



**San Joaquin County Clinics (SJCC) Quality Sub-Committee
Minutes of November 19, 2019 Meeting**

**San Joaquin General Hospital (SJGH)
Conference Room 2
French Camp, CA**

Present

Alicia Yonemoto; Esgardo Medina; Rod Place; Dr. Farhan Fadoo; Alice Souligne; Betty Jo Riendel; Dena Galindo; Rajat Simhan; Rohini Mehta; Adelé Gribble

1. Call to Order

The meeting was called to order by Alicia Yonemoto at 3:06 p.m.

2. Approval of Minutes from August 27, 2019

Esgardo Medina made a motion to approve the minutes from August 27, 2019, Alicia Yonemoto seconded the motion and all present board members unanimously approved the minutes.

3. Clinical Quality Report (Rajat Simhan)

Rajat Simhan presented the Clinical Quality Report (below):

Reporting Period 01/01/2019 – 09/30/2019

SJCC Clinical Performance Indicators – Summary Dashboard							
Measure		Q 3 2019	Q 2 2019	Q 1 2019	Target	Benchmark Source	Reference
DM A1c Poor Control (>9%)	Outcome	27.14% ✓	37.14% ✗	35.71% ✗	37.75%	HEDIS - 2017 DHCS MCMC Average	NQF 0059
CVD BP Control	Outcome	67.81% ✓	67.55% ✓	61.52% ✗	66.88%	PRIME DY 13 Target	NQF 0018
Pap Screening	Process	66.95% ✓	57.14% ✗	55.71% ✗	56.67%	UDS National Data 2017	NQF 0032
Prenatal Care in 1st Trimester	Process	Pending	65.39% ✓	64.95% ✓	77.90%	HP2020	UDS 6B
Birth Weight < 2500 gm	Outcome	Pending	8.02% ✗	10.14% ✗	7.80%	HP2020	UDS 7
Pediatric Immunizations	Process	34.29% ✗	42.85% ✗	38.57% ✗	70.70%	HEDIS CIS -2017 DHCS MCMC Average	NQF 0038
Pediatric Dental Referrals (non-UDS)	Process	90.00% ✓	75.71% ✗	97.14% ✓	33.20%	HP2020	NQF 1334
Pediatric BMI Screening and Intervention	Process	71.43% ✓	61.42% ✗	72.86% ✓	54.70%	HP2020	NQF 0024
Adult BMI Screening and Intervention	Process	38.57% ✗	32.85% ✗	40.00% ✗	53.60%	HP2020	NQF 0421
Tobacco Use Screening and Intervention	Process	87.89% ✓	87.94% ✓	86.91% ✓	87.50%	UDS National Data 2017	NQF 0027
Asthma Pharmacological Therapy	Process	90.00% ✓	91.42% ✓	94.29% ✓	86.62%	UDS National Data 2017	NQF 0047
CVD Lipid Therapy	Process	82.86% ✓	80.00% ✗	87.14% ✓	85.00%	SJCC Local Target	CMS 347
IVD Aspirin Therapy	Process	Pending	82.85% ✓	94.29% ✓	79.27%	UDS National Data 2017	NQF 0068
Colorectal Cancer Screening	Process	74.29% ✓	68.57% ✗	51.43% ✗	47.92%	PRIME DY 13 Target	NQF 0034
HIV Linkage to Care	Process	100.00% ✓	100.00% ✓	100.00% ✓	84.52%	UDS National Data 2017	UDS 6B
Depression Screening and Follow-up	Process	71.08% ✗	64.59% ✗	64.29% ✗	76.35%	PRIME DY 15 Target	NQF 0418
Abbreviations							
A1c: Glycosylated Hemoglobin	HP2020: Healthy People 20/20						
BP: Blood Pressure	HEDIS CIS: Healthcare Effectiveness Data Information Set Childhood Immunization Status						
DM: Diabetes Mellitus	DHCS: Department of Health Care Services						
CVD: Cardiovascular Disease	MCMC: Managed Care Medi-Cal						
BMI: Body Mass Index	CMS: Centers for Medicare and Medicaid						
CAD: Coronary Artery Disease	PCMH: Patient-Centered Medical Home						
IVD: Ischemic Vascular Disease	PRIME: Medicaid Waiver 2020 (Public Hospital Redesign & Incentives in Medi-Cal)						
UDS: Uniform Data System	NQF: National Quality Forum						
Specifications							
DM A1c Poor Control	Patients age 18-75 (1 visit) with DM whose most recent HbA1c level during the measurement year is $\geq 9\%$						
CVD BP Control	Patients age 18-85 (1-2 visits) with HTN whose most recent blood pressure level during the measurement year is systolic ≥ 140 mmHg AND diastolic ≥ 90 mmHg						
Pap Screening	Female patients age 23-64 (1 visit) seen during the measurement year that have had a Pap test within the measurement year or two years prior						
Prenatal Care in 1st Trimester	Obstetrical patients with initial prenatal exam completed in the first trimester (includes all patients who receive prenatal care during the measurement year)						
Birth Weight < 2500 gm	Number of deliveries whose child weighed $< 2,500$ grams (includes all neonates that received prenatal care at SJCC regardless of where delivered)						
Pediatric Immunizations	Children who have received age appropriate vaccine prior to their 2nd birthday during the measurement year (DTaP, 3 IPV, 3 Hib, 3 Hep B, 1 MMR, 1 VZV, 4 PCV, 1 Hep A, 2 RV, 2 Flu)						
Pediatric Dental Referrals (non-UDS)	Number of children that received a well-child exam (CHOP) during the measurement year that were referred to the dentist for oral health care						
Pediatric BMI Screening and Intervention	Patients age 3-17 (1 visit) with BMI ≥ 85 , counseling for nutrition, and counseling for physical activity documented in the measurement year						
Adult BMI Screening and Intervention	Patients age 18 and older (1 visit) with BMI documented during the measurement year AND if under age 65 BMI ≥ 25 or over age 65 BMI ≥ 30 counseling for nutrition, physical activity, and have follow-up plan documented						
Tobacco Use Screening and Intervention	Patients age 18 and older (1 visit) seen in the measurement year who have been screened for tobacco use AND if screen + have documentation on tobacco cessation						
Asthma Pharmacological Therapy	Patients age 5-64 (2 visits) with asthma with 1 visit in the measurement year that have been prescribed long term controller medication during the current year						
CVD Lipid Therapy	Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were actively using statin therapy during the measurement year						
IVD Aspirin Therapy	Patients age 18 and older with IVD (1 visit) and been prescribed an antiplatelet medication during the measurement year						
Colorectal Cancer Screening	Patients age 50-75 (1 visit) seen in the measurement year who had appropriate screening for colorectal cancer (colonoscopy ≥ 10 yrs, flex sig ≥ 5 yrs, or annual FOB/FTT testing)						
HIV Linkage to Care	Newly-diagnosed HIV patients in the measurement year with documentation of referral and treatment initiation within the first 90 days of diagnosis						
Depression Screening and Follow-up	Patients 12 yrs and older (1 visit) screened for depression with a standardized tool (PHQ-2/9) during the measurement year AND if screen + have follow-up plan documented						

Rajat Simhan advised we have made good progress specifically with regards to preventive cancer screenings, which has a lot to do with the huge push by the OB department chair on these measures.

They have some documentation issues that are preventing us from reaching the benchmarks for BMI screening. They are working on rectifying by creating workflows and having automation where the Cerner system can record that on a consistent basis which means we can report on that on a consistent basis.

Depression screening is running a little low but our Primary Care Providers are now in a better position to handle depression than a few years ago because we now have a psychiatrist embedded in the clinic who is helping with consults and therefore helping the physicians in how to treat depression. We have a larger target but are trending in the right direction.

Rajat stated we recently concluded the PRIME which is the Medi-Cal 1115 waiver. We are in the last year of this waiver. Below are the metrics specific to the clinics. All shown in green means we have hit the target and are doing well. We have some areas that need improvement, mainly BP control and BP control in African Americans as well as Cervical Cancer Screening. The percentage for the Cervical Cancer screening jumped from 40% to 48% in five months so we are trending in the right direction to hit our target in DY15.

All in all, the clinics are doing everything possible to keep an eye on Quality of Care as well as providing the best care to our patients.

PRIME DY14 Year End Dashboard

Prime ID	Metric Title	DY11	DY12VE	DY13YE	DY14 YE
1.1.1.a	Alcohol and Drug Misuse (SBIRT) - Sub-rate #1	0.00	0.30	2.38	56.83
1.1.1.a	Alcohol and Drug Misuse (SBIRT) - Sub-rate #2				0.09
1.1.3.d	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	32.15	22.21	29.10	29.03
1.1.5.f	Screening for Clinical Depression and follow-up	79.56	87.27	71.35	74.59
1.1.6.t	Tobacco Use – Screening and Cessation Intervention	76.72	85.79	89.39	98.67
1.1.7	Depression Follow-Up	0.00	0.30	10.35	35.74
1.1.7	Depression Remission	0.00	0.30	1.98	10.64
1.1.7	Depression Response	0.00	0.30	4.19	14.47
1.2.1.a	Alcohol and Drug Misuse (SBIRT) - Sub-rate #1	0.00	0.30	2.38	56.83
1.2.1.a	Alcohol and Drug Misuse (SBIRT) - Sub-rate #2				0.09
1.2.10	SO/GI disparity reduction (BP control-African American)	0.00	61.28	60.24	54.62
1.2.11	REAL data completeness	0.00	63.18	61.78	99.13
1.2.12.f	Screening for Clinical Depression and follow-up	79.56	87.27	71.35	74.59
1.2.13	SO/GI Data Completeness	0.00	0.00	28.86	74.40
1.2.14.t	Tobacco Assessment and Counseling	76.72	85.79	89.39	98.67
1.2.2	NQF 0005 CG-CAHPS: Provider Rating	71.60	70.80	70.21	77.10
1.2.3.c	NQF 0034: Colorectal Cancer Screening	42.16	45.95	37.57	50.14
1.2.4.d	NQF 0059: Comprehensive Diabetes Care: HbA1c Poor Control	32.15	22.21	29.10	29.03
1.2.5.b	NQF 0018: Controlling Blood Pressure	62.65	66.49	70.07	65.27
1.2.7.i	NQF 0068 Ischemic Vascular Disease (IVD): Use of Aspirin or	68.68	76.59	77.46	88.71
1.3.3	Influenza Immunization	42.30	38.12	52.32	72.73
1.6.1	BIRADS to Biopsy	18.18	23.33	47.06	60.47
1.6.2	Breast Cancer Screening	53.92	58.97	50.71	68.95
1.6.3	Cervical Cancer Screening	35.28	47.84	36.07	48.11
1.6.4.c	Colorectal Cancer Screening	42.16	45.95	37.57	50.14

4. Access Improvement OASC Report (Dena Galindo)

Dena provided a spreadsheet of Third Day next available appointments in each clinic. She also provided the Phone Center Summary of comparative results for Aug/Sept/Oct 2019.

Phone Center Summary of Comparative Results for Aug/Sept/Oct 2019			
2019	October	September	August
Calls Received	20,102	18,593	20,178
Calls Answered	19,422	17,762	18,852
Calls Missed	680	831	1,326
Percent Missed	3.40%	4.50%	6.60%
Green	less than 10.1% dropped calls		GOOD
Yellow	10.1 to 15.9% dropped calls		AVERAGE
Red	greater than 15.9% dropped calls		BAD

2019	October	September	August	
Avg Time to Answ (eng.)	28	53	49	
Avg Time to Answ (spn.)	36	64	57	
Avg FTS	10	9	9	
Avg Staff	12	11	10	
Green	Less than 50 seconds			GOOD
Yellow	50 to 60 seconds			AVERAGE
Red	greater than 60 seconds			BAD

Quality Sub-Committee Minutes of November 19, 2019

Dena advised industry standard of dropped or abandoned call rate is between 3% and 5%. They have worked hard on meeting this standard so that they are able to take more calls per day. They have also worked on answering calls within less than 60 seconds for both English and Spanish calls. They reached these goals in October.

Below is the chart showing the Third Next Available appointments. This report was from November 12th which shows how soon an appointment is available in each clinic. Dena explained some clinic's information may be a little bit misleading due to there being fewer providers at that location. As a whole, we can get patients in to see a provider. CHDP at Manteca is a little misleading, the only provider that accepts that is the pediatrician. All the Family Medicine providers at Manteca use the Follow up, so we can get a child in for CHDP follow up in two days.

SJGH Children's HS:	11/12/2019	HBC	from 11/12/2019
New Patient	8	HBC LCSW New Patient	0
Follow up Patient	8	HBC LCSW Follow up Patient	0
Same Day	4	HBC Nurse Visit	0
Nurse Visit Clinic	0	HBC CPSP	2
CHS Newborn	1	HBC Dietician	1
CHS CHDP	8	HBC Sweet Success	0
CHS New ADHD	17	HBC NST	5
CHS Peds Neuro Tele-Med New	23	HBC Lactation Individual	0
CHS Peds Neuro Tele-Med Follow Up	23	HB GYN	9
CHS Peds Neuro New Patient	14	HB OB New Patient	16
CHS Peds Neuro Follow Up	14	HB OB Follow Up	9
Family Medicine	from 11/12/2019	HB Pre-Op	15
New Patient	12	HB Procedure	16
Follow up Patient	12	HBF	from 11/12/2019
Hospital Dismissal	12	HBF Nurse Visit	0
FMC Return OB	12	HBF CPSP	0
Virtual Visit	21	HBF Dietician	3
FMC New OB	14	HBF Sweet Success	0
FMC Geriatric New Patient	36	HBF Perinate	33
FMC Geriatric Follow up Patient	36	HBF Fellow New	23
FMC Gyn Visit	23	HBF Fellow FU	23
FMC Peds Weekend Express	3	HB GYN	10
FMC Small Proc. - C34	8	HB OB New Patient	13
FMC Retinal Visit	0	HB OB Follow Up	10
FMC Sports Medicine	2	HB Pre-Op	13
FMC Gender Health New Patient	42	HB Procedure	13
FMC Gender Health Follow up Patient (SJG)	42	Primary Medicine	from 11/12/2019
Same Day	7	New Patient	2
Nurse Visit Clinic	0	Follow up Patient	2
FMC Fellow New	14	Hospital Dismissal	1
FMC Fellow Follow Up	14	Same Day	1
New Patient A~ Cardio	6	PMC Hospital Dismissal	1
Follow Up A~ Cardio	6	Nurse Visit Clinic	0
Hospital Dismissal A~ Cardio	6	PMC Trt Follow Up Patient	21
Same Day Cardio	5	PMC Trt New Patient	21
Family Practice	from 11/12/2019	PMC CHF Clinic	3
New Patient	8	PMC Sports Medicine New Patient	14
Follow up Patient	7.5	PMC Sports Medicine Follow Up Patient	5
Hospital Dismissal	7.5	New Patient - Podiatry	5
Same Day	4	Follow Up - Podiatry	5
Nurse Visit Clinic	0	Hospital Dismissal - Podiatry	5
Manteca	from 11/12/2019	Same Day - Podiatry	2
SJCC MANTECA CHDP	24	Hazelton	from 11/12/2019
SJCC MANTECA Newborn	0	SJCC HAZELTON CHDP	1
SJCC MANTECA New Patient	2	SJCC HAZELTON New Patient	2
SJCC MANTECA Follow Up Patient	2	SJCC HAZELTON Follow Up Patient	2
SJCC MANTECA Nurse Visit	0	SJCC HAZELTON Nurse Visit	0
SJCC MANTECA Hospital Dismissal	0	SJCC HAZELTON TB	0
SJCC MANTECA Same Day	1	SJCC HAZELTON STD	0
SJCC MANTECA Return OB Visit	1		
SJCC MANTECA GYN	1		
SJCC MANTECA OB Follow Up	1		
SJCC MANTECA OB New	2		
SJCC MANTECA Pre-Op	2		
SJCC MANTECA Procedure	2		

Alicia inquired about the Medication Refill Line. Dena explained we don't have a dedicated Medication Refill Line, we ask that patients call their pharmacies and they will send an electronic request to the provider. Some pharmacies are not willing to send the requests so patients are asked to call the appointment line and the agent can get the message to their provider. The response is quicker if patients ask directly from their pharmacies.

5. Press Ganey & Suggestion Boxes (Betty Jo Riendel)

Betty Jo Riendel advised from the suggestion boxes there were fourteen suggestions received. Some were just scribbled pictures and benign suggestions such as "Give us muffins." Seven were no suggestions, two were positive comments and five were duplications of other surveyed data collected.

Below is the table for Press Ganey Survey comments for September – October:

September 2019	
Total Number of Responses	58
Satisfied Responses	35
Concerns	23
Dissatisfied with	
• Insufficient time with Provider	3
• Wait Time	10
• Customer Service Registration	5
• Lack of Parking	1
• Insensitive staff/ provider	4

October 2019	
Total Number of Responses	73
Satisfied Responses	46
Concerns	27
Dissatisfied with	
• Provider too much time on computer	1
• Nor enough time with Provider	9
• Wait Time	9
• Customer Service/ Registration	2
• Paperwork not completed	1
• Test results not available	4
• Issue with Patient Portal	1

Alicia Yonemoto asked if Cerner breaks down to the minute the wait time from the time the patient registers and when they are actually seen by the physician. Dena Galindo explained HealthelIntent is the program that does this. They are working with HealthelIntent to validate those numbers but do not have any figures as of yet.

Alicia asked for an estimate of the wait time. Betty Jo advised a rough draft had been done of the dashboard from the time the patient registered. The first metric that they are able to quantify the time was the time their blood pressure was taken. Betty Jo did not readily have this information for distribution but Dena advised she may be able to provide that information to Alicia later.

Betty Jo also stated the following providers were recognized for service excellence: Dr. Bahnam; Agnes Alicar, NP; Dr. Verma; Dr. Chaudhry; Regina Burgos, SNP; Dr. Parsa; Dr. Sodavarapu.

6. CROs & Patient Complaints (Betty Jo Riendel on behalf of Carla Bomben)

Betty Jo Riendel advised the next report was provided to her by Carla Bomben, but she has not had a chance to review them yet. She asked if she could hold off on reporting this. Alicia Yonemoto agreed to the delay in this report.

7. Adjournment

Alicia Yonemoto adjourned the meeting at 3:25 p.m.