

QUALITY IMPROVEMENT & HEALTH EQUITY COMMITTEE MEETING

December 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)	Excused
Jaime Chavarria, M.D.	PCP (Family Medicine)	Yes
Maria Osmena, M.D.	PCP (Pediatric)	Excused
Jeanette Aviles, M.D.	SMMC Physician (Internal Medicine)	Yes (Virtual)
Non-voting HPSM Members	Title	Present (Yes or Excused)
Chris Esguerra, M.D.	CMO	Yes
Nicole Ford	QI Director	Yes
Mackenzie Moniz	PHM Program Manager	Yes
Carolyn Brown, DDS	Dental Director	Yes (Virtual)

1. Call to Order

The meeting was called to order by Dr. Jeanette Aviles.

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 QIHEC Minutes from September 21, 2023

4.2 UMC Minutes from October 23, 2023

4.3 CQC Minutes from November 20, 2023

4.4 CCS Clinical Advisory Committee from September 28, 2023

4.5 Dental Advisory Group minutes from

4.5.1 September 15, 2023

4.5.2 October 20, 2023

4.5.3 November 17, 2023

4.6 Peer Review Committee minutes from:

4.6.1 August 8, 2023

4.6.2 October 10, 2023

Motion to approve. Approved by the QIHEC members.

5. Clinical Practice Guidelines Update

Ms. Ford reported the comprehensive Clinical Practice Guidelines were updated and are available on the HPSM website. The notification will be available soon as well in the Provider Newsletter and a fax blast.

A comment from Dr. Aviles under the cancer screening guidelines for prostate/urologic was not listed as likely due to the somewhat controversial? There was an internal case highlighted for urology with some shared decision-making guidelines, which are generally used in primary care.

A comment from Ms. Ford we can add to the guidelines and not necessarily limited to primary care.

A comment from Dr. Chavarria on how to define which guidelines are listed? Ms. Ford stated the committee determines what are pertinent and useful for the Provider Network.

Recommended Action: None

6. Health Outcomes Survey (HOS) 2023 Performance Report-Cohorts

- Measurement of the change in health status for Medicare beneficiaries over time. Results are collected and publicly reported by Medicare Advantage Organizations (MAO) and used in performance measurement by CMS.
- Self-report survey of beneficiaries conducted in English, Spanish, Chinese, & Russian (starting 2019).
- Cohort-study: baseline survey with initial sample of 1,200 and follow up two years later.
- Responses are case mix adjusted for measure results. (CMS will accept responses to adjust across the Plans).
- What survey is this? Medicare HOS Survey Administration and Star Ratings Timeline
 - The HEDIS Effectiveness of Care Measures collected by the HOS are calculated from the combined round of baseline and follow up data by reporting year: Management of Urinary Incontinence in Older Adults; Physical Activity in Older Adults; and Fall Risk Management.
 - The results from the HOS survey will be available for Star ratings for 2024 as the new D-SNP, and the new HOS survey will be applicable to HPSM as the first Star rating in 2025.

HOS Measures

- Physical Component Summary (PCS) & Mental Component Summary (MCS)
- Physical Functioning Activities of Daily Living (PFADL)
- General and Comparative Health
- Pain
- Depression
- Chronic Medical Conditions
- Activities of Daily Living
- Healthy Days
- BMI
- Sleep

HOS measures used in CMS Performance Measurement

- HEDIS (HOS Measures (STARs))
 - Improving Bladder Control measure is the Treatment of Urinary Incontinence rate.
 - Monitoring Physical Activity measure is the Advising Physical Activity rate.
 - Reducing the Risk of Falling measure is the Managing Fall Risk rate.
- Physical & Mental Health Summary Measures
 - Improving or Monitoring Physical Health measure in the Physical Health Percent Better or Same result.

- Improving or Monitoring Mental Health measure is the Mental Health Percent Better or Same result.
- Physical Functioning Activities of Daily Living change score

HEDIS HOS Measures

- Management of Urinary Incontinence (MUI)
- Physical Activity in Older Adults (PAO)
- Fall Risk Management (FRM)

HEDIS HOS Rates Comparisons

- The three HEDIS HOS measures will be incorporated into the 2024 Medicare Star Ratings, which will be used as the basis for quality bonus payments in 2025.
- HEDIS HOS results from the combined Cohort 25 Baseline and Cohort 23 Follow up data collected in 2022.
- Measures incorporated into the 2024 Medicare Star Ratings include the MAO 2022 Improving Bladder Control. Monitoring Physical Activity and Reducing the Risk of Falling.

HEDIS HOS Trends

- Trends in HEDIS HOS Rates over three Rounds of Data for MAO H7885
- Star Cut Points for 2022 Round 25 (4- and 5-Star Rating)
- Measures incorporated into the 2024 Medicare Star Ratings include the MAO 2022 Improving Bladder Control. Monitoring Physical Activity and Reducing the Risk of Falling.

Cohort 21 – 23 Performance Trends Physical Health

- The Medicare Star Ratings display measure for Improving or Maintaining Physical Health is derived from the combined “Percent Better + Same” results.
- Trends in Physical Health Results over three Cohorts for MAO H7885

Cohort 21 – 23 Performance Trends Mental Health

- The Medicare Star Ratings display measure for Improving or Maintaining Physical Health is derived from the combined “Percent Better + Same” results.
- Trends in Mental Health Results over three Cohorts for MAO H7885

Cohort 23 Performance Comparisons Health Status

- 2020 2022 Cohort 23 Performance Measurement Distributions of Members with Worse Self-Rated General and Comparative Health Status for MAO H7885, California, and HOS Total

Cohort 23 Performance Comparisons PFADL

- 2020 – 2022 Cohort 23 Performance Measurement Mean PFADL Scale at Baseline and Follow up and Change Score Measure Results for MAOs in the state, California, and HOS total.
- The PFADL scale combines two VR-12 physical functioning questions.
- Measure of percent of function retained by member over two years.
- A higher score is better, indicating little decline in function.
- At the national level, the mean PFADL change score is 94 – 43 with a minimum of 70,76 and maximum of 100. The top 25% of MAOs had scores of 96.84 or greater, while 25% had scores of 92.84 or lower. Ten percent of MAOs had scores of 98.15 or higher and 10% had scores of 89.91 or lower.
- HPSMs PFADL Change Score ranks in the lower 10th percentile.

Cohort 23 Performance Comparisons Multiple Chronic Medical Conditions

- Multiple chronic medical conditions are defined as having two or more conditions. Note: removal of three conditions in 2022 will affect comparability between the baseline and follow up in this report and reports from prior years.

Cohort 23 Performance Comparisons Healthy Days

- 2020 – 2022 Cohort 23 Performance Measurement Distribution of Members with worse health for the Healthy Days measures for MAO H7885, California, and HOS total.

Cohort 23 Performance Comparisons BMI

- 2020 – 2022 Cohort 23 Performance Measurement Distribution of Members in extreme categories of the BMI measures for MAO H7885, California, and HOS Total.

Comments from Dr. Esguerra. This is a survey for members but partly the discussions that had occurred where the members should have remembered there was a discussion with their provider during the year. The key is the member received and remembered the survey was done (the discussion with their doctor/provider and received the treatment).

Comments from Dr. Aviles if the survey is phone/written or both? Ms. Ford stated these are both where the vendor would follow up with a phone call. CMS requires us to contract with a CMS certified vendor with a strict protocol to follow the administration HOS survey, Press Ganey.

Comments from Dr. Esguerra for this group is what are some of the “take aways?” For the clinical take aways and interventions, let’s continue for members to be seen by their providers at least 1X/year along with the interaction that the member understands what is covered. There are mechanisms for members’ appointments to help remind them as well as what is covered to lessen the burden on the provider.

A comment from Ms. Ford with other interventions/matrix such as home-based assessment are covered as part of routine screenings.

The comment from Dr. Aviles said this is a challenging area for the clinics and for the general primary care providers such as when we are surveyed versus how much has happened in accordance with the patient. In addition, what patient education and template tools are helpful for patient tracking?

A Comment from Dr. Chavarria if there are annual Medicare wellness visits such as a template?

A comment from Ms. Ford the HOS survey is an annual cohort study in the fall, which is not connected to the wellness exam.

Recommended Action Items:

- Dr. Esguerra stated HPSM has started as a pilot, and we are working with some of the doctors. The templates are Medi-Cal documents for sustaining healthy assessments to use as a resource.
- We have our workgroups involved in the annual wellness visits to discuss further with our workgroup teams.
- This would be a multi-layer approach with how to help providers with data as well as a reminder to members for their visits.
- We can present at the Population Health Management group 1) member education materials, 2) campaigns for awareness for member survey as a reminder.
- We provide Timely Access Study during the summer months, which includes specialists’ Wait Times. The results will be available to be presented at this committee.

7. 2023 CHAPS Results

CAHPS Survey Background

- Consumer Assessment of Healthcare Providers and Systems (member experience survey)
- Medicare survey sample of 800 drawn from members who have been enrolled for at least 6 months, living in the U.S., and not institutionalized.
- Conducted in the first ½ of the year and measures members' experiences over the previous 6 months.
- CMS certified CAHPS vendor must be used for survey administration.

Methodology

- Conducted in 5 languages. No comparison data this year.
- 555 completed surveys between March and June. The majority are completed by mail with the second option being the phone.

Overall Rating

- Rating of health care quality, personal doctor and specialist have most need of improvement.

2023 Dashboard

- Many opportunities for improvement but notably getting needed care, getting needed prescription drugs, and rating of personal doctor and specialists.

Measure Summary

- Top three performing measures – your contact's percentile ratings for these measures were the highest compared to the 2023 PG Book of Business.
- Bottom three performing measures – your contact's percentile ratings for these measures were the lowest compared to the 2023 PG Book of Business.

Medicare Results Summary – areas of improvement

- Getting needed care
- Getting appointments and care quickly
- Customer service
- Care coordination
- Getting needed prescription drugs
- Listened carefully.
- Showed respect.
- Getting necessary care
- Spent enough time.

Medi-Cal CAHPS Survey Background

- Consumer Assessment of Healthcare Providers and Systems (member experience survey)
- Children are 17 years and younger continuously enrolled in the plan for at least five of the last six months of the measurement year (the parent/guardian is the respondent).
- Conducted in the first ½ of the year and measures members' experiences over the previous 6 months.
- Conducted annually for NCQA accreditation and every 2 years for DHCS.
- In 2023, both the Child and Adult Survey for accreditation were conducted.
- Most trending data available only for Child. First year of new vendor for adult survey.

Medi-Cal Adult and Child Response Rate Comparisons

- Responses have been decreasing every cycle.

2023 Dashboard

- 6 opportunities with one power ranking.

Comparisons – Year to Year and against other SPH clients

- YTY Significant Changes in Rating of All Health Care, Rating of Specialist, Getting Needed Care and Getting Care Quickly.
- Compare unfavorably to other plans measured by SPH.

Individual Items Highlights – composites and individual items (2023)

- Getting care quickly.
- Getting Needed care.
- How well doctors communicate.
- Customer service composite
- Forms were easy to fill out.

Health Equity

- Opportunities with male, 14 and older, and Asian population in the lower rating across the board for Medicare, Adult, and Children.

Medi-Cal Child Summary – areas for opportunity

- Rating of all Health Care
- Rating of Specialist
- Customer service
- Getting needed care
- Getting care quickly

Medi-Cal Adult Results – response rates

- 277 completed surveys.
- Mail first, second wave with mail, and follow up by phone in English and Spanish.

Profile of Respondents

- The 55+ age group had the highest response rate at 64.2%, representing over half of the responses.
- The 35 – 44 age group had the lowest response rate at 6.2%
- Females had a higher response rate of 56.9% compared to male, who had a lower response rate of 43.10%.
- Asian had the highest response rate at 40.6%, closely followed by White at 39.1%.
- American Indian/Alaskan had the lowest response rate at 2%.
- The largest population is Hispanic/Latino, comprising 44%.
- The second largest population is categorized as “Other” representing 18%, closely followed by Asian or Pacific Islander at 17%.

2023 Dashboard (Medicaid Adult)

- Rating of health care, personal doctor, specialist, how well doctors communicate.
- The bottom three performing measures 1) customer service, 2) how well doctors communicate, and 3) rating of personal doctor.

Comparisons year to year

- YTY significant Changes in Rating of All Health Care, Rating of Personal Doctor, and Specialist, Getting Care Quickly, Customer Service.
- Compare unfavorably to other plans measured by SPH.

Health Equity

- Male, 18 – 34 and 46 – 54 and Asian populations with most challenges for these questions.

Medi-Cal Adult Summary (areas for opportunity)

- Rating of All Health Care
- Getting Care
- Rating of Personal Doctor

- Rating of Specialist

Key Areas of Focus (How well doctors communicate)

- Questions: Q12, Personal doctor explained things, Q13. Personal doctor listed carefully, Q14. Personal doctor showed respect, Q15. Dr. spent enough time.
- Action Plan: CAHPS communication planning, provider grievance trending, provider-based learning, data transparency.
- Rating of Personal Doctor: Q18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor, Q14. Dr. showed respect, Q12. Dr. explained things, Q13. Dr. listened carefully, Q15. Dr. spent enough time.
- Action Plan: targeted member reassignment, trending of member grievances.

Customer Service

- Questions: Q18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor, Q14. Dr. showed respect, Q12. Dr. explained things, Q13 Dr. listed carefully, Q15 Dr. spent enough time.
- Action Plan: steps to increase providing accurate and helpful service, steps to increase treating members with courtesy and steps to increase resources during high call volumes.

Comments from Dr. Chavarria where there is a conflict of Explaining and Taking Enough Time with patients. Do providers know what is being asked about them and being shared back to them? Historically, no. Information sharing is one-step in the right direction.

Comments from Ms. Ford on what types of messaging tools could be available for members and providers to help understand during the time constraints. What other practicing tools could be helpful for providers with members.

A comment from Dr. Chavarria with training and coaching of the staff for best practice to help prepare the patients.

Recommended Action Item: there will be another off-cycle member CAHP survey during the summer months to allow additional Member Experience details, which can be presented at this committee.

8. Adjournment: next meeting March 21, 2024