



San Joaquin County Clinics Quality Committee Board Meeting
AGENDA
Monday March 28, 2022 at 4:00 p.m.

[Click here to join the meeting](#)

[+1 209-645-4071](#) United States, Stockton (Toll)

Phone Conference ID: 168 358 619#

- | | | |
|---|---|---------------|
| 1. Call to Order | | Charson Chang |
| 2. Approval of Minutes from February 22, 2022 | * | Charson Chang |
| 3. Introduction to New Quality Lead | | Angela Ayala |
| 4. Clinical Quality Report | * | Angela Ayala |
| 5. Adjournment | | Charson Chang |

***Action Item**

Next Meeting Date: April 25, 2022 at 4:00pm
Microsoft Teams Meeting

Note: If you need disability-related modification or accommodation to participate in this meeting, please contact San Joaquin County Clinics (SJCC) at (209) 468-7837 at least 48 hours prior to the start of the meeting. Government Code Section 54954.2(a). Materials related to an item on this agenda submitted to the Board after distribution of the agenda packet are available for public inspection by contacting SJCC Clinic Administration at 500 W. Hospital Road, French Camp, CA during normal business hours.

Minutes of February 22, 2022

San Joaquin County Clinics Board of Directors – Quality Committee

Board Members Present: Charson Chang (Quality Committee Chair); Farhan Fadoo (SJCC CEO); Monica Fuentes; Jessica Hernandez; Karen Lee; Rod Place; Bernadette Pua

Board Members Excused Absent: none

Board Members Unexcused Absent: none

SJCC Staff: Michael Allen (Board Clerk); Padmaja Magadala; Rajat Simhan; Alice Souligne (COO)

Guests: Carla Bomben (SJGH Standards & Compliance)

AGENDA ITEM	ATTACHMENTS	ACTION
1. <u>Call to Order (Charson Chang, SJCC Board Member)</u> The meeting was called to order at 4:14 p.m. A quorum was established for today's meeting.	No attachments	No action required
2. <u>Approval of Minutes from 1/24/2022 (Charson Chang, SJCC Board Member)</u> Minutes from January 24, 2022 were approved unanimously.	Quality Committee Meeting Minutes from January 24, 2022	Jessica motioned to approve the minutes and Monica seconded; motion was approved unanimously
3. <u>Clinical Quality Report (Padmaja Magadala, SJCC Staff)</u> Reviewed clinical performance indicators and compared data from 2021 Q2 and Q2. All metrics showed improvement with the exceptions of Pediatric Immunizations, Tobacco Screening, CVD Lipid Therapy, IVD Aspirin Therapy, and Colorectal Screening. Currently meeting goals and seeking to maintain/increase measures for Pediatric Immunizations, Pediatric BMI Screening, IVD Aspirin Therapy, and HIV Linkage to Care. Criteria for when screenings occur and how often we follow up were discussed. Difficulty of completing screenings was conveyed, as it relates to telemedicine. Efforts are underway to standardize intake, to bring telehealth into alignment with in-person visit workflow. Dr. Chang noted that health outcomes have been adversely affected during the COVID era and suggested we look at comparing positivity rates against clinical indicators. On-demand reports are being worked on, which will allow more up-to-date data on a monthly basis.		
4. <u>Adjournment</u> There being no further topics of discussion, Charson Chang adjourned the meeting at 4:59 p.m.	No attachments	No action required

MARCH 2022 QUALITY REPORT

Angela R. Ayala





AGENDA

- Introduction
- Departmental Changes
- Work Plan
 - Educate
 - Support
 - Implement
 - Report
- PDSA Outcomes
- Ongoing Efforts



WORK PLAN - EDUCATE

- **Measure requirements:** Annual Screenings, Immunizations, Comprehensive Diabetes Care, Older Patient Care, Transitions of Care, Well Child Care
- **Coding needs:** CPT Category II codes, CPT Codes and Diagnosis Codes
- **Scoring guidelines:** Depression Screening Updates
- **Testing frequency:** Retinal screenings, Lead screenings

ANNUAL SCREENINGS AND IMMUNIZATIONS

- Preventative Care Annual Visit
- Depression Screening
- Alcohol, Tobacco, and Substance Use
- Body Mass Index (BMI)
- Blood Pressure Scores
- Sexual Orientation and Gender Identity (SOGI)
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- HIV Screening

- **Adult Immunization Status**

- Influenza (everyone)
- Td or Tdap (13 and older)
- ~~Zoster Shingles (50 and older)~~
- Pneumococcal (60 and older)



COMPREHENSIVE DIABETES CARE

- HbA1C
- Retinal Screening
- Foot Exam
- BP Control
- Kidney Health (GFR, Albumin and Creatinine Labs)
Screening and Medical Attention
- Statin Therapy (40 to 65 years of age)



OLDER PATIENT CARE

- For patients aged 65 and older:
 - Advance Care Planning
 - Medication Review and Reconciliation
 - Functional Status and Pain Assessments



TRANSITIONS OF CARE

- Patient Follow-Up Visit for:
 - Hospital Dismissal
 - Emergency Care
 - Alcohol or other Drug Abuse Dependence
 - Mental Illness
 - Substance Use Disorder
- Medication Reconciliation



LEAD SCREENINGS

STANDARD OF CARE

- All Children supported by public programs like Medi-Cal, WIC and CHDP must be tested at 12 months and 24 months of age.

OR

- A “catch up” test for children ages 24 months to 6 years must be performed when were not tested at 12 and 24 months.



WELL-CARE CHILD VISITS

For children 15 months or younger:

Six or more well child visits.

For children ages 15 months – 30 months:

Two or more well child visits.

For children and adolescents ages 3 – 21 years of age:

At least once a year.



WORK PLAN - SUPPORT

- **ATE support:** Available to clinic staff during clinic time.
- **Coding needs:** Badge inserts, coding summary information and other reference material.
- **Feedback:** Improving reporting availability.

QUALITY REPORTING CODES

QUALITY REPORTING CODES (CPT CAT II)

A1c Scores: <ul style="list-style-type: none"> • 3044F A1c level < 7.0% • 3046F A1c level > 9.0% • 3051F A1c level >= 7.0% and < 8.0% • 3052F A1c level >= 8.0% and <= 9.0% 	Retinal Screening Review: <ul style="list-style-type: none"> • 2026F Eye exam w/retinopathy • 2033F Eye exam w/out retinopathy • 3072F Low risk of retinopathy 	Coronary Artery Disease (CAD) Antiplatelet Therapy: <ul style="list-style-type: none"> • 4086F Aspirin or clopidogrel prescribed
BP Scores: <ul style="list-style-type: none"> • 3074F Systolic BP < 130 mm Hg • 3075F Systolic BP 130-139 mm Hg • 3077F Systolic BP >= 140 mm Hg • 3078F Diastolic BP < 80 mm Hg • 3079F Diastolic BP 80-89 mm Hg • 3080F Diastolic BP >= 90 mm Hg 	Nephropathy Screening: <ul style="list-style-type: none"> • 3060F Positive microalbuminuria test reviewed • 3061F Negative microalbuminuria test reviewed • 3062F Positive macroalbuminuria test reviewed 	Hospital Dismissal Medication Reconciliation: <ul style="list-style-type: none"> • 1111F Discharge medication reconciled with current med list
LDL-C Scores: <ul style="list-style-type: none"> • 3048F LDL-C < 100 md/dL • 3049F LDL-C 100-129 mg/dL • 3050F LDL-C >= 130 md/dL 	<ul style="list-style-type: none"> • 3066F Documentation of treatment from nephropathy • 4010F Blocker (ARB) therapy prescribed or currently being taken 	Colorectal Cancer Screening: <ul style="list-style-type: none"> • 3017F Colorectal cancer results documented and reviewed

Rev. 03-08-2022 ARA

QUALITY REPORTING CODES (CPT CAT II)

Care for Older Patients 65+: <u>Advance Care Planning</u> <ul style="list-style-type: none"> • 1123F Advance Care Plan discussed and documented. Plan or surrogate documented in medical record. • 1124F Advance Care Plan discussed and documented. Patient did NOT wish or was NOT able to name surrogate or provide an Advance Care Plan. 	Women's Health: <u>Prenatal Care</u> <ul style="list-style-type: none"> • 0500F Initial prenatal care visit • 0501F Prenatal flow sheet documented by first prenatal visit <u>Postpartum Care</u> <ul style="list-style-type: none"> • 0503F Postpartum care visit <u>Breast Cancer Screening</u> <ul style="list-style-type: none"> • MA Mammogram Diagnostic Order 	Adult BMI Screening and Intervention <ul style="list-style-type: none"> • 3008F Body Mass Index documented • Z71.3 Dietary counseling • Z71.82 Exercise counseling Depression Screening and Intervention <ul style="list-style-type: none"> • 3725F Screening for Depression performed
<u>Medication Review</u> <ul style="list-style-type: none"> • 1159F Medication list documented • 1160F Review of all medications in medication list by a prescribing provider or pharmacist <u>Functional Status Assessment</u> <ul style="list-style-type: none"> • 1170F Functional status assessed <u>Pain Assessment</u> <ul style="list-style-type: none"> • 1125F Pain severity quantified, pain present • 1126F Pain severity quantified, no pain present 	<u>Cervical Cancer and Chlamydia Screening</u> <ul style="list-style-type: none"> • IG Pap w/Age-Based Screen Order Adult Immunization Status <ul style="list-style-type: none"> • Influenza (19 and older) • Tdap (19 and older) • Pneumococcal (66 and older) • Zoster (50 and older) 	Screening and follow-up for Unhealthy Alcohol Use <ul style="list-style-type: none"> • 3016F Patient screened for unhealthy alcohol use • Z71.41 Alcohol abuse counseling and surveillance • Z71.89 Other specified counseling



WELL-CARE CHILD VISITS

New Patient		Established Patient	
CPT Code	Description	CPT Code	Description
99381	NEW PT PM EXAM < 1 YEAR	99391	EST PT PM EXAM < 1 YEAR
99382	NEW PT PM EXAM 1 TO 4 YEARS	99392	EST PT PM EXAM 1 TO 4 YEARS
99383	NEW PT PM EXAM 5 TO 11 YEARS	99393	EST PT PM EXAM 5 TO 11 YEARS
99384	NEW PT PM EXAM 12 TO 17 YEARS	99394	EST PT PM EXAM 12 TO 17 YEARS
99385	NEW PT PM EXAM 18 TO 39 YEARS	99395	EST PT PM EXAM 18 TO 39 YEARS



WELL-CARE CHILD VISITS

DIAGNOSIS INFORMATION	
ICD-10 Code	Description
Z00.110	Health examination for newborn under 8 days old
Z00.111	Health examination for newborn 8 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z02.5	Encounter for examination for participation in sport



Weight Assessment, Counseling for Nutrition and Physical Activity:

Supporting Diagnosis Codes

BMI percentile

ICD-10	Description
Z68.51	BMI, less than 5 th percentile for age
Z68.52	BMI, 5 th percentile to less than 85 th percentile for age
Z68.53	BMI, 85 th percentile to less than 95 th percentile for age
Z68.54	BMI, greater than or equal to 95 th percentile for age

Counseling for nutrition

ICD-10	Description
Z71.3	Dietary counseling and surveillance

Counseling for physical activity

ICD-10	Description
Z02.5	Encounter for examination for participation in sport
Z71.82	Exercise counseling

DEPRESSION SCREENINGS

Patients aged 12 years and older screened for depression at least once a year.

* If positive, a follow-up plan is documented on the date of the eligible encounter.

Our Scoring Guidelines have changed:

PHQ-2


Interpretation:

- A PHQ-2 score ranges from 0-6. The authors identified a score of 3 as the optimal cutpoint when using the PHQ-2 to screen for depression.
- If the score is 3 or greater, major depressive disorder is likely.
- Patients who screen positive should be further evaluated with the PHQ-9, other diagnostic instruments, or direct interview to determine whether they meet criteria for a depressive disorder.

PHQ-9

Interpretation

Provisional Diagnosis and Proposed Treatment Actions		
PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 - 4	None-minimal	None
5 - 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 - 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 - 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 - 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

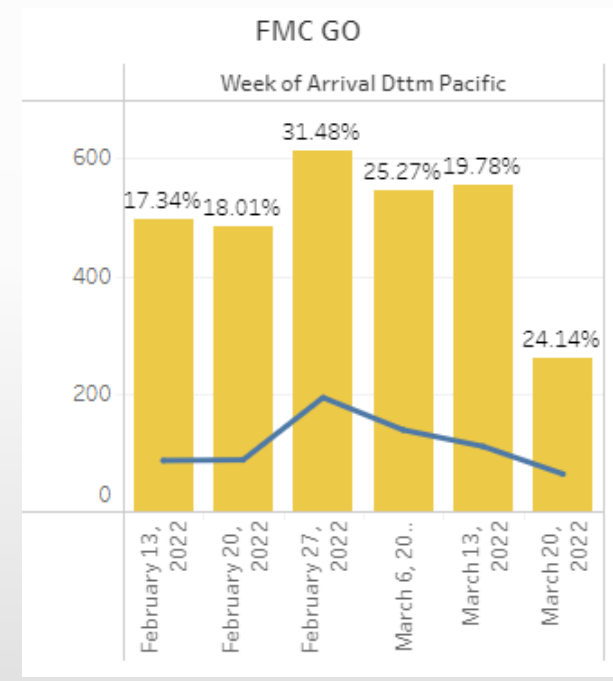
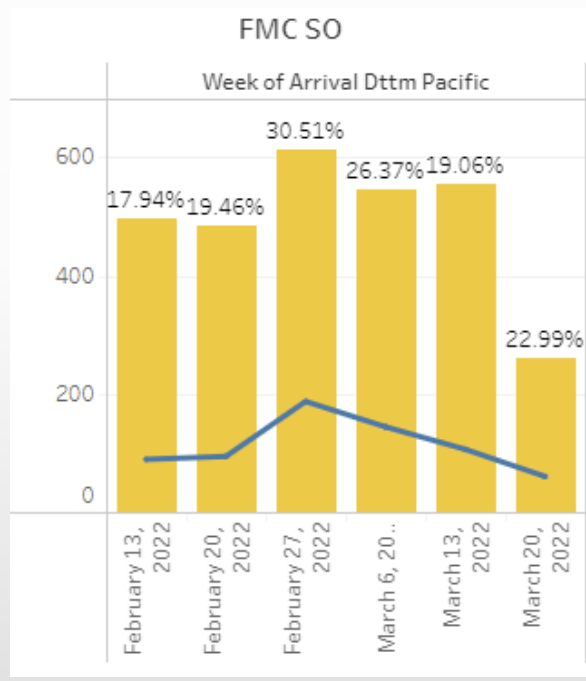
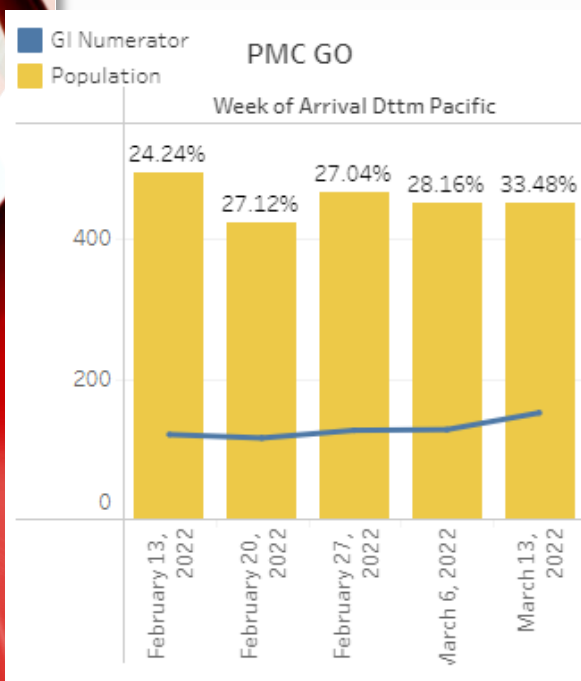
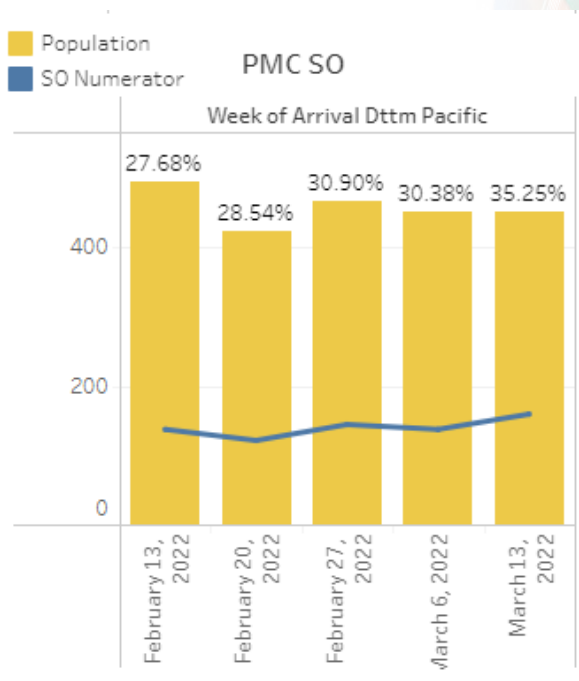


WORK PLAN - IMPLEMENT

- **In clinic resources:** Integrating quality team in clinic
- **Reference material:** Distributing badge inserts, updating intake forms, creating diabetes scoring guideline updates.
- **Meetings:** Attending Primary Medicine and Family Medicine monthly meetings
- **Training:** Quality team and clinic staff

WORK PLAN - REPORTING

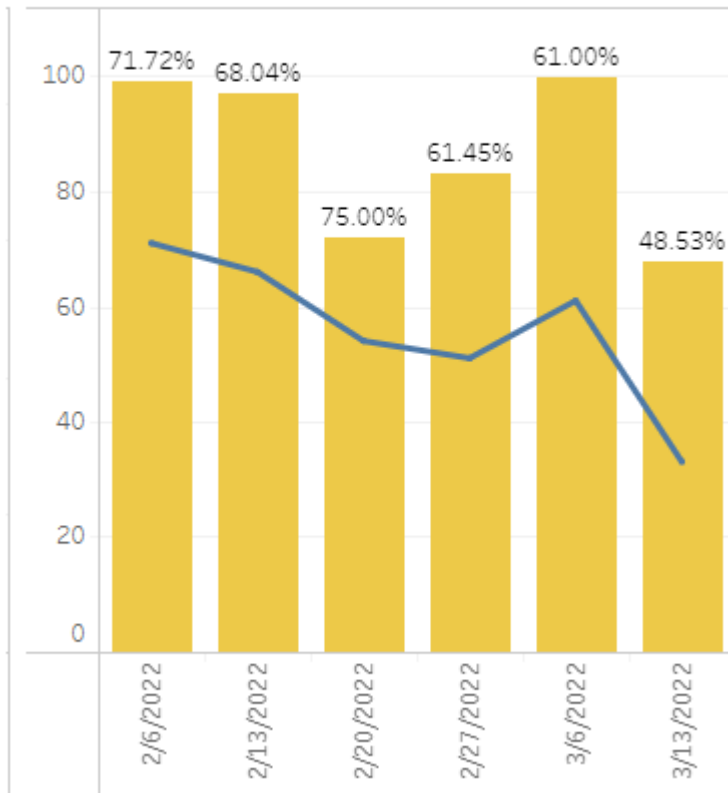
Sexual Orientation and Gender Identity



COMPREHENSIVE DIABETES CARE-CODE COMPLETENESS

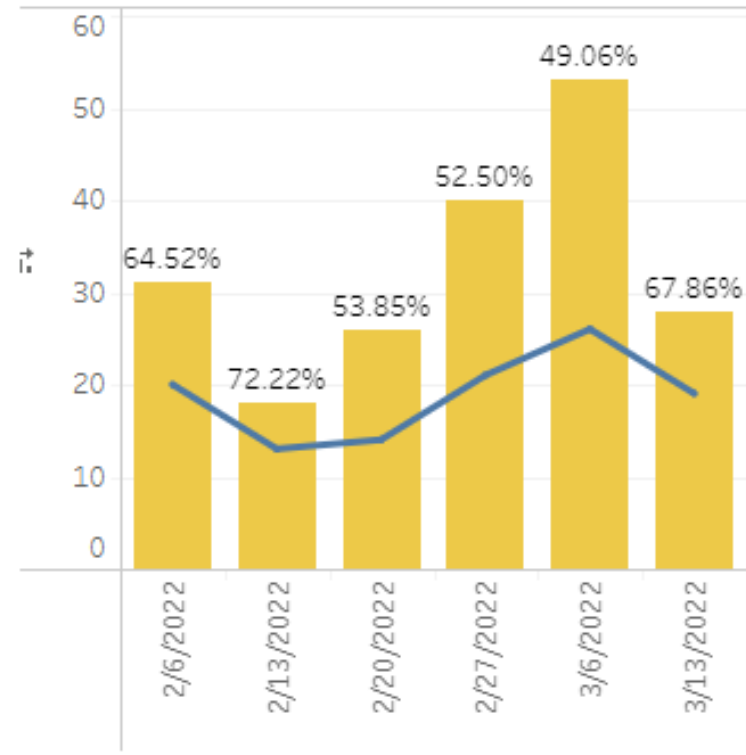
A1c

PMC A1c Compliance



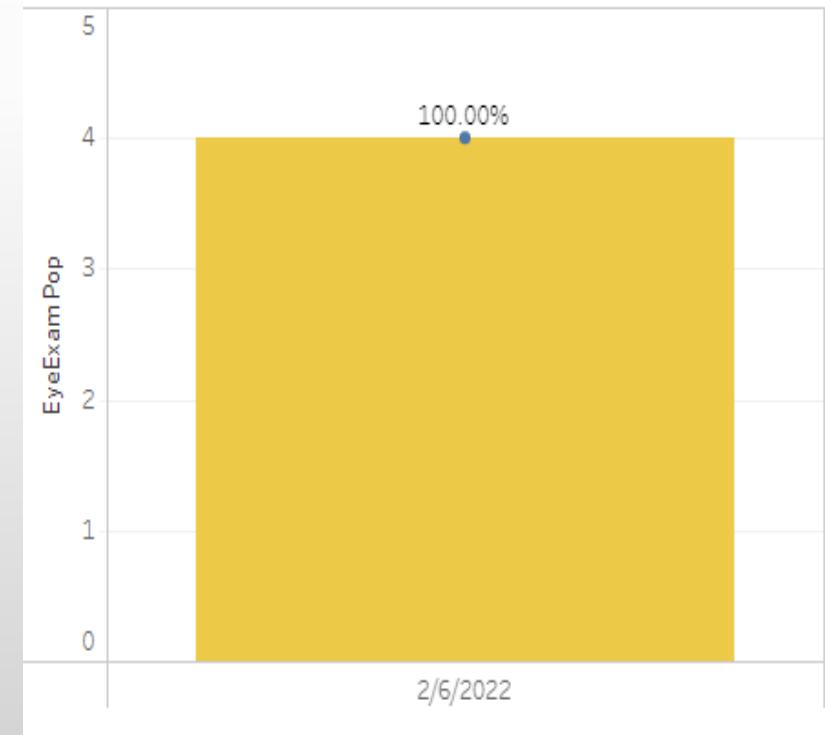
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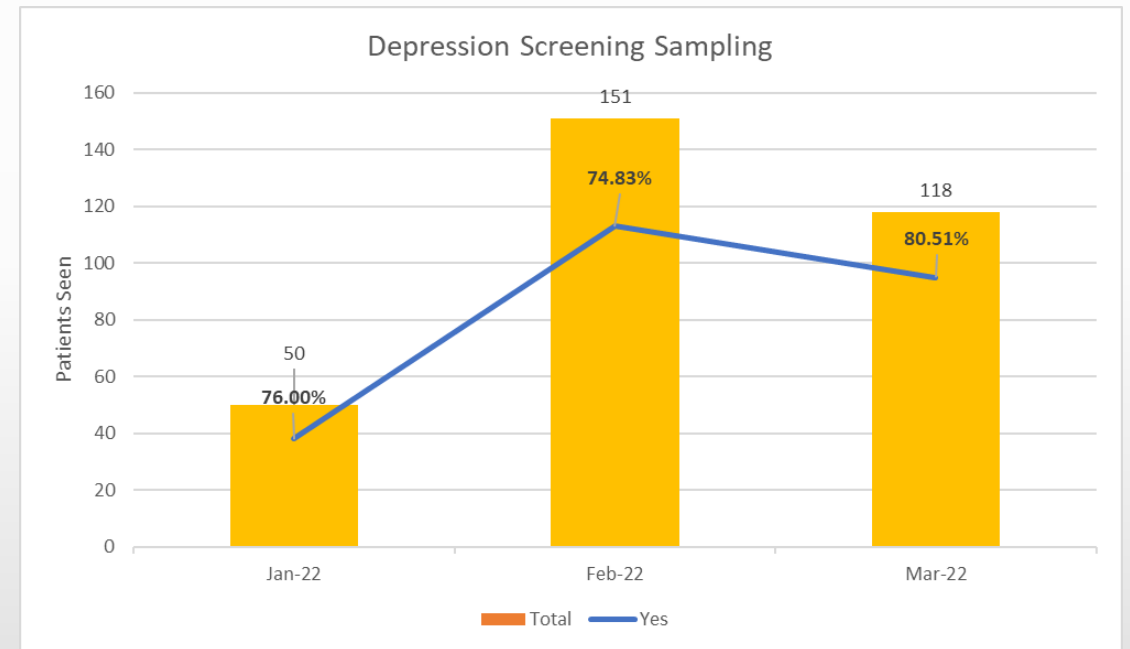
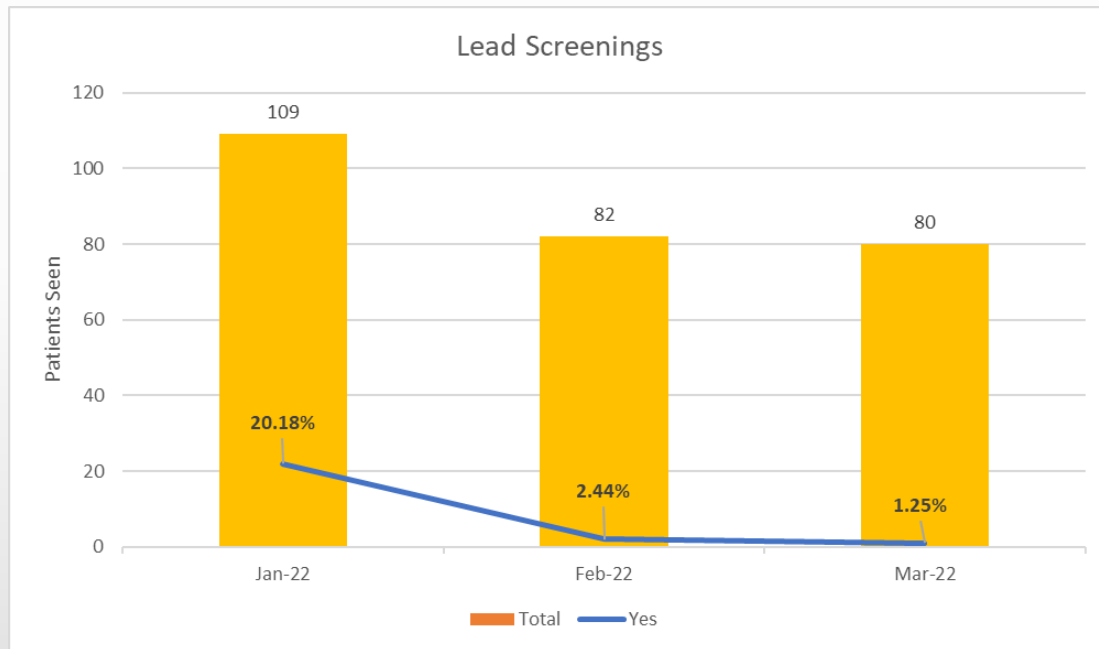


Retinal Screening

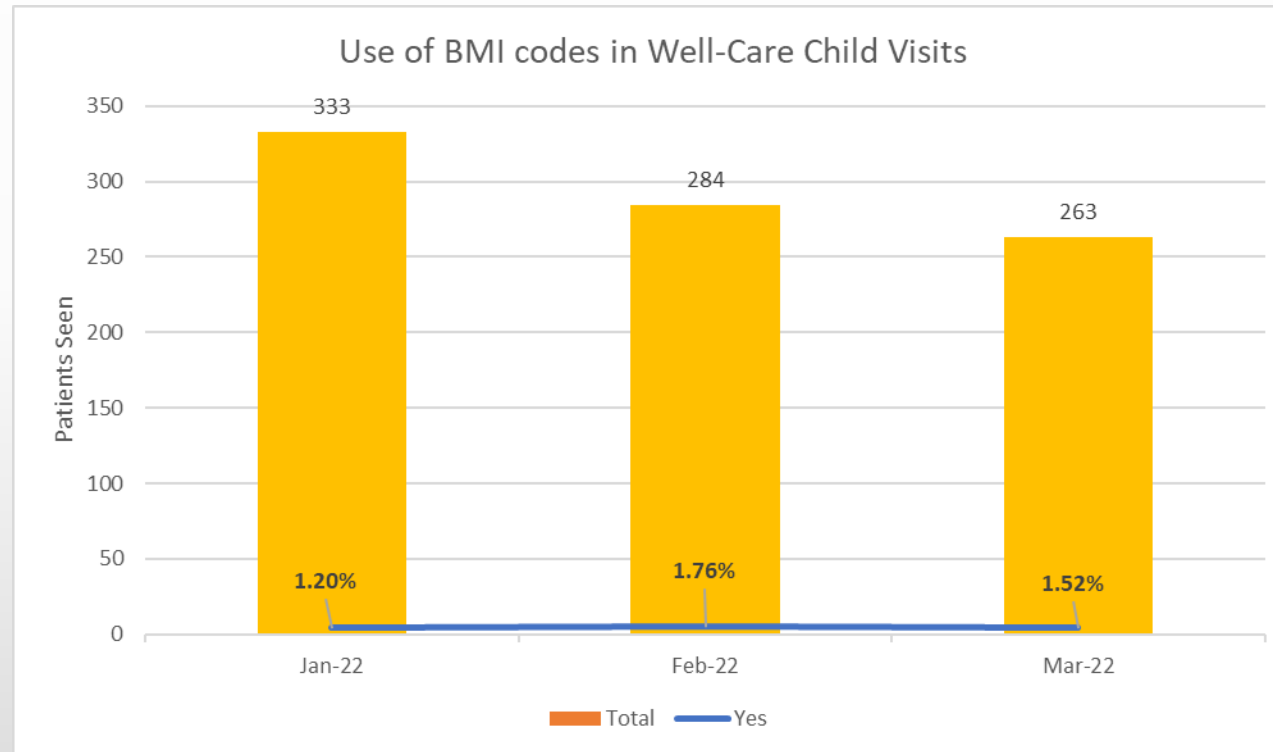
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LEAD AND DEPRESSION SCREENINGS



WELL-CARE CHILD VISITS



ANALYTICS

Titration Clinic 2-Day PDSA

Objective: Improve capture of annual screenings and diabetes care measures

Summary: Data was collected for the study of eight measures:

- Nutrition counseling,

- Medication Reconciliation,

- Retinal Screening,

- A1c Testing compliance,

- Alcohol, Tobacco and Substance Abuse Screenings

Pre-PDSA data was collected for 2 days in the week of Mar 6 – 12 for 29 patients.

Post-PDSA data was collected for 2 days in the week of Mar 13 – 19 for 27 patients.

Outcome: Noted improvement in 7 of the 8 measures

ANALYTICS

Titration Clinic 2-Day PDSA

Data	Nutrition Counseling	Medication Reconciliation	Retinal Screenings	A1c Testing	Alcohol Screening	Tobacco Screening	Substance Abuse Screening
Pre-PDSA	68.97%	68.97%	13.79%	68.97%	20.69%	24.14%	17.24%
Post-PDSA	70.37%	70.37%	11.11%	70.37%	59.26%	66.67%	62.96%
Noted Change	1.40%	1.40%	-2.68%	1.40%	38.57%	42.53%	45.72%

What did we learn?

Providers not ordering annual retinal screenings due to misconceptions regarding insurance coverage.

What did we do?

Shared coding information for nutrition counseling and medication reconciliation.
Refreshed clinic support staff on annual screening requirements.



ONGOING EFFORTS

- QIP Reporting Validation Effort
- Behavioral Health Initiative Reporting
- HPSJ Gap List Reports
- Empanelment Remediation
- Provider Scorecards



QUESTIONS OR SUGGESTIONS:

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