

Minutes of February 25, 2025

San Joaquin Health Centers Board of Directors – Quality Committee

Board Members Present: Becky Cook (Quality); Kristin Shinn (Quality Chair)

Board Members Excused Absent: James Myers

Board Members Unexcused Absent: none

SJHC Staff: Michael Allen; Jonathon Diulio; Mary-Lou Milabu; Cynthis Rios

Guests: none

AGENDA ITEM	ATTACHMENTS	ACTION
1. <u>Call to Order (Kristin Shinn)</u> The meeting was called to order at 4:31 p.m. A quorum was established for today's meeting.	No attachments	No action required
2. <u>Approval of Minutes from 11/19/2024 (Kristin Shinn)</u> Minutes from November 19, 2024 were approved unanimously.	Quality Committee Minutes 2024-11-19	Becky motioned to accept the minutes and Kristin seconded; motion was passed unanimously
3. <u>Clinical Quality Report (Mary-Lou Milabu)</u> HEDIS/MCAS scores for calendar year 2024 were reviewed. Nine measures were met (>50 th percentile), including Asthma Medication Ratio, Breast Cancer Screenings, Chlamydia Screening in Women, Childhood Immunization Status, Immunizations for Adolescents, Lead Screening in Children, Postpartum Care, Topical Fluoride for Children, and Child and Adolescent Well-Care Visits. Four measures were partially met (>25 th percentile), including Cervical Cancer Screening, Timeliness of Prenatal Care, Well-child Visits in Ages 15 – 30 Months, and Well-child Visits in First 15 Months. Five measures were missed (<25 th percentile), including Controlling High Blood Pressure, Developmental Screening in First 3 Years, Glycemic Status Assessment for Patients with Diabetes (HbA1C >9.0), Follow-up After ED Visit for Substance Abuse, and Follow-up After ED Visit for Mental Illness. UDS 2024 Measure Performance was reviewed. All measures improved over 2023 metrics with the exception of Cervical Cancer Screenings, Weight Assessment Counseling, and Uncontrolled A1C (>9). Nine out of fifteen measures exceed the national average. Low Birth Rate scores were not presented, as confidence in this data was determined to be low. QIP dashboard generated in-house was briefly presented. Patient satisfaction overall scores are 57.5% positive, 18.5% negative and 24% neutral/mixed. Updates and ongoing efforts include QIP Year 7 validation, monthly meetings with providers, appointment scrubbing (pre-visit planning), gap clinics, staff trainings (First 5, TFL, Cologuard), patient incentives for gap closure, HPSJ locums for	QI Quarterly Board Report_Feb2025	No action required

gap closure, patient outreach using Luma platform, PDSAs, updating of educational materials and preparing for i2i rollout.		
4. <u>Adjournment (Kristin Shinn)</u> There being no further topics of discussion, Kristin Shinn adjourned the meeting at 5:30 p.m.	No attachments	No action required

Board Sign-Off: _____ Date: _____