

QUALITY IMPROVEMENT HEALTH AND EQUITY IMPROVEMENT COMMITTEE

December 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)	Excused
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
Curtis Chan, M.D.	Deputy Health Officer, San Mateo County	Yes
Nazleen Bharmal, M.D.	Chief Health Equity Officer, Stanford Medicine	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	Title	Present (Yes or Excused)
Kismet Baldwin-Santana	Health Officer, San Mateo County	Yes
Manuel Santamaria	San Mateo Health Commissioner	Yes

1. Call to Order

The meeting was called to order by Dr. Aviles.

2. Public Comment/Communication

No public comments received.

3. Approval of Agenda

Motion to approve. Approved by the Committee members.

4. Approval of Consent Agenda

4.1. QIHEC minutes from September 19, 2024

4.2. UMC minutes from October 28, 2024

4.3. CQC minutes from November 18, 2024

4.4. PRC minutes from June 11, 2024, August 13, 2024 and October 8, 2024

Motion to approve. Approved by the Committee members.

5. Utilization Management Review

Dr. Esguerra updated the Committee that as of December 1st, authorizations are no longer required for standard MRIs. This was already communicated to the network. The Utilization Management (UM) team will be looking at more complex MRIs to determine if prior authorization will still be required. The UM team will continue to review services currently requiring prior authorization to remove this requirement whenever possible to eliminate administrative barriers to members receiving appropriate

care. There are some services where we are regulatorily obligated to require prior authorization, such as non-emergency medical transportation.

6. CareAdvantage Population Needs Assessment

As requested by the Committee at the prior meeting, Ms. Cloud presented a Population Needs Assessment (PNA) of our Medicare members. We conduct the PNA annually with the goals of identifying member health needs and health disparities, assessing health outcomes and resources available, evaluating the health experiences of HPSM subpopulations, and implementing targeted strategies for PHM program/services gaps through an Action Plan.

Ms. Cloud presented the demographics of the CareAdvantage membership, which make up 5.8% of HPSM's total membership, noting that the majority of members are over the age of 65 and predominantly speak English. She highlighted the differences between the Care Advantage and Medicaid memberships, such as 94% of CareAdvantage members have a chronic condition, the majority more than one, and almost all have visited a primary care provider within the last year.

Ms. Cloud provided details on the disability status of Care Advantage members, noting that 24.7% have a disability aid code and some receive services from the Golden Gate Regional Center. She emphasized the complexity of the membership and their needs.

She mentioned that 40% of Care Advantage members can be classified as frail based on their conditions and that many members identified as frail are also homebound. She discussed the programs in place to address the needs of frail members, including home care and equipment support. About 2% are enrolled in a skilled nursing facility and 4% are enrolled in a long-term care facility.

Ms. Cloud highlighted that 90% of Care Advantage members have visited a primary care provider in the past 12 months, with 32% of CareAdvantage members visiting the ED at least once and 14% with at least one inpatient stay within the last year. She discussed efforts being made to connect those who have not seen a provider to primary care services, such as direct outreach calls to members. Other interventions include annual comprehensive homebased health assessments by Matrix Medical Network and our HomeAdvantage program in partnership with Upward Health that provides home-based medical care and 24/7 phone support.

Ms. Cloud discussed the prevalence of chronic conditions among Care Advantage members and the various programs in place to support their management, including diabetes prevention and medication management programs. She highlighted that 83% of Care Advantage members have three or more chronic conditions, with essential hypertension and diabetes being the most prevalent. She emphasized the need for care coordination for these members.

Current interventions and programs in place to help members manage their chronic conditions include the diabetes prevention program with the YMCA, a fitness membership and health foods supplemental benefits, the integrated care management program, medically tailored meals, Breath California Asthma Remediation, mail order pharmacy, and the medication therapy management program.

The Committee discussed the importance of fitness and wellness programs for Care Advantage members, including the YMCA fitness membership and the need for transportation support to increase participation.

Ms. Cloud discussed social determinants of health (SDOH) indicators for the CareAdvantage population. The Plan identifies the SDOH indicators via specific codes on claims. 36% of Care Advantage members have at least 1 or more SDOH claims. The most prevalent SDOH category is house and economic circumstances, which includes food insecurity.

Ms. Cloud presented the health disparities and equity analysis, noting disparities in cancer screenings and diabetes management among different demographic groups within the CareAdvantage membership. CareAdvantage members under the age of 64 and those with disabilities are less likely

to complete cancer screenings and have their diabetes under control. Ms. Cloud emphasized the need to address these disparities through provider education and support. Male members are less likely to go in for preventive care and have lower rates of colon cancer screening. This has been a consistent trend over the past three years. Caucasian and English-speaking members have the greatest number of disparities in completing colon and breast cancer screenings. Ms. Shami noted that this trend has been consistent for the past few years and requires further investigation and intervention.

Ms. Cloud discussed areas of action planned for 2025. These include continuing to promote cancer screenings, ensuring mammography equipment is accessible for members with limited mobility, offering Cologuard kits at home, continuing medication management programs, connecting members with emergency department visits back to their primary care provider, developing a program to help members manage their diabetes and hypertension, and exploring further partnerships for diabetes management.

Dr. Esguerra mentioned the integration of dental coverage under Medi-Cal, including the introduction of tele-dental and mobile dental services to improve preventive care for seniors and CareAdvantage members.

7. 2023 HOS Results

Deferred to next meeting

8. 2024 CAHPS Results

Deferred to next meeting

9. 2025 QIHEC meeting schedule

The following dates were approved by the Committee members:

March 20, 2025

June 16, 2025

September 18, 2025

December 18, 2025

Meeting time will be 6:00 PM to 7:30 PM

10. Adjournment: next meeting Thursday, March 20, 2025