

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 Fadoo (SJCC CEO); Alice Souligne (SJCC COO); David Culberson (SJGH CEO); Betty Jo Riendel; Rajat Simhan; Adelé Gribble

EXCUSED:

Rod Place (SJCC Board Chair); Carla Bomben

ABSENT: NONE

	AGENDA ITEM	ATTACHMENTS	ACTION
1	 Call to Order (Alicia Yonemoto, SJCC Board Vice-Chair) The meeting was called to order by Alicia Yonemoto at 3:06 p.m. Attendees were notified that this meeting is being recorded. 	No Attachments	No Action Required
	2. Approval of Minutes of August 25, 2020 (Alicia Yonemoto, SJCC Board Vice-Chair) 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.	(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.
;	3. Clinical Quality Report (Rajat Simhan) 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.	(Attachments 3) Clinical Indicators Dashboard Q3 and SJCC Clinical Quality Report for 3 rd Quarter	No Action required

ther quality metrics are suffering primarily due to face to face visits being reduced. Rajat announced that Rey bill who was overseeing the Quality Team during Q2 of 2020 has since left the organization. Rajat has been orking closely with the Clinical Quality Team to meet some of the Quality interventions already in place, selveen Q2 and Q3, SUCC has rolled out HealtheRegistries which allows for providers and care teams to have sibility on how they are performing regarding clinical quality measures. A lot of the measures are based on EDIS. Clinical Quality is now embedded in the clinics which means the Quality nurses and OCAs are starting make their rounds and be more visible in the clinics. This will help with education and with support while orking in conjunction with Business and Clinical Informatics. algat presented the Clinical Indicators Dashboard and the Clinical Quality Report for the third quarter as shown into the Clinical Conformation of the Clini					AG	ENDA ITE	EM			ATTACHMENTS	ACTIO
EDIS. Clinical Quality is now embedded in the clinics which means the Quality nurses and OCAs are starting make their rounds and be more visible in the clinics. This will help with education and with support while orking in conjunction with Business and Clinical Informatics. Sajat presented the Clinical Indicators Dashboard and the Clinical Quality Report for the third quarter as shown blow: Paperting Preside (14/1000-00/1000)	ulit who was overse orking closely with etween Q2 and Q3										
Alexander Alex	EDIS. Clinical Qua make their rounds	llity is n and b	ow emb	edded in visible ir	the clini the clin	cs which r ics. This	means the Quality	nurses and	d OCAs are starting		
SICC Clinical Performance Indicators - Summary Dashboard	•	Clinical	Indicato	rs Dashb	oard an	d the Clini	cal Quality Report	for the thir	d quarter as shown		
Measure				Reporting Period	101/01/2020 - 09/3	0/2020		3			
Outcome			SJCC Clinic	al Performance	Indicators Sur	nmary Dashboard			1		
No. Process 52.05% 54.94% 63.34% 72.20% PRIME DV 35 Target NOF 0018	Measure							Reference			
Process 5.7.1% 5.1.4% 6.1.0% DNC HEDIS MPL Coal NOF 0025	7117126 00111101	Outcome		10,0070	00.0070	20.0070		1100 0000			
Process	Pap Screening	Process	55.71%¥	51.43%¥	54.29%¥	61.00%	DHCS HEDIS MPL Goal	NQF 0032	İ		
Process 54.29% 38.57% 39.44% US National Data 20.18 NoF 00.08 NoE detained between the female of the process 17.14% 85.71% 57.16% 18.57% 39.20% HP2020 NoF 00.04 Mode Boll Screening and princeresting process 24.47.5% 18.75% 18.25% 17.00% 18.26% HP2020 NoF 00.04 Mode Boll Screening and politoceresting process 18.27% 17.00% 20.00% 38.86% US No HP2020 NoF 00.04 Mode Boll Screening and politoceresting process 18.27% 17.00% 18.26% US No HP2020 NoF 00.04 Mode Boll Boll Boll Boll Boll Boll Boll Bol											
Process 14,73% 85,71% 61,43% \$4,70% HP2020 NOF 0024 Wildle BM Screening and Intervention Process 16,22% 170% 20,00% 18,360% HP2020 NOF 0421 NOF 042	-								1		
Adult EMM: Screening and Improvention Process 16.22% 17.02% 20.00% 53.50% H2020 No.65 0421											
Tollacco Use Screening and Process 68.57% 75.74% 84.29% 88.09% US National Data 2018 NQP 0027											
Vio Asspirin Therapy Process 93.08% 90.31% 82.70% 80.86% UDS National Data 2018 NOF 0068 Colorectal Canaer Screening Process 38.57% 70.00% 60.00% 85.55% UDS National Data 2018 UDS 68 Pepression Screening and Followup Process 37.14% 40% 61.45% 76.55% PRIME DY 15 Target NOF 0418 UDS 68 Pepression Screening and Followup Process 37.14% 40% 61.45% 76.55% PRIME DY 15 Target NOF 0418 UDS 68 Pepression Screening and Followup Abbreviations Process 37.14% 40% 61.45% 76.55% PRIME DY 15 Target NOF 0418 UDS 68 Pepression Screening and Followup Process 37.14% 40% 61.45% 40% 76.55% PRIME DY 15 Target NOF 0418 UDS 68 Pepression Screening and Followup Process 37.14% 40% 61.45% 40									i		
Process 35.57% 70.00% 60.00% 62.86% PRIME DY 15 Target NOF 0034									!		
HIV Linkage to Care* Process 6.67% 100.00% \$0.00% \$1.55% BY DEPRETATION STREET AND TO STATE NOT ON THE PROPERTY OF THE PROPERT									i		
Abbreviations Alc: Glycosylated Hemoglobin BP: Blood Pressure HEDIS CIS: Healthcare Effectiveness Data Information Set Childhood Immunization Status DHGS: Department of Health Care Services DHGS: Department of Health Care Services MCMC. Managed Care Medi-Cal CMS: Centers for Medi-Care and Medi-Cal CMS: Centers for Medi-Care and Medi-Cal DIS: Uniform Data System Sectifications DM: Notional Quality Forum			66.67%		50.00%	85.55%	UDS National Data 2018	UDS 6B			
ALC: Giveoyalated Hemoglobin PS: Blood Pressure MD: Diabetes Mellitus DM: Diabetes Mellitus DH: Department of Fleath Care Services MM: Body Mass Index AD: Cornolary Artery Olisease MM: Body Mass Index AD: Cornorary Artery Olisease PRIME: Medicare and Medicare and Medicare DM: Diabetes Mellitus DM: Diabetes Mellitus DM: Diabetes Mellitus DM: Services for Medicare and Medicare DM: Body Mass Index AD: Cornorary Artery Olisease PRIME: Medicare Medical Home PM: Patient-Centered Medical Home PM: Mass Index DS: Uniform Data System DS: Uniform	Depression Screening and Follow-up	Process	37.14%¥	40%¥		76.35%	PRIME DY 15 Target	NQF 0418			
BP. Blood Pressure MD. Glabets Mellitus DHCS: Department of Health Care Services MCM: Managed Care Medi-Cal MCM: Managed Care Medi-Cal CMS: Centers for Medicare and Medicaid PCM: Hatter-Centered Medical Home PCM: Health Centered Medical Home PCM: Health System PCM: Health System PCM: Health Centered Medical Home PCM: Health System PCM: Healt	A1c: Glycosylated Hemoglobin	HP2020: Health	ny People 20/20	AD	previations				1		
PRIME: Medicaid Waiver 2020 (Public Hospital Redesign & Incentives in Medi-Cal) MOF: National Quality Forum Specifications **Position of Control Patients ags 18-75 (1 visit) with DM whose most recent Post, I even during the measurement year is *9 %. Post DB P Control Patients ags 18-75 (1 visit) with DM whose most recent Post, I even during the measurement year is vysiolic < 140 mmHg AND dissrolic < 90 mmHg Pap Screening Pensale patients on pr 23-64 (1 visit) seed during the measurement year or no year prior Pensaled Care in 1st Trimester Obstractical patients with minimal pensal extra composition of the first interest (minds all patients) who receiver pensale in dee first visiting in the measurement year or no year prior Pediatric Dental Referrals (non-UDS) Number of chibren that received age appropriate vaccines prior to the helzhof deriving the measurement year or no year prior Pediatric Dental Referrals (non-UDS) Number of chibren that received are appropriate vaccines prior to the helzhof deriving the measurement year or no year prior Pediatric Dental Referrals (non-UDS) Number of chibren that received are appropriate vaccines prior to the helzhof deriving demander year (1 DTa), 3 DV, 3 Hib, 3 Hip, 8 L MMR, 1 VZV, 4 PCV J Hep. 4, 2 RT, 2 Fin) Number of chibren that received a well child exam (CHDP) during the measurement year that were referred to the destinit for each health care Pediatric Dental Referrals (non-UDS) Number of chibren that received are well child exam (CHDP) during the measurement year (1 DTa), 3 DV, 3 Hib, 3 Hep. 8, 1 MMR, 1 VZV, 4 PCV J Hep. 4, 2 RT, 2 Fin) Number of chibren that received are well child exam (CHDP) during the measurement year (1 DTa), 3 DV, 3 Hib, 3 Hep. 8, 1 MMR, 1 VZV, 4 PCV J Hep. 4, 2 RT, 2 Fin) Number of chibren that received are well child exam (CHDP) during the measurement year (1 DTa), 3 DV, 3 Hib, 3 Hep. 8, 1 MMR, 1 VZV, 4 PCV J Hep. 4, 2 RT, 2 Fin) Number of chibren that received are well child exam (CHDP) during the measurement year (DM: Diabetes Mellitus CVD: Cardiovascular Disease BMI: Body Mass Index	DHCS: Departn MCMC: Manag CMS: Centers f	nent of Health Ca ed Care Medi-Cal or Medicare and	re Services Medicaid	ion Set Childhood	Immunization Statu	s				
Specifications All Control Deltains age 18-75 (1 viii) with DM whose most recent BMA I event during the measurement year is systolic < 140 mmHg AND disstolic < 90 mmHg Penals Care in 1st Trimester Penals patients age 23-64 (1 viii) seen in the measurement year than have hade Sep patients who receive prenantal care in 1st Trimester Obstetical patients with in all penals desum completed in the first trimester (includes 311 monates than the received pressant care during the measurement year) Pediatric Inmunications Pediatric Dental Referrals (non-UDS) Pediatric Dental Referrals (non-UDS) Pediatric MM Screening and Intervention Adult BMI Screening and Intervention Probage of Selventing and Intervention Probag	VD: Ischemic Vascular Disease	PRIME: Medica	id Waiver 2020 (I		design & Incentive	es in Medi-Cal)					
EVIL BP Control Patients age 18-85 (1-2 visit) with HTN whose most recent blood pressure level during the measurement year is systotic < 140 mmHg AND district < 40 mmHg Page 18 mm of patients (pg 27-85 (1-2 visit)) with timit and pressure level during the measurement year is systotic < 140 mmHg AND district < 40 mmHg Page 18 mm of patients (pg 27-85 (1 visit)) with HTN whose most recent blood pressure level during the measurement year is mystotic < 140 mmHg AND district < 40 mmHg Page 18 mm of patients (pg 27-85 (1 visit)) with HTN whose most recent blood pressure level during the measurement year is systotic < 140 mmHg Page 18 mm of page				opcomodere	110]		
Female patients age 3-5-6 (I visit) seen during the measurement year that have held any next visits the measurement year that have held and properlies in 1st Trimester Predictable Cannel I strain Trimester Observation Josens with milling remail exame completed in the first remisest (includes all patients who receive presents who receive presents who receive presents are for examination and the received presental care at SICC regardless of where delivered.) Number of deliveries where child weighed < 2.500 grams (includes all monates that received presental care at SICC regardless of where delivered.) Children who have received age appropriate vaccines prote to their bird birdingly under the measurement year of the received presental care at SICC regardless of where delivered.) Predictaric Dental Referrals (non-UDS) Production and Intervention Production age 3-17 (I visit) with BMI visit, commelting for mutrition, and counseling for physical activity, and commended in the measurement year with a production of the measurement year with a production of the			,			asurement year is systolic <	140 mmHg AND diastolic < 90 mmHg				
Sirth Weight * 2500 gms (includes all meanutes that excited present) care at \$500 expertise to where delivereed. Pediatric Insuringations Children who have received appropriate vectical price to beliate the high of unity and the properties of the excited probability of the properties of the excited probability of the probability of t	Pap Screening										
Children who have nectived age appropriate vaccines prior to their hid brinking during the measurement year that were referred to the dentite for exclusion that the control of thildren who have nectived age appropriate vaccines prior to their hid brinking during the measurement year that were referred to the dentite for each habitin care Children who have nectived age appropriate vaccines prior to their hid brinking during the measurement year that were referred to the dentite for each habitin care Patients age \$1.77 (1 viti) with BMI 5/viti, commelting for mutrition, and counseling for privation, and counseling for privation private activity documented in the measurement year who be the dentite for each habitin care Patients age \$1.77 (1 viti) with BMI documented during the measurement year AND if under age of \$5.18 = BMI = 35 examples of the second of the private of the dentite for each habitin care Patients age \$1.77 (1 viti) with BMI documented during the measurement year AND if under age of \$5.18 = BMI = 35 examples of the dentite for each habitin care Patients age \$1.77 (1 viti) with BMI documented during the measurement year AND if under age of \$5.18 = BMI = 35 examples of the dentite for each habitin care Patients age \$1.77 (1 viti) with BMI documented during the measurement year AND if under age of \$5.18 = BMI = 35 examples of the dentite for examples of the dentite for each habitin care Patients age \$1.77 (1 viti) with BMI documented during the measurement year AND if under age of \$5.18 = BMI = 35 examples of the dentite for examples of the dentite for the dentity documented in the measurement year AND if under age of \$5.18 = BMI = 35 examples of the dentity of the dentity of the dentity of the dentity of the measurement year AND if under age of \$5.18 = BMI = 35 examples of the dentity of	renatai Care in 1st Trimester Birth Weight < 2500 gm										
Pediatric BMI Screening and Intervention Adult BMI Screening and Intervention Cobacco Use Screening and Intervention Cobacco Use Screening and Intervention Patients age 18 and older (1 visit) with BMI documented turning the measurement year AMD if under age 65 13.5=(BMD=3) counseling for mutrition, physical activity, and have followed by plant documented for before one of 51.85=(BMD=3) counseling for mutrition, physical activity, and have followed by plant documented for before one of 51.85=(BMD=3) counseling for mutrition, physical activity, and have followed by plant documented for before one of 51.85=(BMD=3) counseling for mutrition, physical activity, and have followed by plant documented in the measurement year Adult of the present of the plant	Pediatric Immunizations	Children who have re	eceived age appropriate	vaccines prior to their2nd	birthday during the me	asurement year(4 DTaP, 3 IP	V, 3 Hib, 3 Hep B, 1 MMR, 1 VZV, 4 PCV, I Hep A,	2 RV, 2 Flu)			
Adult BMI Screening and Intervention Flobacco Use Screening and Intervention Floration age 18 and older (1 vitid) veen in the measurement year who have been screened for rebacco use ARD If screen – have documentation on relocation during the measurement year Planting age 18 and older (1 vitid) veen in the measurement year who had appropriate screening for colorate lacence (colonoscopy = 0) yrs, flex sig = 5 yrs, or annual FOB/FII resting) Floration age 18 and older (1 vitid) veen in the measurement year who had appropriate screening for colorate lacence (colonoscopy = 0) yrs, flex sig = 5 yrs, or annual FOB/FII resting) Floration age 18 and older (1 vitid) veen in the measurement year who had appropriate screening for colorate lacence (colonoscopy = 0) yrs, flex sig = 5 yrs, or annual FOB/FII resting) Floration age 18 and older (1 vitid) veen in the measurement year AND if screen have documentation on relocation during the measurement year Floration age 18 and older (1 vitid) veen in the measurement year AND if screen have documentation on relocation of referral and properties of the measurement year Floration age 18 and older (1 vitid) veen in the measurement year AND if screen have documentation on relocation of veen and very actively using statin therapy during the measurement year Floration age 18 and older (1 vitid) veen in the measurement year AND if screen have documentation on relocation of veen and very active year of the measurement year AND if screen have documentation											
Solow- Screening and Intervention Solow-up plan documented		Patients age 18 and o	lder (1 visit) with BMI	locumented during the m	easurement year AND if	under age of 65 18.5= <bmi< td=""><td>>=25 /over age 65 23=<bmi>=30 counseling for nutri</bmi></td><td>ition, physical activity, and hav</td><td>ļ.</td><td></td><td></td></bmi<>	>=25 /over age 65 23= <bmi>=30 counseling for nutri</bmi>	ition, physical activity, and hav	ļ.		
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 VD Asprian Therapy Patients age 18 and older with TVD (1 visit) and been prescribed an antithiphatelet 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) IVI linkage to Care Newly-disgnowed HIV positions in the measurement year with documentation of referral and restruent initiations within the first00° days of diagnosis Petression Screening and Follow-up Patients 12 yrs and older (1 visit) screened for degression with a standardized tool (PHQ-19) during the measurement year AND if screen + have follow-up plan documented	Adult Bivil Screening and Intervention	follow-up plan docur	nented								
VD Aspirin Therapy Patients age 18 and older with TVD [1 visit) and been prescribed an antitriplanels to recentled an antitriplanels receited from control of the Coloroctal Cancer Screening Patients age 50-75 (1 visit) seen in the measurement year who had appropriate screening for colorect concer (coloroctycy =10 yrs, the sig = 5 yrs, or annual FOB/FIT testing) White the state of the color of	CVD Lipid Therapy	Percentage of patient	s 21 years of age and old	ler at high risk of cardio	ascular events-who were	prescribed or were actively					
HV Linkage to Care Newly-diagnosed HV patients in the measurement year with documentation of referral and treatment initiation within the first0* days of diagnosis Depression Screening and Follow-up Patients 12 yrs and older (1 visit) screened for depression with a standardized tool (PHQ-19) during the measurement year AND if screen + have follow-up plan documented	VD Aspirin Therapy						-10				
Depression Screening and Follow-up Patients 12 yrs and older (1 visit) screened for degression with a standardized tool (PHQ-19) during the measurement year AND if screen + have follow-up plan documented								g)			
									<u>J</u>		

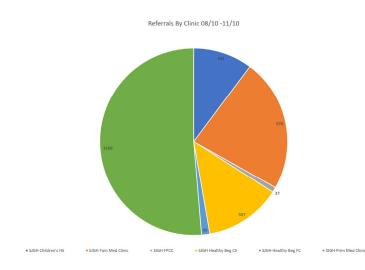
AGENDA ITEM	ATTACHMENTS	ACTION
The Clinical Quality Team has been mailing out letters to our patients in need of a diabetic foot screen and bring them in for a comprehensive diabetic examination.		
With telehealth we are putting more emphasis on the patients to be more proactive in logging their blood 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.		
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.		
We have partnered with Cipher Health and have an outreach to bring in all our patients who are due for vaccinations.		
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.		
UDS is now due to HRSA on February 15 th . Jeff Slater and Rajat are working on getting this turned in on time to HRSA.		
4. Access Improvement OASC Report (Dena Galindo)		
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. FQHC Continuity Productivity Template Appointments seen	(Attachment 4) OASC FQHC Board Meeting Nov 2020	No Action Required
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%		
We have been able to stay around the 80 th 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.		

											ments we w			TIII. I	ne			
umbers are	reflec	ted in ti	ne tabl	es pro	ovided	and it	show	s that	we are	moving	in the right	direction	n.					
one Center Statistics																		
2020	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	ΓΟΤΑL							
Calls Received	19,250	17,475	18,751	15,904	17,656	24,649	28,778	21,792	20,869		07,954							
Calls Answered	18,838	17,010	18,309	15,606	17,038	23,808	26,941	21,289	20,300	21,858 2	00,997							
Calls Missed	412	465	442	298	618	841	1,837	503	569		6,957							
Percent Missed Avg Answer Time-	2.1%	2.7%	2.4%	1.9%	3.5%	3.4%	6.4%	2.3%	2.7%	4.3%	3.2%							
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		22,627							
	17,306	15,108	17,465	17,690	17,439 1.550	15,227 2,178	17,742	18,852	17,762		06,384							
Calls Answered	1						2,706	1,326	831		16,243							
Calls Missed	1,514	1,338	1,824	1,481	-,			6.6%	4.5%	3.4%	7 2%							
Calls Missed Percent Missed	1,514 8.0%	8.1%	1,824 9.5%	7.7%	8.2%	12.5%	13.2%	6.6%	4.5%	3.4%	7.2%							
alls Missed ercent Missed vyg Answer Time- NG vyg Answer Time-SPA	8.0% 72 138	8.1% 57 117	9.5% 78 124	7.7% 65 104	8.2% 68 108	82 96	13.2% 128 160	49 57	53 64	28 36	ch will keep	them v	within	indus	stry			
calls Missed Percent Missed Ang Answer Time- Ang Answer Time-SPA Ena advised Candard (3%	8.0% 72 138 d the 1 5-5%).	8.1% 57 117	9.5% 78 124	7.7% 65 104	8.2% 68 108	82 96	13.2% 128 160 r next	year	sa 64 will be	28 36	ch will keep	them v	within	indus	stry			
Calls Missed Percent Missed Avg Answer Time- ENG Avg Answer Time-SPA	8.0% 72 138 d the 1 5-5%).	8.1% 57 117	9.5% 78 124	7.7% 65 104	8.2% 68 108	82 96	13.2% 128 160 r next	49 57 year 1	53 64 will be	28 36 5% whi	ch will keep			indus	stry			
Calls Missed Percent Missed Ang Answer Time- NG Avg Answer Time-SPA ena advised Candard (3% chartellth Outreach Cr FRIERSSIG - Outreach, Pragnan S	8.0% 72 138 d the 1 0-5%).	8.1% 57 117 Ceam h	9.5% 78 124	7.7% 65 104	8.2% 68 108	82 96	13.2% 128 160 r next	49 57 year 1	53 64 will be	28 36 5% Whi	ch will keep			indus	stry			
Calls Missed Percent Missed Awg Answer Time- ENG Awg Answer Time-SPA ena advised Candard (3% Competition of Co	8.0% 72 138 d the 1 0-5%).	8.1% 57 117 Eeam h	9.5% 78 124	7.7% 65 104	8.2% 68 108	82 96	13.2% 128 160 r next	49 57 year year MarerHealth Outlitters (4) • Outlitter	53 64 will be	28 36 5% whi	ch will keep	DateRange 2020-08-01		indus	stry			
Calls Missed Percent Missed Ang Answer Time- NG Avg Answer Time-SPA ena advised Candard (3% chartellth Outreach Cr FRIERSSIG - Outreach, Pragnan S	8.0% 72 138 d the 1 0-5%).	8.1% 57 117 Ceam h	9.5% 78 124	7.7% 65 104 cided t	8.2% 68 108	82 96	13.2% 128 160 r next	49 57 Year Wear WEERS (4) * Outstants Called to	53 64 will be attreach Initial Freech_Program SUCC-1 by Outreach 24.5k	28 36 5% whi	ch will keep	DateRange 2020-08-01		indus	stry			
Calls Missed Percent Missed Avg Answer Time- NG Avg Answer Time-SPA ena advised candard (3% complete Health Outreach Comp	8.0% 72 138 d the 1 0-5%).	8.1% 57 117 Ceam h	9.5% 78 124 as dec	7.7% 65 104 cided 1	8.2% 68 108	82 96	13.2% 128 160 r next	49 57 Year Wear WEERS (4) * Outstants Called to	53 64 will be	28 36 5% whi	ch will keep	DateRange 2020-08-01		indus	stry			
Calls Missed Percent Missed Avg Answer Time- NOG Avg Answer Time-SPA Rena advised Candard (3% Charles III - Outreach Program 5 0 12.2	8.0% 72 138 d the 1 0-5%).	8.1% 57 117 Ceam h	9.5% 78 124 as dec	7.7% 65 104 cided 1	8.2% 68 108	82 96	13.2% 128 160 r next	49 57 Year Wear WEERS (4) * Outstants Called to	53 64 will be attreach Initial Freech_Program SUCC-1 by Outreach 24.5k	28 36 5% whi	ch will keep	DateRange 2020-08-01		indus	stry			
Calls Missed Percent Missed Avg Answer Time- NOG Avg Answer Time-SPA Rena advised Candard (3% Charles III - Outreach Program 5 0 12.2	8.0% 72 138 d the 1 0-5%).	8.1% 57 117 Team h	9.5% 78 124 as dec	7.7% 65 104 cided 1	8.2% 68 108	82 96	13.2% 128 160 r next Ciph	49 57 year year MILTERS (4) • Outs Patients Called b	53 64 will be attreach Initial Freech_Program SUCC-1 by Outreach 24.5k	28 36 5% whi	ch will keep	DateRange 2020-08-01		indus	stry			
Calls Missed Percent Missed Avg Answer Time- No Avg Answer Time-SPA Rena advised Candard (3% Charles Called by Patients Called by	8.0% 72 138 d the 1 0-5%).	8.1% 57 117 Team h	9.5% 78 124 as dec	7.7% 65 104 cided 1	8.2% 68 108	82 96	13.2% 128 160 r next Ciph	49 57 year year MILTERS (4) • Outs Patients Called b	53 64 will be streach Initial F reach_Program SUCC-I 24.5k nts Called by Ou	28 36 5% whi	ch will keep	DateRange 2020-08-01		indus	stry			
Calls Missed Percent Missed Avg Answer Time- No Avg Answer Time-SPA Rena advised Candard (3% Charles Called by Patients Called by	8.0% 72 138 d the 1 0-5%).	8.1% 57 117 Team h	9.5% 78 124 as dec	7.7% 65 104 cided 1	8.2% 68 108	82 96	13.2% 128 160 r next Ciph	49 57 year year MILTERS (4) • Outs Patients Called b	53 64 will be streach Initial F reach_Program SUCC-I 24.5k nts Called by Ou	28 36 5% whi	ch will keep	DateRange 2020-08-01		indus	stry			
Calls Missed Percent Missed Avg Answer Time- No Avg Answer Time-SPA Rena advised Candard (3% Charles Called by Patients Called by	8.0% 72 138 d the 1 0-5%).	8.1% 57 117 Team h	9.5% 78 124 as dec	7.7% 65 104 cided 1	8.2% 68 108	82 96	13.2% 128 160 r next Ciph	49 57 year year MILTERS (4) • Outs Patients Called b	53 64 will be streach Initial F reach_Program SUCC-I 24.5k nts Called by Ou	28 36 5% whi	ch will keep	DateRange 2020-08-01		indus	stry			
Calls Missed Percent Missed Avg Answer Time- No Avg Answer Time-SPA Rena advised Candard (3% Charles Called by Patients Called by	8.0% 72 138 d the 1 0-5%).	8.1% 57 117 Team h	9.5% 78 124 as dec	7.7% 65 104 cided 1	8.2% 68 108	82 96	13.2% 128 160 r next Ciph	49 57 year year MILTERS (4) • Outs Patients Called b	53 64 will be streach Initial F reach_Program SUCC-I 24.5k nts Called by Ou	28 36 5% whi	ch will keep	DateRange 2020-08-01		indus	stry			
Calls Missed Percent Missed Avg Answer Time- No Avg Answer Time-SPA Rena advised Candard (3% Charles Called by Patients Called by	8.0% 72 138 d the 1 0-5%).	8.1% 57 117 Team h	9.5% 78 124 as dec	7.7% 65 104 cided 1	8.2% 68 108	82 96	13.2% 128 160 r next Ciph	year year NITERS (4) • Outs Patients Called to 100	53 64 will be streach Initial F reach_Program SUCC-I 24.5k nts Called by Ou	28 36 5% whi	ch will keep	DateRange 2020-08-01 % Reached		indus	stry			

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.

AGENDA ITEM

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.



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 2 2 2
Palliative Care	2
Perinatology	2
Anesthesia Consult	2
Sports Medicine	2
Hospice	2
Pediatric Neurology	1
Dialysis	1
Chiropractic	1
Grand Total	4223

ATTACHMENTS

ACTION

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.

	AGENDA ITEM		ATTACHMENTS	ACTION
Press Ganey (Betty Jo Riendel)				
Betty Jo Riendel presented the Press Gane n the tables below:	y Survey comments for the months of September and C	October shown	(Attachment 5) Press Ganey	No Action Requir
September 2020				
Total Number of Responses	62			
Satisfied Responses	40			
Concerns	22			
Dissatisfied with				
Insufficient time with Provider	2			
Wait Time	5			
Customer Service Registration	1			
 Insensitive staff/ provider 	5			
Medication Refill Process	5			
 Telemedicine Phone Visit 	4			
• Telemedicine Phone Visit	T			
October 2020				
	61			
October 2020	61 41			
October 2020 Total Number of Responses	61			
October 2020 Total Number of Responses Satisfied Responses Concerns Dissatisfied with	61 41			
October 2020 Total Number of Responses Satisfied Responses Concerns Dissatisfied with Insufficient time with Provider	61 41 20 1			
October 2020 Total Number of Responses Satisfied Responses Concerns Dissatisfied with Insufficient time with Provider Wait Time	61 41 20 1 4			
October 2020 Total Number of Responses Satisfied Responses Concerns Dissatisfied with Insufficient time with Provider Wait Time Customer Service Registration	61 41 20 1 4 2			
October 2020 Total Number of Responses Satisfied Responses Concerns Dissatisfied with Insufficient time with Provider Wait Time Customer Service Registration Insensitive staff/ provider	61 41 20 1 4 2 6			
October 2020 Total Number of Responses Satisfied Responses Concerns Dissatisfied with Insufficient time with Provider Wait Time Customer Service Registration Insensitive staff/ provider Medication Refill Process	61 41 20 1 4 2			
October 2020 Total Number of Responses Satisfied Responses Concerns Dissatisfied with Insufficient time with Provider Wait Time Customer Service Registration Insensitive staff/ provider Medication Refill Process Telemedicine Phone Visit	61 41 20 1 4 2 6			
October 2020 Total Number of Responses Satisfied Responses Concerns Dissatisfied with Insufficient time with Provider Wait Time Customer Service Registration Insensitive staff/ provider Medication Refill Process	61 41 20 1 4 2 6			

	AGENDA ITEM	ATTACHMENTS	ACTION
	excellence with all staff, including Registration.		
6.	CROs & Patient Complaints (Carla Bomben) 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.	Waiver Initiatives (Rajat Simhan)		
	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.	No Attachments	No Action Required
	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 31st, 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.		
8.	Adjournment (Alicia Yonemoto, SJCC Board Vice-Chair)		
	There being no further topics of discussion, Alicia Yonemoto adjourned the meeting at 3:44 p.m.	No Attachments	No Action Required