



San Joaquin County Clinics (SJCC)

Minutes of November 24, 2020
QUALITY Committee Meeting Minutes

San Joaquin County Clinics
Web Conference Call

PRESENT:

Alicia Yonemoto (SJCC Board Vice-Chair); Esgardo Medina (SJCC Board Member; Dr. Farhan Fadool (SJCC CEO); Alice Soulligne (SJCC COO); David Culberson (SJGH CEO); Betty Jo Riendel; Rajat Simhan; Adèle Gribble

EXCUSED:

Rod Place (SJCC Board Chair); Carla Bomben

ABSENT:

NONE

AGENDA ITEM	ATTACHMENTS	ACTION
<p>1. <u>Call to Order (Alicia Yonemoto, SJCC Board Vice-Chair)</u></p> <p>The meeting was called to order by Alicia Yonemoto at 3:06 p.m. Attendees were notified that this meeting is being recorded.</p>	No Attachments	No Action Required
<p>2. <u>Approval of Minutes of August 25, 2020 (Alicia Yonemoto, SJCC Board Vice-Chair)</u></p> <p>The minutes were reviewed by present committee members. Esgardo Medina made a motion to approve the minutes from August 25, 2020, Dena Galindo seconded the motion and all present members unanimously approved the minutes.</p>	(Attachment 2) Quality Committee Meeting Minutes from August 25, 2020)	Esgardo Medina – motion to approve minutes from 08/25/2020, Dena Galindo – second the motion. Committee unanimously approved the minutes.
<p>3. <u>Clinical Quality Report (Rajat Simhan)</u></p> <p>Rajat Simhan stated due to the pandemic SJCC's clinical quality numbers have been affected. However, we need to move beyond and start to build sustainable clinical quality interventions. We have seen significant improvements in the immunization rates for pediatrics which is attributable primarily to the flu vaccine drive-thru that was implemented at California and French Camp clinics.</p>	(Attachments 3) Clinical Indicators Dashboard Q3 and SJCC Clinical Quality Report for 3 rd Quarter	No Action required

AGENDA ITEM

ATTACHMENTS

ACTION

Other quality metrics are suffering primarily due to face to face visits being reduced. Rajat announced that Rey Sulit who was overseeing the Quality Team during Q2 of 2020 has since left the organization. Rajat has been working closely with the Clinical Quality Team to meet some of the Quality interventions already in place. Between Q2 and Q3, SJCC has rolled out HealtheRegistries which allows for providers and care teams to have visibility on how they are performing regarding clinical quality measures. A lot of the measures are based on HEDIS. Clinical Quality is now embedded in the clinics which means the Quality nurses and OCAs are starting to make their rounds and be more visible in the clinics. This will help with education and with support while working in conjunction with Business and Clinical Informatics.

Rajat presented the Clinical Indicators Dashboard and the Clinical Quality Report for the third quarter as shown below:

Reporting Period 01/01/2020 - 09/30/2020

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SJCC Clinical Performance Indicators -- Summary Dashboard							
Measure		Q3 2020	Q2 2020	Q1 2020	Target	Benchmark Source	Reference
DM A1c Control	Outcome	43.79%	48.39%	30.39%	29.68%	PRIME DY 15 Target	NQF 0059
CVD BP Control	Outcome	52.05%	54.94%	65.34%	72.26%	PRIME DY 15 Target	NQF 0018
Pap Screening	Process	55.71%*	51.43%*	54.29%*	61.00%	DHCS HEDIS MPL Goal	NQF 0032
Prenatal Care in 1st Trimester	Process	63.79%	64.98%	70.08%	84.80%	HP2020	UDS 68
Birth Weight < 2500 gm	Outcome	10.98%	9.32%	8.64%	7.80%	HP2020	UDS 7
Pediatric Immunizations	Process	54.29%*	38.57%*	25.71%*	39.44%	UDS National Data 2018	NQF 0038
Pediatric Dental Referrals (non-UDS)	Process	77.14%*	85.71%*	78.57%*	33.20%	HP2020	NQF 1334
Pediatric BMI Screening and	Process	44.73%	36.71%	61.43%*	54.70%	HP2020	NQF 0024
Adult BMI Screening and Intervention	Process	16.22%	17.02%	20.00%*	53.60%	HP2020	NQF 0421
Tobacco Use Screening and	Process	68.57%*	75.74%*	84.29%*	88.09%	UDS National Data 2018	NQF 0027
CVD Lipid Therapy	Process	84.89%	84.89%	85.71%*	85.00%	SJCC Local Target	CMS 347
IVD Aspirin Therapy	Process	93.08%	90.91%	82.70%	80.86%	UDS National Data 2018	NQF 0068
Colorectal Cancer Screening	Process	38.57%*	70.00%*	60.00%*	62.86%	PRIME DY 15 Target	NQF 0034
HIV Linkage to Care*	Process	66.67%	100.00%	50.00%	85.55%	UDS National Data 2018	UDS 68
Depression Screening and Follow-up	Process	37.14%*	40%*	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 RT, 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 >16, 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 BMI >=25 (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						
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 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						
* Denominator Sample (not whole universe)							

* Random Sample (not whole universe)

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<p>The Clinical Quality Team has been mailing out letters to our patients in need of a diabetic foot screen and bring them in for a comprehensive diabetic examination.</p> <p>With telehealth we are putting more emphasis on the patients to be more proactive in logging their blood pressures. We are working with HPSJ to send blood pressure machines to those who do not have any. The Quality Team is contacting the patients to follow up and if it is still high, we are working with their PCP to bring them in.</p> <p>We are seeing increased engagement with our OB and Pediatrics chairs to work on prenatal, postpartum and birthweights. Our Quality team continues to attend their monthly meetings, and this will yield results in Q1 of 2021.</p> <p>We have partnered with Cipher Health and have an outreach to bring in all our patients who are due for vaccinations.</p> <p>Colorectal Cancer Screening – the onus is on the patient to collect their specimens and returning to Quest. The Clinical Quality Team continues to follow up on outstanding kits.</p> <p>UDS is now due to HRSA on February 15th. Jeff Slater and Rajat are working on getting this turned in on time to HRSA.</p>																																																																																						
<p>4. <u>Access Improvement OASC Report (Dena Galindo)</u></p> <p>Dena Galindo presented her reports below. For productivity in August, September and October, this is a good reflection of the template reduction and the optimization and some of the things done in the clinics.</p> <p>FQHC Continuity Productivity</p> <table><tr><th></th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>June</th><th>July</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Total</th></tr><tr><td>Template</td><td>15,406</td><td>13,574</td><td>6,840</td><td>13,405</td><td>12,739</td><td>12,093</td><td>11,117</td><td>10,478</td><td>11,081</td><td>10,615</td><td>117,348</td></tr><tr><td>Appointments seen</td><td>11,668</td><td>10,593</td><td>5,089</td><td>8,698</td><td>9,948</td><td>8,536</td><td>9,925</td><td>9,006</td><td>9,057</td><td>8,478</td><td>90,998</td></tr><tr><td></td><td>75.74%</td><td>78.04%</td><td>74.40%</td><td>64.89%</td><td>78.09%</td><td>70.59%</td><td>89.28%</td><td>85.95%</td><td>81.73%</td><td>79.87%</td><td>77.55%</td></tr><tr><td>Same Day Open</td><td>2,089</td><td>1,836</td><td>1,172</td><td>6,794</td><td>4,289</td><td>2,626</td><td>1,515</td><td>787</td><td>522</td><td>285</td><td>21,915</td></tr><tr><td>Same Day Filled</td><td>1,728</td><td>1,634</td><td>966</td><td>2,899</td><td>3,319</td><td>2,362</td><td>1,559</td><td>1,378</td><td>996</td><td>701</td><td>17,542</td></tr><tr><td></td><td>82.72%</td><td>89.00%</td><td>82.42%</td><td>42.67%</td><td>77.38%</td><td>89.95%</td><td>102.90%</td><td>175.10%</td><td>190.80%</td><td>245.96%</td><td>80.05%</td></tr></table> <p>We have been able to stay around the 80th percentile when it comes to raw productivity (continuity). This is just looking at primary care visits with the patient’s Primary Care Physician (PCP) and appointments we had open during the beginning of the shift and what was kept at the end of the shift.</p>		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Total	Template	15,406	13,574	6,840	13,405	12,739	12,093	11,117	10,478	11,081	10,615	117,348	Appointments seen	11,668	10,593	5,089	8,698	9,948	8,536	9,925	9,006	9,057	8,478	90,998		75.74%	78.04%	74.40%	64.89%	78.09%	70.59%	89.28%	85.95%	81.73%	79.87%	77.55%	Same Day Open	2,089	1,836	1,172	6,794	4,289	2,626	1,515	787	522	285	21,915	Same Day Filled	1,728	1,634	966	2,899	3,319	2,362	1,559	1,378	996	701	17,542		82.72%	89.00%	82.42%	42.67%	77.38%	89.95%	102.90%	175.10%	190.80%	245.96%	80.05%	<p>(Attachment 4) OASC FQHC Board Meeting Nov 2020</p>	<p>No Action Required</p>
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<p>Dena advised since last quarter, we have seen improvements in open appointments we were unable to fill. The numbers are reflected in the tables provided and it shows that we are moving in the right direction.</p> <p>Phone Center Statistics</p> <table><tr><th>2020</th><th>JANUARY</th><th>FEBRUARY</th><th>MARCH</th><th>APRIL</th><th>MAY</th><th>JUNE</th><th>JULY</th><th>AUGUST</th><th>SEPTEMBER</th><th>OCTOBER</th><th>TOTAL</th></tr><tr><td>Calls Received</td><td>19,250</td><td>17,475</td><td>18,751</td><td>15,904</td><td>17,656</td><td>24,649</td><td>28,778</td><td>21,792</td><td>20,869</td><td>22,830</td><td>207,954</td></tr><tr><td>Calls Answered</td><td>18,838</td><td>17,010</td><td>18,309</td><td>15,606</td><td>17,038</td><td>23,808</td><td>26,941</td><td>21,289</td><td>20,300</td><td>21,858</td><td>200,997</td></tr><tr><td>Calls Missed</td><td>412</td><td>465</td><td>442</td><td>298</td><td>618</td><td>841</td><td>1,837</td><td>503</td><td>569</td><td>972</td><td>6,957</td></tr><tr><td>Percent Missed</td><td>2.1%</td><td>2.7%</td><td>2.4%</td><td>1.9%</td><td>3.5%</td><td>3.4%</td><td>6.4%</td><td>2.3%</td><td>2.7%</td><td>4.3%</td><td>3.2%</td></tr><tr><td>Avg Answer Time-ENG</td><td>21</td><td>18</td><td>23</td><td>21</td><td>26</td><td>38</td><td>70</td><td>29</td><td>25</td><td>39</td><td>31</td></tr><tr><td>Avg Answer Time-SPA</td><td>24</td><td>25</td><td>31</td><td>26</td><td>41</td><td>44</td><td>82</td><td>44</td><td>35</td><td>63</td><td>42</td></tr></table> <table><tr><th>2019</th><th>JANUARY</th><th>FEBRUARY</th><th>MARCH</th><th>APRIL</th><th>MAY</th><th>JUNE</th><th>JULY</th><th>AUGUST</th><th>SEPTEMBER</th><th>OCTOBER</th><th>TOTAL</th></tr><tr><td>Calls Received</td><td>18,820</td><td>16,446</td><td>19,289</td><td>19,171</td><td>18,989</td><td>17,405</td><td>20,448</td><td>20,178</td><td>18,593</td><td>20,102</td><td>222,627</td></tr><tr><td>Calls Answered</td><td>17,306</td><td>15,108</td><td>17,465</td><td>17,690</td><td>17,439</td><td>15,227</td><td>17,742</td><td>18,852</td><td>17,762</td><td>19,422</td><td>206,384</td></tr><tr><td>Calls Missed</td><td>1,514</td><td>1,338</td><td>1,824</td><td>1,481</td><td>1,550</td><td>2,178</td><td>2,706</td><td>1,326</td><td>831</td><td>680</td><td>16,243</td></tr><tr><td>Percent Missed</td><td>8.0%</td><td>8.1%</td><td>9.5%</td><td>7.7%</td><td>8.2%</td><td>12.5%</td><td>13.2%</td><td>6.6%</td><td>4.5%</td><td>3.4%</td><td>7.2%</td></tr><tr><td>Avg Answer Time-ENG</td><td>72</td><td>57</td><td>78</td><td>65</td><td>68</td><td>82</td><td>128</td><td>49</td><td>53</td><td>28</td><td>60</td></tr><tr><td>Avg Answer Time-SPA</td><td>138</td><td>117</td><td>124</td><td>104</td><td>108</td><td>96</td><td>160</td><td>57</td><td>64</td><td>36</td><td>88</td></tr></table> <p>Dena advised the team has decided their goal for next year will be 5% which will keep them within industry standard (3%-5%).</p> <p>CipherHealth Outreach Cancer Screening</p> <div><p>12.2k Patients Called by Outreach</p><p>30% of Patients Reached</p><p>Patients Called by Outreach Monthly</p><p>Patients Reached Monthly</p></div> <div><p>24.5k Patients Called by Outreach</p><p>20% of Patients Reached</p><p>Patients Called by Outreach Monthly</p><p>Patients Reached Monthly</p></div> <p>We have increased our call volumes in the last few months and have had more success with Cancer Screenings since patients are more willing to speak with us regarding this topic. Initial Health Assessments Outreach (IHA) has had some challenges such as wrong phone numbers, or patients did not want to be on our list. They have had to clean up the lists accordingly.</p>	2020	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	TOTAL	Calls Received	19,250	17,475	18,751	15,904	17,656	24,649	28,778	21,792	20,869	22,830	207,954	Calls Answered	18,838	17,010	18,309	15,606	17,038	23,808	26,941	21,289	20,300	21,858	200,997	Calls Missed	412	465	442	298	618	841	1,837	503	569	972	6,957	Percent Missed	2.1%	2.7%	2.4%	1.9%	3.5%	3.4%	6.4%	2.3%	2.7%	4.3%	3.2%	Avg Answer Time-ENG	21	18	23	21	26	38	70	29	25	39	31	Avg Answer Time-SPA	24	25	31	26	41	44	82	44	35	63	42	2019	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	TOTAL	Calls Received	18,820	16,446	19,289	19,171	18,989	17,405	20,448	20,178	18,593	20,102	222,627	Calls Answered	17,306	15,108	17,465	17,690	17,439	15,227	17,742	18,852	17,762	19,422	206,384	Calls Missed	1,514	1,338	1,824	1,481	1,550	2,178	2,706	1,326	831	680	16,243	Percent Missed	8.0%	8.1%	9.5%	7.7%	8.2%	12.5%	13.2%	6.6%	4.5%	3.4%	7.2%	Avg Answer Time-ENG	72	57	78	65	68	82	128	49	53	28	60	Avg Answer Time-SPA	138	117	124	104	108	96	160	57	64	36	88		
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<p>Dr. Fadoo stated that although the reach rate percentages shown above may look low (30% for Cancer Screening and 20% for IHA Outreach). We compared our reach rate with CipherHealth's typical reach rate of what they see as a target (in the 20%-30% range). This is also aligned with HPSJ when they do member outreach. Dena stated we also have a one of the better scores amongst CipherHealth's clients in terms of follow up with our patients.</p> <p>In August, we were able to launch the Referral Module in Cerner for the FQHC which allows us to quantify our numbers when we were never able to do so before.</p> <div><div><p>Referrals By Clinic 08/10 -11/10</p><table><tr><th>Specialty</th><th>Total</th></tr><tr><td>Physical Therapy</td><td>502</td></tr><tr><td>Gastroenterology</td><td>436</td></tr><tr><td>Orthopedics</td><td>333</td></tr><tr><td>Ophthalmology</td><td>239</td></tr><tr><td>Cardiology</td><td>233</td></tr><tr><td>Neurology</td><td>200</td></tr><tr><td>Dermatology</td><td>186</td></tr><tr><td>Obstetrics/Gynecology</td><td>161</td></tr><tr><td>Surgery</td><td>154</td></tr><tr><td>Other</td><td>147</td></tr><tr><td>Urology</td><td>141</td></tr><tr><td>Sleep Medicine</td><td>140</td></tr><tr><td>Pain Management</td><td>128</td></tr><tr><td>ENT</td><td>127</td></tr><tr><td>Audiology</td><td>127</td></tr><tr><td>Podiatry</td><td>90</td></tr><tr><td>Nephrology</td><td>88</td></tr><tr><td>Pulmonary</td><td>84</td></tr><tr><td>Endocrinology</td><td>82</td></tr><tr><td>Neurosurgery</td><td>77</td></tr><tr><td>Hematology/Oncology</td><td>76</td></tr><tr><td>Occupational Therapy</td><td>59</td></tr><tr><td>Vascular Surgery</td><td>57</td></tr><tr><td>Rheumatology</td><td>56</td></tr><tr><td>Allergy/Immunology</td><td>40</td></tr><tr><td>Wound Care</td><td>30</td></tr><tr><td>Speech Therapy</td><td>29</td></tr><tr><td>Nutritional Counseling</td><td>29</td></tr><tr><td>Pulmonary Function</td><td>25</td></tr></table></div><div><table><tr><th>Specialty</th><th>Total</th></tr><tr><td>Radiology</td><td>24</td></tr><tr><td>Infectious Disease</td><td>21</td></tr><tr><td>Optometry</td><td>11</td></tr><tr><td>Home Health</td><td>10</td></tr><tr><td>Cardiology Lab</td><td>10</td></tr><tr><td>Behavioral Health</td><td>10</td></tr><tr><td>CHF</td><td>6</td></tr><tr><td>Psychology</td><td>5</td></tr><tr><td>Substance Abuse</td><td>5</td></tr><tr><td>Dentistry</td><td>5</td></tr><tr><td>Surgery-Plastic</td><td>4</td></tr><tr><td>Genetics</td><td>4</td></tr><tr><td>Coumadin Clinic</td><td>3</td></tr><tr><td>Weight Management</td><td>3</td></tr><tr><td>Bret Harte</td><td>3</td></tr><tr><td>EEG</td><td>3</td></tr><tr><td>Skilled Nursing Facility</td><td>3</td></tr><tr><td>Diabetes Class</td><td>2</td></tr><tr><td>Geriatrics</td><td>2</td></tr><tr><td>Palliative Care</td><td>2</td></tr><tr><td>Perinatology</td><td>2</td></tr><tr><td>Anesthesia Consult</td><td>2</td></tr><tr><td>Sports Medicine</td><td>2</td></tr><tr><td>Hospice</td><td>2</td></tr><tr><td>Pediatric Neurology</td><td>1</td></tr><tr><td>Dialysis</td><td>1</td></tr><tr><td>Chiropractic</td><td>1</td></tr><tr><td>Grand Total</td><td>4223</td></tr></table></div></div> <p>Most of our referrals went to Physical Therapy. The chart and table reflect all referrals needed which helps with networking and finding out the best places for our patients to go.</p>	Specialty	Total	Physical Therapy	502	Gastroenterology	436	Orthopedics	333	Ophthalmology	239	Cardiology	233	Neurology	200	Dermatology	186	Obstetrics/Gynecology	161	Surgery	154	Other	147	Urology	141	Sleep Medicine	140	Pain Management	128	ENT	127	Audiology	127	Podiatry	90	Nephrology	88	Pulmonary	84	Endocrinology	82	Neurosurgery	77	Hematology/Oncology	76	Occupational Therapy	59	Vascular Surgery	57	Rheumatology	56	Allergy/Immunology	40	Wound Care	30	Speech Therapy	29	Nutritional Counseling	29	Pulmonary Function	25	Specialty	Total	Radiology	24	Infectious Disease	21	Optometry	11	Home Health	10	Cardiology Lab	10	Behavioral Health	10	CHF	6	Psychology	5	Substance Abuse	5	Dentistry	5	Surgery-Plastic	4	Genetics	4	Coumadin Clinic	3	Weight Management	3	Bret Harte	3	EEG	3	Skilled Nursing Facility	3	Diabetes Class	2	Geriatrics	2	Palliative Care	2	Perinatology	2	Anesthesia Consult	2	Sports Medicine	2	Hospice	2	Pediatric Neurology	1	Dialysis	1	Chiropractic	1	Grand Total	4223		
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<p>5. <u>Press Ganey (Betty Jo Riendel)</u></p> <p>Betty Jo Riendel presented the Press Ganey Survey comments for the months of September and October shown in the tables below:</p> <table><tr><td>September 2020</td><td></td></tr><tr><td></td><td></td></tr><tr><td>Total Number of Responses</td><td>62</td></tr><tr><td>Satisfied Responses</td><td>40</td></tr><tr><td>Concerns</td><td>22</td></tr><tr><td><u>Dissatisfied with</u></td><td></td></tr><tr><td>• Insufficient time with Provider</td><td>2</td></tr><tr><td>• Wait Time</td><td>5</td></tr><tr><td>• Customer Service Registration</td><td>1</td></tr><tr><td>• Insensitive staff/ provider</td><td>5</td></tr><tr><td>• Medication Refill Process</td><td>5</td></tr><tr><td>• Telemedicine Phone Visit</td><td>4</td></tr></table> <table><tr><td>October 2020</td><td></td></tr><tr><td></td><td></td></tr><tr><td>Total Number of Responses</td><td>61</td></tr><tr><td>Satisfied Responses</td><td>41</td></tr><tr><td>Concerns</td><td>20</td></tr><tr><td><u>Dissatisfied with</u></td><td></td></tr><tr><td>• Insufficient time with Provider</td><td>1</td></tr><tr><td>• Wait Time</td><td>4</td></tr><tr><td>• Customer Service Registration</td><td>2</td></tr><tr><td>• Insensitive staff/ provider</td><td>6</td></tr><tr><td>• Medication Refill Process</td><td>2</td></tr><tr><td>• Telemedicine Phone Visit</td><td>1</td></tr><tr><td>• Test Results</td><td>1</td></tr><tr><td>• Different Provider Every Time</td><td>3</td></tr></table> <p>Betty Jo advised she did a review of the Press Ganey results for 2020; we are averaging 64% satisfaction rate and the areas of patient concerns has to do with wait time and insensitivity of staff. We need to reinforce service</p>	September 2020				Total Number of Responses	62	Satisfied Responses	40	Concerns	22	<u>Dissatisfied with</u>		• Insufficient time with Provider	2	• Wait Time	5	• Customer Service Registration	1	• Insensitive staff/ provider	5	• Medication Refill Process	5	• Telemedicine Phone Visit	4	October 2020				Total Number of Responses	61	Satisfied Responses	41	Concerns	20	<u>Dissatisfied with</u>		• Insufficient time with Provider	1	• Wait Time	4	• Customer Service Registration	2	• Insensitive staff/ provider	6	• Medication Refill Process	2	• Telemedicine Phone Visit	1	• Test Results	1	• Different Provider Every Time	3	(Attachment 5) Press Ganey	No Action Required
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excellence with all staff, including Registration.		
6. <u>CROs & Patient Complaints (Carla Bomben)</u> Carla Bomben was unavailable for today's meeting; this topic is deferred to next quarter's meeting.	No Attachments	Will be presented at next quarter's Quality Committee Meeting
7. <u>Waiver Initiatives (Rajat Simhan)</u> Rajat Simhan advised all our focus will primarily be on Quality Incentive Program (QIP). PRIME has come to an end and Rajat extended his thanks to all who participated in PRIME. Most of the PRIME measures are rolling into QIP pool. PY3.5 – CMS has approved the original program of 3.5 proposal which was to merge the PRIME and QIP metrics and dollars into QIP. DHCS is not waiting CMS' approval of the modified PY3.5, they call it the preprint. This allows for some flexibilities with regards to COVID. There are a lot of moving part as far as QIP is concerned. There is one more reporting that is due March 31 st , 2021 after which point QIP will be the central focus, it will morph into PY4-8. It will have a stable set of measures we can report on and will benefit us because the pool we have to report on will increase and we will be held to reporting twenty core metrics.	No Attachments	No Action Required
8. <u>Adjournment (Alicia Yonemoto, SJCC Board Vice-Chair)</u> There being no further topics of discussion, Alicia Yonemoto adjourned the meeting at 3:44 p.m.	No Attachments	No Action Required