like HPSM. There was inspiration with the S.F. Health Plan website with their search tool capabilities. HPSM Marketing Manager will be working with the vendor who helped create the SFHP website to mirror with HPSM website. The focus is to give providers the opportunity to enter multiple codes at 1X to search for additional information on prior authorization process. The PA list will be linked to the Provider Portal as well. For NCQA requirement, there will be a member page available for members' access as well. Lastly, we appreciate feedback from this committee and their staff.

Recommended Actions: None at this time. HPSM will continue to seek feedback and guidance from committee to improve usability of prior authorization lists.

8. Population Needs Assessment (PNA) Results 2023 - Our goals today.
    - Present on HPSM Member demographics and broad focus areas.
    - Characterize disparities and social determinants of health for our member are facing.
    - Get feedback and input from QIHEC members on clinical considerations that may help us better understand our membership characteristics.
    - What is the PNA (goals)
        - 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 PHM 2.
    - Demographics – 2022 HPSM Membership (173,439)
    - The bulk of the focus is Medi-Cal LOB.
    - Race
        - Largest populations are Hispanic/Latino, Other and Asian or PI.
        - Little shift in racial makeup since 2019.
        - Now, we have some de-aggregated racial data for the Asian and Pacific Islander subgroup.
        - Among Asian and PI subgroup, Filipino and Chinese ae the largest groups.
    - Language
        - Medi-Cal represents 81% of HPSM's member population or 141,291 people.
        - Threshold languages * are Spanish, Chinese (Mandarin/Cantonese), and Tagalog.
        - 63,691 (45.1%) members prefer a language other than English.
        - *Threshold languages have certain requirements for language assistance services.
    - Age
        - Shift in population where largest age group is now 22 – 64.
        - Steady increase in overall membership to 141,000 from 124,000 last year. Partly due to the ACE eligibility shift to Medi-Cal.
    - Medi-Cal Subpopulations Assessed
        - Perinatal Health
        - Child and Youth Health
        - Adult Preventative Health
        - Chronic Conditions
        - Members with LEP
        - SDOH
        - Behavioral Health
        - Health Disparities
    - Social Determinants of Health (HPSM Medi-Cal Members 2022)
        - Social determinants of health (SDOH) are the social and economic conditions of a community that influence the quality and length of life of its residents.
        - 3.31% of all HPSM Medi-Cal members had 1 or more SDOH claims.
        - There was a 43% increase in SDOH claims from 2021 to 2022.
        - Most common SDOH category is housing and economic circumstances with 3,498 members (61% of those with SDOH claims).

Comment from Dr. Tai if this is through a survey and/or a focus group? The majority are Asian/Hispanic/Caucasian/PI/Black? If members don't fit into a specific category → Other? The data is from the State; however, is the data internally from HPSM HIM team?
Comment from Ms. Ford where the application has ethnicity and a subgroup of origination as a separate field. HPSM cannot track multiple races. Also, receiving race/ethnicity data from CMS and from providers for the dual's eligible population. The State's data overrides the other data from other sources.
Comment from Ms. Cloud where there has been an improvement in receiving additional data while working with our internal teams. Other health plans have requested additional data from DHCS for better improvement and tracking purposes.
Comment from Dr. Chavarria where does the race data come from - State? Comment from Ms. Shami – from the State and it is based on member selection on the reported data.
Comment from Dr. Chavarria when did adults transition from ACE to Medi-Cal? Comment from Dr. Sheinbein - May 20, 2022. Some members will remain in the ACE program due to the requirements, which is slightly different from ACE and Medi-Cal.
Comment from Ms. Shami is through claims data (demographic data). In addition, we have incorporated CAHPS surveys, member experience work, disparity data, quality metrics, etc. Our HIM team updates the health risk stratification report. Many of the codes under SDOH are recommended by DHCS to be the top codes for HPSM to verify.
Comment from Dr. Sheinbein if these categories are comprehensive and are these broadly included in SDOH or being captured from claims? Comment from Ms. Shami - captured from claims. The guidance is from DHCS.
Comment from Dr. Aviles if NEMS is doing SDOH assessments? Comment from Dr. Tai - Yes.

- ECM and CS Services (HPSM Medi-Cal Members 2022)
    - In 2022, 927 (.7%) unique members received ECM and/or CS services.
    - Housing Navigation (n=81) and Housing Tenancy and Sustaining Services (n=81) were the most utilized CS services.
- Who is accessing services?
    - 50% are older adults or people with disabilities.
    - English language speakers represent 55% of the overall MC population but 82% of members who receive CS or ECM services.
    - Services provided (CS = 88 members and ECM = 670 members) (Total = 927 members)
- What are Health Disparities?
    - Age
    - Gender
    - Social orientation
    - Race
    - Education
    - Disability status
    - Sex
    - Language
- Measuring Health Disparities
    - Review overall membership level data associated with metrics for chronic disease management and preventative care access.
    - Stratify member data by demographics 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 impact across multiple variables and metrics.
    - Develop targeted action plan based on summary of findings by our PH team.
- Disparities Analysis (HPSM Medi-Cal Members 2022)
    - Some examples,
    - Black Identified population faces number of disparities across the board.
    - Black Identified population could have problems with access issue.
    - An overall snapshot to look at statistical analysis.
- Disparities Analysis Summary (HPSM Medi-Cal Members 2022)
    - Age (young adults (aged 17 to 21) and adults (aged 22 to 50) have significantly lower rate of PCP visitation).
    - Gender (the male subgroup has disproportionately low rates of well visits and diabetes care rates).
    - Race/Ethnicity (the Black Identifying subgroup experiences disparities in diabetes and well child visits. The Asian or Pacific Islander subgroup experiences disparities in blood pressure control. The Caucasian subgroup experiences a high volume of disparities, including in blood pressure control, diabetes management, cervical cancer screening, well visits, and child and adolescent immunizations).
    - Spoken Language (The English language population experiences the highest volume of disparities. Members speaking non-threshold languages experience disparities in cancer screenings, well visits, and perinatal care. Non-threshold language speaking subgroups with disparities include Korean, other/unknown, Portuguese, and Russian subgroups).
    - Disability Status (People with Disabilities experience a high volume of disparities including in cancer screening and chronic condition management for conditions like asthma, diabetes, and hypertension.
- Action Plan Items from Population Health Management
    - Perinatal Health
    - Child and Youth Health
    - Adult Preventative Health
    - Chronic Condition Management

Comment from Ms. Shami where the data/metrics are either HEDIS metrics and/or are tracked by HPSM to look at the demographics for any disparities. The focus of areas is age, race, sex, disability status, and language whereas no good data on gender or sexual orientation. Also, we do not have good data to code education data. We are working closely with providers and through our internal portal to gather gender, sexual orientation, and education data.
Comment from Dr. Tai where the English language population is identified as the highest volume of disparities?
Comment from Ms. Shami where the English language population does not identify the specific race/ethnicity/subgroup, but it is the overall preference in English. Perhaps during the Medi-Cal expansion, many members were placed in Medi-Cal and were not used to having health insurance. Members were not accessing their primary care.
Comment from Dr. Sheinbein if the Caucasian English-speaking subgroup experience most disparities? Comment from Ms. Shami - Yes, there are significant high disparities in this group. For example, The Persian group who speak English are placed in the Caucasian subgroup.

Recommended Actions: None.

9. Health Outcome Survey (HOS) Results
   To be shared and discussed with the committee at next meeting if time permits.
   Recommended Actions: Distribute HOS results to committee if not presented at next meeting.

10. Adjournment: **next meeting December 21, 2023**