San Joaquin County Clinics (SJCC) Quality Sub-Committee
Minutes of August 25, 2020 Meeting

San Joaquin County Clinics
Web Conference Call

Present

Rod Place (SJCC Board Chair); Alicia Yonemoto (SJCC Vice-Chair); Brian Heck (SJCC Board Member); Esgardo Medina (SJCC Board Member); Carla Bomben; David Culberson; Dr. Farhan Fadoo; Dena Galindo; Rohini Mehta; Betty Jo Riendel; Rajat Simhan; Alice Souligne; Reynaldo Sulit; Adelé Gribble

1. Call to Order (Alicia Yonemoto)

The meeting was called to order by Alicia Yonemoto at 4:02 p.m.

2. Approval of Minutes from February 25,2020 (Alicia Yonemoto)

Esgardo Medina made a motion to approve the minutes from May 26, 2020, Rod Place seconded the motion and present board members unanimously approved the minutes.

3. Clinical Quality Report (Rey Sulit)

Rey Sulit presented the Clinical Quality Report (below) on behalf of the organization.

Reporting Period 01/01/2020 – 06/30/2020

Clinical Performance Inidicators – Summary Dashboard

Reporting Period: 01/01/2020 – 06/30/2020

Measure		Q2 2020	Q1 2020	Target	Benchmark Source	Reference
DM A1c Control	Outcome	48.39%	30.39%	29.68%	PRIME DY 15 Target	NQF 0059
CVD BP Control	Outcome	54.94%	65.34%	72.26%	PRIME DY 15 Target	NQF 0018
Pap Screening	Process	51.43%¥	54.29%¥	61.00%	DHCS HEDIS MPL Goal	NQF 0032
Prenatal Care in 1st Trimester	Process	64.98%	70.08%	84.80%	HP2020	UDS 6B
Birth Weight < 2500 gm	Outcome	9.32%	8.64%	7.80%	HP2020	UDS 7
Pediatric Immunizations	Process	38.57%¥	25.71%¥	39.44%	UDS National Data 2018	NQF 0038
Pediatric Dental Referrals (non-UDS)	Process	TBD	78.57%¥	33.20%	HP2020	NQF 1334
Pediatric BMI Screening and Intervention	Process	36.71%	61.43%¥	54.70%	HP2020	NQF 0024
Adult BMI Screening and Intervention	Process	17.02%	20.00%¥	53.60%	HP2020	NQF 0421
Tobacco Use Screening and Intervention	Process	TBD	84.29%¥	88.09%	UDS National Data 2018	NQF 0027
CVD Lipid Therapy	Process	TBD	85.71%¥	85.00%	SJCC Local Target	CMS 347
IVD Aspirin Therapy	Process	TBD	82.70%	80.86%	UDS National Data 2018	NQF 0068
Colorectal Cancer Screening	Process	70.00%¥	60.00%¥	62.86%	PRIME DY 15 Target	NQF 0034
HIV Linkage to Care*	Process	100.00%	50.00%	85.55%	UDS National Data 2018	UDS 6B
Depression Screening and Follow-up	Process	TBD	61.43%¥	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

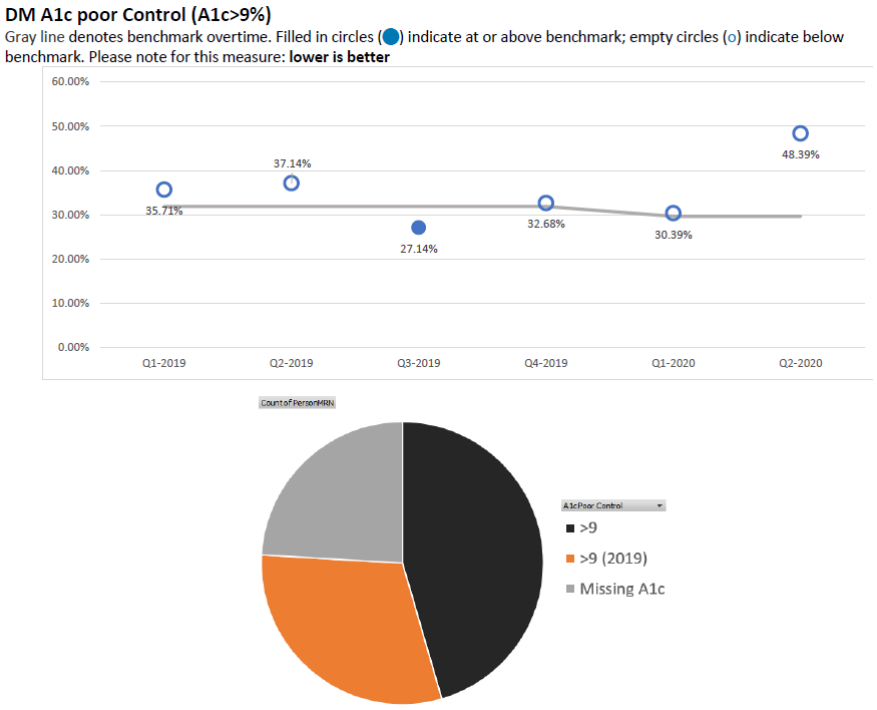
Specifications

DM A1c Control	Patients age 18-75 (1 visit) with DM whose most recent HbA1c level during the measurement year is >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 where 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 vaccines prior to their *2nd birthday* during the measurement year(4 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 (CHDP) 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 %ile, 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 of 65 18.5=<BMI<=25 /over age 65 23=<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
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/FIT testing)
HIV Linkage to Care	Newly-diagnosed HIV patients in the measurement year with documentation of referral and treatment initiation within the first *30** 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

¥ Random Sample (not whole universe)

Rey advised this is a partial reporting, the five remaining clinical indicators will be sent out to the group as soon as they are made available. As anticipated, quarter two has been a hard period for us, it reflects how the pandemic has affected delivery of care for our patients, not only from an operational standpoint but also our patients' reluctance to come to the clinic for fear of getting COVID.

In addition to the quarterly dashboard, Rey has put together a trending chart as a visual representation of our performance, before and during COVID.



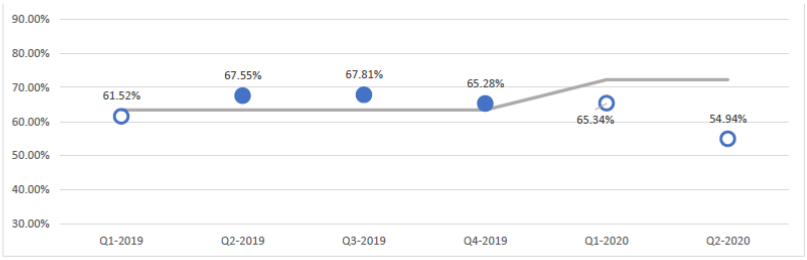
For diabetic A1c control (the lower the number the better). Of the 48% who are considered poorly controlled, more than half of those are missing an A1c test or had an A1c of more than 9% from last year and have not had one this year. In collaboration with our providers who are overseeing our Diabetes Mellitus (DM) clinic and Titration clinic, we are bringing these patients in for diabetic management and education. However, patients' reluctance to come into the clinics continues to be a challenge. To address this, our Quality Improvement (QI) nurses are placing verbal orders for A1c lab tests for these patients. QI nurses are sending letters to inform them a blood test for A1c lab work has been ordered for them. We advise them to call our appointment center to schedule a telephone appointment with their provider to discuss needed diabetes management regiment.

CVD Blood Pressure Control is down to 55%. This could be due to a number of factors, lack of established workflow, increase of telehealth due to the pandemic. A number of quality improvement projects have been implemented; including our staff on taking accurate BP measurements; taking a second BP when the first was elevated; proper documentation; scheduling a follow up appointment with patients with persistent high BP for treatment intensification. We have built a performance score card for staff so we can reeducate as needed and recognize high performers as a way to motivate others.

In addition, we are launching a self-measured Blood Pressure monitoring program (SMBP) as a way of engaging our patients to regularly monitoring their BP at home and increase compliance with medications. We are coordinating with Health Plans and providers to obtain blood pressure machine they can use at home if they don't have one. We will also provide clinical support with regular bi-weekly one-on-one counseling with one of our QI nurses.

CVD Blood Pressure Control

Gray line denotes benchmark overtime. Filled in circles (●) indicate at or above benchmark; empty circles (o) indicate below benchmark.



Pap Screening

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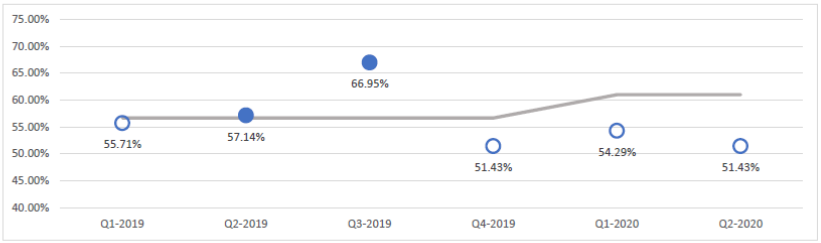

For Pap Screening, these continue to decline due to unkept appointments related to COVID. We are reaching out to those patients by phone and by letters if phone calls are unsuccessful. We are leveraging the Health Plan incentive programs to entice these patients to complete these screenings with positive feedback.

We are working with the Chair of our OB/Gyn to put together a work group to improve the measure for Prenatal Care in the 1st trimester. Worth noting is our performance on this metric from HPSJ as of August 10th is at 87% compared to 65% shown on the chart below. This is almost at the high-performance level of 90%.

Prenatal Care in 1st Trimester

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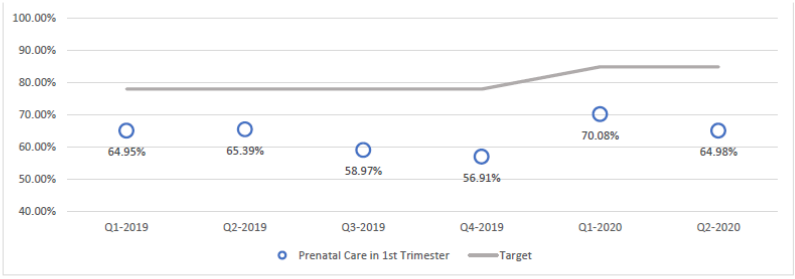
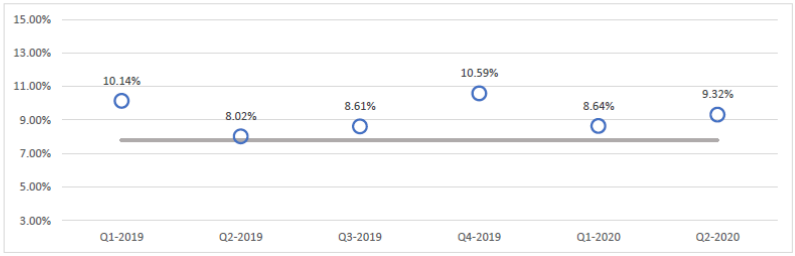


Birth Weight <2500 gm

Gray line denotes benchmark overtime. Filled in circles (●) indicate at or above benchmark; empty circles (o) indicate below benchmark. Please note for this measure: **lower is better**



Pediatrics Immunization – we are less than a percentage away from meeting this metric. Katie Conley (one of our newest QI nurses) has been working along with Dr. Jain to get these patients who are turning two years old in the next couple of months, prioritizing them to get their remaining vaccines before their second birthday, as well as those who have fallen behind to get caught up with their vaccines.

We also have a significant number of children who are due for their second flu shot to meet this metric. To proactively address their concerns about coming into the clinic, we are working on a drive-thru flu clinic, so they don't have to come inside the clinic to get their flu shot. We should see an improvement in this metric by quarter three through year end.

Pediatric Immunization

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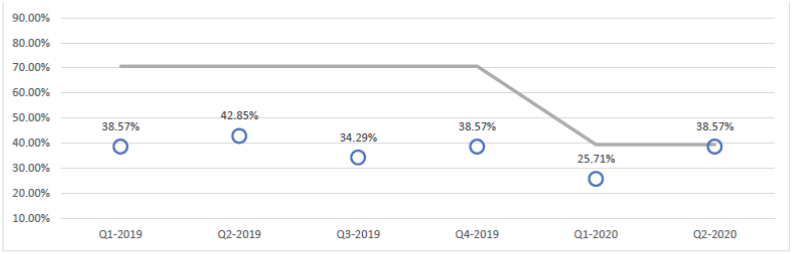

Pediatric BMI Screening and Intervention

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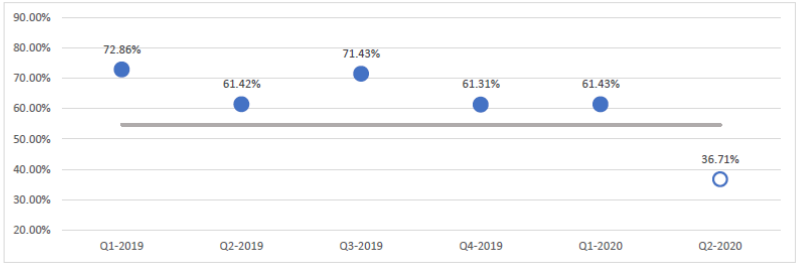
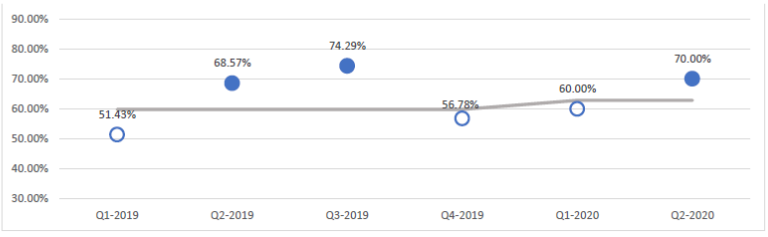


Decline on BMI screening and intervention in both pediatric and adult is attributed to moving away from chart audit and capturing data systematically. This has highlighted the lack of provider training or knowledge on the Quality Reporting Codes. We are working with our Health Informatics (HI) team to make this training readily available to our providers.

Colorectal Cancer Screening

Gray line denotes benchmark overtime. Filled in circles (●) indicate at or above benchmark; empty circles (o) indicate below benchmark.

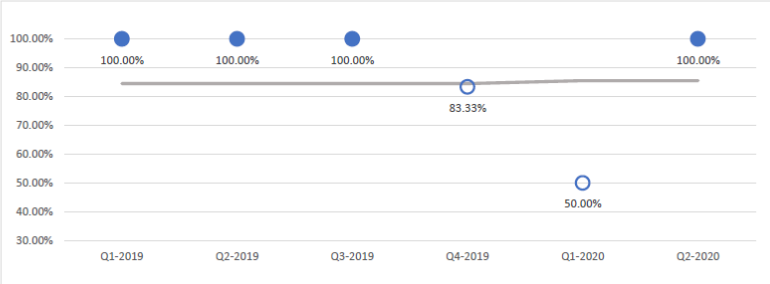


Colorectal Cancer Screening is moving in the right direction. This early improvement can be attributed to the outpatient efforts by CipherHealth. Rohini Mehta will be reaching out to the rest of the patient population by sending out reminder letters with the Fit Kit packet.

HIV linkage to Care is at 100%

HIV Linkage to Care

Gray line denotes benchmark overtime. Filled in circles (●) indicate at or above benchmark; empty circles (○) indicate below benchmark.



Dr. Fadoo stated Clinical Quality across the board in Q2 took a hit in large part due to the COVID pandemic and also impacted by the fact we are doing more telehealth versus face-to-face care. Looking at our Colorectal Cancer screening performance, this is a very difficult measure to move. The fact that it got better during this period is remarkable.

4. Access Improvement OASC Report (Dena Galindo)

Dena Galindo advised the table below is for the first seven months of this year. This is for continuity in clinics, trying to get in and see your physician as well as in our OB/Gyn and pediatric clinics. During the pandemic, in March and April you will notice a decline. We have done a really good job of increasing those visits throughout the months of May through July.

FQHC Continuity Productivity

	Jan	Feb	Mar	Apr	May	June	July	total
Template	15406	13574	6840	13405	12739	12093	11117	85174
Appointments seen	11668	10593	5089	8698	9948	8536	9925	64457
	75.74%	78.04%	74.40%	64.89%	78.09%	70.59%	89.28%	75.68%

Same Day Open	2089	1836	1172	6794	4289	2626	1515	20321
Same Day Filled	1728	1634	966	2899	3319	2362	1559	14467
	82.72%	89.00%	82.42%	42.67%	77.38%	89.95%	102.90%	71.19%

Dena stated even though we had two less clinics in July, we were able to maintain what we had when we had eight clinics. The productivity has done much better, that contributed to the templates, consolidated the scheduling, etc., we are reaping the benefits.

Dena stated she has now been at the Call Center for a year and the numbers have improved. She stated they used to leave about 40% of our same day openings on the table, they never filled them.

In the month of July, they met their metric. Of the appointments they had open, they were able to capitalize, and schedule more than they had available for our providers.

Looking at the first six to seven months of the year, compared to last year's timeframe, looking at June and July in particular (Dena will attribute a lot of this this to COVID), in June and July of 2019, they were at 17K and 20K phone calls. This year we had 25K phone calls and almost 29K phone calls. The demand for our services are becoming greater.

Dena stated she has never staffed for 29K phone calls so the percentage for abandoned or missed rates. Our goal for the year is 6.5% and below.

All of this will affect patient satisfaction, if our patients are able to reach us, they are not abandoning their phone calls and having to make multiple attempts, and we are able to schedule them in appointments that they choose, she is hoping to see more improvement.

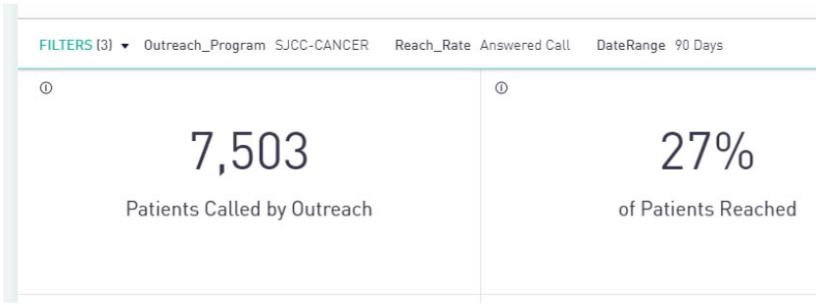
Phone Center Statistics

2020	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	TOTAL
Calls Received	19,250	17,475	18,751	15,904	17,656	24,649	28,778	*142,463*
Calls Answered	18,838	17,010	18,309	15,606	17,038	23,808	26,941	*137,550*
Calls Missed	412	465	442	298	618	841	1,837	*4,913*
Percent Missed	2.1%	2.7%	2.4%	2.0%	3.5%	3.4%	6.4%	3.2%
Avg Answer Time-ENG	21	18	23	21	28	38	70	31
Avg Answer Time-SPA	24	25	31	25	45	44	82	39

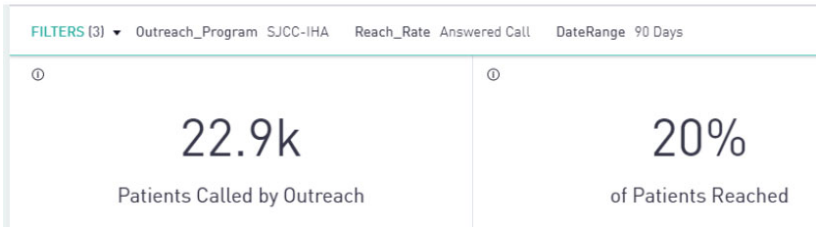
2019	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	TOTAL
Calls Received	18,820	16,446	19,289	19,171	18,989	17,405	20,448	*130,568*
Calls Answered	17,306	15,108	17,465	17,690	17,439	15,227	17,742	*117,977*
Calls Missed	1,514	1,338	1,824	1,481	1,550	2,178	2,706	*12,591*
Percent Missed	8.0%	8.1%	9.5%	7.7%	8.2%	12.5%	13.2%	9.6%
Avg Answer Time-ENG	72	57	78	65	68	82	128	79
Avg Answer Time-SPA	138	117	124	104	108	96	160	121

Dena advised for their outreach programs, they are using automated platforms for outreaching cancer screenings and initial health assessments (new patients who come onto the plan that need to be seen by us in the first 120 days).

CipherHealth Outreach Cancer Screening



CipherHealth Outreach Initial Health Assessment



Dena advised Colorectal Cancer Screenings was the first one they were able to roll out (last ninety days reflected above).

5. <u>Press Ganey (Betty Jo Riendel)</u>

Betty Jo Riendel advised the Press Ganey report is for May, June and July. The responses are consistent with what we have been receiving and the satisfied responses are staying consistent.

Betty Jo has outlined the basis of patient concerns in the tables below. She advised the majority of the concerns raised by the patients had to do with the amount of time the provider is spending with them. The amount of concerns with registration staff were not present during this reporting period.

Press Ganey Survey Review

May 2020	
Total Number of Responses	79
Satisfied Responses	50
Concerns	29
Length of wait time	11
Lack staff or provider sensitivity	3
Medication refill	4
Time with Provider too short	2
Prefers direct appointments over telephone	2
Covid Drive through process	4
Referral to Specialist Delay	2
More Punjabi speaking providers needed	1

June 2020	
Total Number of Responses	66
Satisfied Responses	51
Concerns	13
Length of wait time	5
Lack staff or provider sensitivity	3
Medication refill	3
Time with Provider too short	2

July 2020	
Total Number of Responses	95
Satisfied Responses	58
Concerns	36
Length of wait time	7
Lack staff, provider sensitivity	20
Medication refill	5
Drive through testing process	4

6. CROs & Patient Complaints (Carla Bomben)

Carla Bomben presented the table below pertaining to the Confidential Reports of Occurrence for the period of time, May 1st through July 31st. During this time, we had twenty CROs from the clinic, seven for Primary Medicine, six for FPCC and two each for CHS, FMC, Healthy Beginnings and one for Manteca Clinic.

Unit	Diagnosis/ Treatment	Employee	Facilities	Lab/ Specimen	Maternal/ Childbirth	Medication/ Fluid	Professional Conduct	Safety/ Security	Grand Total
Children's Health Services				2					2
Family Medicine Clinic							2		2
Family Practice California Street Clinic					1		2	3	6
Healthy Beginnings French Camp		1				1			2
Manteca Clinic			1						1
Primary Medicine Clinic	1	1					2	3	7
Grand Total	1	2	1	2	1	1	6	6	20

For patient complaints, for the same period of time, we had twenty-five: seven in FMC, twelve in PMC, three in HBC, two in HBF and one in FPCC. In analyzing the patient complaints, there were a lot of patients not satisfied with getting their pain medication prescriptions. This is almost completely related to a physician no longer here and the physicians who are here trying to get patients the right help they need but not give them so many controlled substances. There were four issues about being referred to our pain clinic. There were six reports of provider sensitivity, uncaring or perception of rudeness or the provider not spending enough time with the patient. In all of these cases, we research them, provide an apology and also let the physician know what patients are saying about them so we can get better.

Alicia Yonemoto asked of those six complaints, were they different providers or was there any overlapping. Carla advised they were all from different clinics. Carla advised Betty Jo Riendel and Dr. Fadoo always take care of these things and counsel the providers if they are having issues.

As usual, Standards & Compliance sends an apology letter to the patients and let them know what has been done and advising we hope they come back to us.

7. Waiver Initiatives (Rajat Simhan)

Rajat Simhan advised this is the final year of the Public Hospital Redesign and Incentives in MediCal (PRIME) initiative, called Demonstration Year 15 (DY15). September 30th is the deadline for us to report on how we did. The good news is, in terms of the funding mechanisms, Centers for Medicare & Medicaid Services (CMS) has approved the request from Department of Health Care Services (DHCS) that they will incentivize the Public Hospitals based on their performance of the previous years. This means we capture about 94% of dollars allocated for PRIME for DY15.

Quality Incentive Program (QIP) – typically the reporting is due towards the end of the year but because of the pandemic, they have shortened measurement time period for Program Year 3 (PY3). This means the reporting period is now March 1st, 2019 through the end of February 2020. That report is now due to the State on September 9th. We are right in between preparing all our QA/QI activities, lining up the data and present to the State on how we did. For PY3 for QIP, the benchmark has been reduced to the twenty-fifth percentile across all the hospitals, not necessarily being benchmarked on how we faired in PY2. If we were to compete with ourselves with the benchmarks set in PY2, we would have been in a difficult position. Rajat stated they will be able to show the committee the impact once they have collated all the data.

Further down the pike, there is talk about rolling in all the PRIME metrics into the QIP. There has been a proposal sent to CMS that we are still awaiting feedback from them. In the meantime, Safety Net Institute and DHCS are building in another reprint with additional flexibilities for COVID. There is so much going on in terms of waivers but suffice to say, there are some flexibilities in the work to help us go through this difficult period.

Additionally, Rajat provided a report on National Health Center week. He advised National Health Center week is an annual event that happens across the country every year, typically celebrated the week of August 9th through the 15th. Although we are in the midst of this awful pandemic, there have been some really good positives that came out as far as the clinics are concerned. We are responsible to provide care for our 33K member population. So much depends on us being here for our patients, when the pandemic hit, we were very quick to pivot to telehealth and while there was downside in terms of productivity, we were able to still satisfy through telehealth.

There has been a partnership with San Joaquin County Office of Emergency Services and Verily. The COVID Drive-thru testing is open to the entire community of 800K San Joaquin County residents since March. This has been a phenomenal success, having served about 16K community members as of the date of the attached internal memorandum. As long as the pandemic continues, there will be a need for this kind of service.

8. Adjournment

There being no further topics of discussion, Alicia Yonemoto adjourned the meeting at 4:43 p.m.

Attachments:
- Quality Agenda 08.24.20
- Minutes of May 26, 2020
- Clinical Quality Dashboard
- Access Improvement OASC Report
- Press Ganey Survey Responses May-July 2020
- CRO May-July 2020
- National Health Center Week Memorandum