SJ HEALTH
San Joaquin Health Centers

SJ Health Board of Directors – Quality Committee Agenda
Monday April 25, 2022 at 4:00 p.m.

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1.	Call to Order		Charson Chang
2.	Approval of Minutes from March 28, 2022	*	Charson Chang
3.	Clinical Quality Report	*	Angela Ayala
4.	Adjournment		Charson Chang

*Action Item

Next Meeting Date: **May 23, 2022 at 4:00pm**
Microsoft Teams Meeting

Minutes of March 28, 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 (Quality Committee); Karen Lee (Quality Committee)

Board Members Excused Absent: none

Board Members Unexcused Absent: Bernadette Pua (Quality Committee)

SJCC Staff: Michael Allen (Board Clerk); Angela Ayala; Rajat Simhan; Alice Souligne (COO)

Guests: Carla Bomben (SJGH Standards & Compliance)

AGENDA ITEM	ATTACHMENTS	ACTION
1. **Call to Order (Charson Chang, SJCC Board Member)** The meeting was called to order at 4:05 p.m. A quorum was established for today's meeting.	No attachments	No action required
2. **Approval of Minutes from 2/22/2022 (Charson Chang, SJCC Board Member)** Minutes from February 22, 2022 were approved unanimously.	Quality Committee Meeting Minutes from February 22, 2022	Karen motioned to approve the minutes and Jessica seconded; motion was approved unanimously
3. **Introduction to New Quality Lead** Angela introduced herself to the committee and noted her background in programming and her passion for health care.	No attachments	No action required
4. **Clinical Quality Report (Angela Ayala, SJCC Staff)** Angela discussed some Quality department changes, including the departure of Padma and the reassignment of the remaining Quality team into the clinics. Current work plan focuses on education on the following aspects: measure requirements, coding needs, scoring guidelines, and testing frequency. Some changes are the increased focus on the frequency of diabetic retinal and pediatric lead screenings. Educational refreshers are being conducted for annual screenings & immunizations, comprehensive diabetes care, older patient care, transitions of care, lead screenings, and well-care child visits. Support efforts are underway to aid clinical staff with at-the-elbow support, coding (including badge inserts listing diagnosis codes), and seeking user feedback to improve reporting availability. Sexual Orientation & Gender Identity (SOGI) demographic reporting has decreased, so efforts are underway to increase the related data collection. Pediatric BMI screening is very low in the Family Medicine Clinic, so efforts are underway to increase these measures to come in line with CHS standards. Data was reviewed regarding PDSA and related measures in the Titration clinic. Most measures saw an increase, with the	Quality Committee Report – March 2022	Karen motioned to approve the report to be presented to the full Board and Monica seconded; motion was approve unanimously

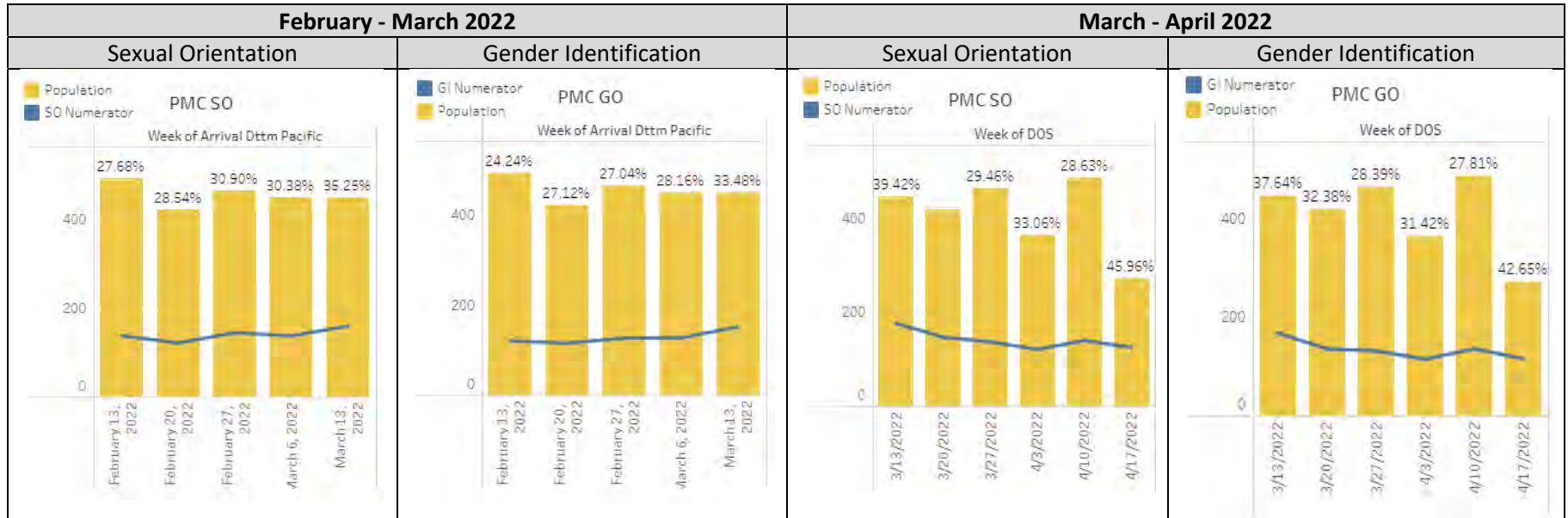|		
exception of retinal screening; this was determined to be a misunderstanding by the provider that these screenings were not covered by insurance, but this has since been corrected through further education. Angela briefly reminded the committee about QIP (Quality Incentive Program) and that annual data is due in June 2022.		
5. **Adjournment** There being no further topics of discussion, Charson Chang adjourned the meeting at 4:40 p.m.	No attachments	No action required

APRIL 2022 QUALITY REPORT

By Angela R. Ayala

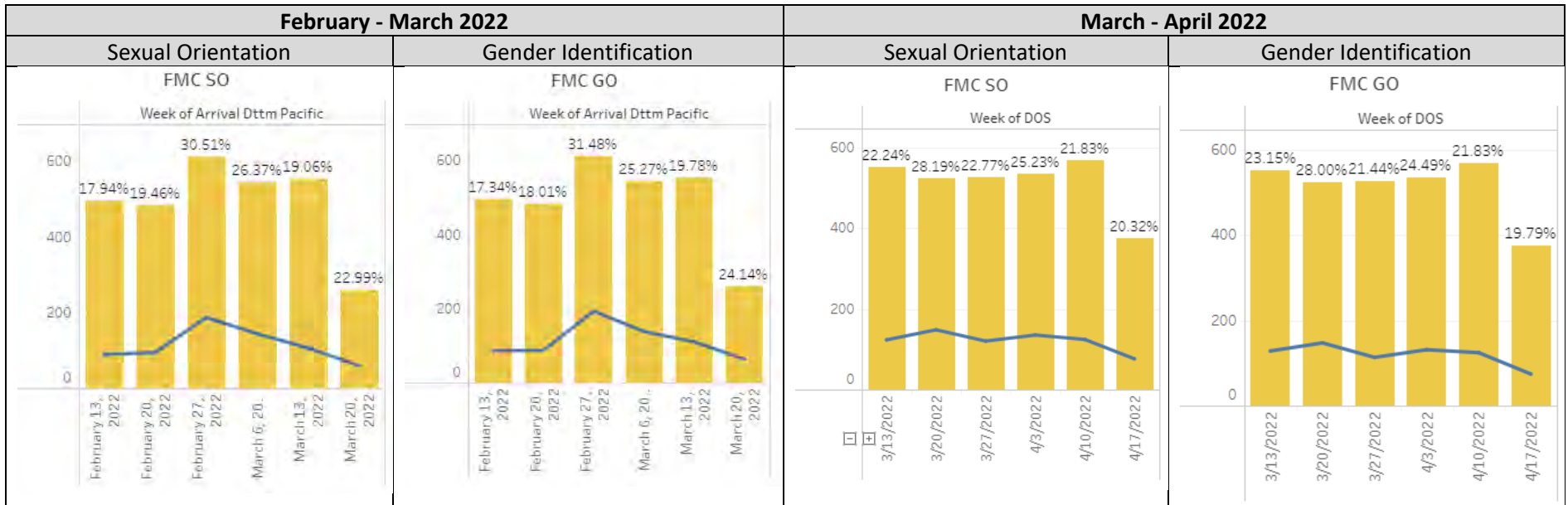1. Departmental Change Updates
   - Added new team member, Vanessa Macias who comes to us with over 20 years of clinic operation experience in an FQHC environment.
   - Catherine Legaspi, Vanessa Macias now located at the administrative offices.

2. Work Plan Updates
   - Educate
     - Continuing our Quality Basics Informationals
     - Training guide for quality on the works for onboarding and reference use
   - Support
     - Badge Inserts – Little traction, clinic operations have asked that information be redesigned into a desktop reference tool.
     - Clinic Support – Two resources continue to be integrated at the clinic space.
     - Feedback – Clinic leads have been provided with the latest HPSJ measure performance information.
   - Implement
     - Reporting – Code review session with Business Intelligence team in preparation for upcoming QIP audit.
     - Operations – Began 2-week effort cycles, focus is:
       - Report Development
       - Outreach
       - Gap Closure of high-profile measures
   - Reporting
     - Sexual Orientation and Gender Identity
       - Primary Medicine Clinic

February - March 2022		March - April 2022	
Sexual Orientation	Gender Identification	Sexual Orientation	Gender Identification

- Family Medicine Clinic

February - March 2022		March - April 2022	
Sexual Orientation	Gender Identification	Sexual Orientation	Gender Identification

o Comprehensive Diabetes Care-Code Completeness
   ▪ Primary Medicine Clinic

February - March 2022		March - April 2022	
A1C Compliance	Blood Pressure Capture	A1C Compliance	Blood Pressure Capture
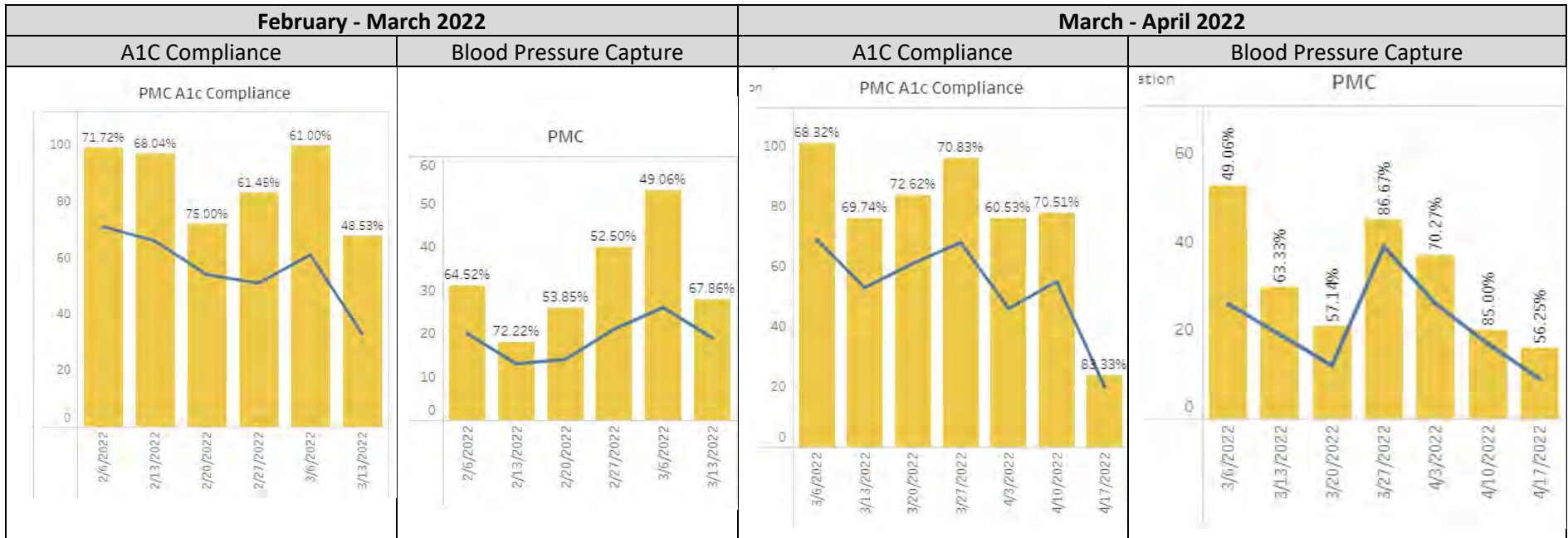
3. Ongoing Efforts
   ▪ Continue QIP Reporting Validation Effort – Of the 42 reports needing sample review, 18 have been completed, 3 in progress and 21 we are waiting on from the BI team.
   ▪ HPSJ Gap List Reports – Working on Prenatal, Postpartum Care and Well-Care Visit outreach
   ▪ Reporting Availability – Self-service option for Comprehensive Diabetes Care, SOGI and Maternity-related measures
   ▪ 2-week effort cycles with clinic operations – Capture of vitals and annual screenings for patients that have had more than 3 telehealth visits in the last 6 months with no in-person visit.

4. Overall Performance Updates
   - Health Plan of San Joaquin HEDIS Reporting

Members to Goal 25th Percentile

Measure	Den	Num	Comp	25th	Goal
BCS	2,516	869	34.5%	49.00%	364
CBP	2,377	214	9.0%	51.00%	998
CCS	11,464	4,300	37.5%	52.00%	1,661
CDC-9	2,074	1,647	79.4%	52.00%	(569)
CHL	485	195	40.2%	49.00%	43
CIS 10	554	165	29.8%	32.00%	12
FUA	39	2	5.1%	11.00%	2
FUM	27	1	3.7%	46.00%	11
IMA 2	609	132	21.7%	31.00%	57
LSC	555	369	66.5%	62.00%	(25)
PPC-Pre	279	230	82.4%	80.00%	(7)
PPC-Post	279	151	54.1%	72.00%	50
W30 - 15 mos	300	58	19.3%	45.00%	77
W30 - 30 mos	564	270	47.9%	67.00%	108
WCV	12,143	724	6.0%	40.00%	4,133

- Monthly Clinical Indicator performance

SJHealth Clinical Performance Indicators -- Summary Dashboard

Measure		CY 2021	Jan-22	Feb-22	Mar-22	CY 2020	Target	Benchmark	Reference
DM A1c Poor Control	Outcome	38.57%	79.19%	74.98%	69.90%	42.05%	29.68%	PRIME DY 15	NQF 0059
CVD BP Control	Outcome	54.76%	46.80%	45.45%	45.28%	51.13%	72.26%	PRIME DY 15	NQF 0018
Pap Screening	Process	55.71%	56.56%	55.00%	55.46%	51.32%	61.00%	DHCS HEDIS MPL Goal	NQF 0032
Prenatal Care in 1st Trimester	Process	68.85%				63.32%	84.80%	HP2020	UDS 6B
Birth Weight < 2500 gm	Outcome	8.62%				7.21%	7.80%	HP2020	UDS 7
Pediatric Immunizations	Process	44.29%¥				42.86%¥	39.44%	UDS National	NQF 0038
Pediatric BMI Screening and	Process	71.14%	31.70%	38.58%	40.78%	56.63%	54.70%	HP2020	NQF 0024
Adult BMI Screening and Intervention	Process	25.56%	26.62%	25.98%	26.15%	20.84%	53.60%	HP2020	NQF 0421
Tobacco Use Screening and	Process	65.38%				76.37%	88.09%	UDS National	NQF 0027
CVD Lipid Therapy	Process	80.20%	82.71%	82.58%	83.05%	86.04%	85.00%	SJCC Local	CMS 347
IVD Aspirin Therapy	Process	88.77%	81.41%	81.52%	81.86%	92.83%	80.86%	UDS National	NQF 0068
Colorectal Cancer Screening	Process	32.86%				34.60%	62.86%	PRIME DY 15	NQF 0034
HIV Linkage to Care*	Process	93.33%				60.00%	85.55%	UDS National	UDS 6B
HIV Screening	Process	19.52%				18.57%	-	-	-
Depression Screening and Follow-up	Process	45.43%	22.31%	26.15%	28.82%	35.79%	76.35%	PRIME DY 15	NQF 0418
Depression Remission	Process	4.42%				5.73%	11.27%	UDS 2020	CMS 159
Breast Cancer Screening	Process	52.40%				58.29%	77.00%	HP2030	CMS 125