



Quality Improvement and Health Equity Committee (QIHEC)

Quarterly Update (April 2024 – June 2024)

Activities

During the June QIHEC meeting, below topics were discussed and reviewed:

- Draft of Contra Costa Health Plan (CCHP) Health Equity Office Strategic Planning was shared and discussed with QIHEC, the strategic plan focuses on:
 - Equal Access to Care and Address Social Determinants of Health
 - Ensure Culturally Responsive or Concordance Care
 - Reduce Health Disparities
 - Promote Diversity, Equity, and Inclusion within CCHP and Network Providers
 - Community Engagement and Empowerment
- National Committee of Quality Assurance (NCQA) Health Equity Accreditation:
 - Goal is to receive Health Accreditation by 2025, tentative survey date in September 2025.
 - Health Equity Office is working on gap analysis and project planning based on NCQA Health Equity Standard 2023, new 2024 standard should be receive in July.
- Diversity, Equity, and Inclusion (DEI) Training Program:
 - Health Equity Office developed a DEI survey and distributed to CCHP all staff to gather perspectives and suggestions on DEI within CCHP. The survey consists of 35 questions, and Health Equity Office in final process of collecting responses.
 - Health Equity Office is developing a 1-hour virtual DEI training, and the training will be mandate for all CCHP staff.
- Grievances:
 - Health Equity Office reviewed 10 grievances during first quarter of 2024. 9 of the grievances are alleged discrimination and one of them was language access issues. 5 of the grievances were due to miscommunication; 3 grievances were referred as Potential Quality Issues.
 - When compared to Q1 2023, the numbers of grievances were similar.
 - 1 language access issue grievance required training of staff to ensure knowledge of Interpreter Services.
 - Health Equity Office continue to monitor grievances to identify area of improvement and provide education and support as needed.
- Behavioral Health Improvement:
 - Review of current efforts to improve two quality measurements: Follow-up after ED presentation for Mental Health (FUM) & Follow-up after ED visit for Substance Use (FUA), preliminary data analysis was also presented.

- Currently starting pilot with Kaiser Richmond ED to have warm hand off to Access Line when members have ED visits, intervention also includes notifying Access Line regarding members when Access Line is not operating. Representatives from CCHP, Behavioral Health Services and Public Health are all participating in Institute for Healthcare Improvement to better collaborate and serve our members.

Findings:

- Behavioral Health Improvement:
 - Relevant drivers and barriers to appropriate follow-up after ED visits include fragmentation between delivery system (such as Managed Care Plan benefits vs. Carved out services, different Electronic Health Record), data exchange limitations, member's ability to adhere to appointment due to health conditions, as well as stigmatization.
 - In the last 12 months, we have 1004 ED visits related to Mental Health with 43% of them have follow-up visit within 30 days; 1902 ED visits related to Alcohol and Other Drugs (AOD) with 35% of them have follow-up visit within 30 days.
 - Highest age group for members with Mental Health related ED visit is 18-29 years old, while AOD related ED visit are higher in age 30-39 and 40-49 years old.
 - When breaking down by race/ethnicity, African American/Black members have a rate of 5.6 ED visits related to Mental Health per 1000 members while Asian members have about 1 visit per 1000 members. For ED visits related to AOD, highest rate of ED visit is among American Indian/Alaska Natives while lower rates are among Hispanic and Asian Pacific Islanders. Women has slightly higher rate for ED visits related to Mental Health while Men has higher rate for ED visits related to AOD.
 - Around 9% of these ED visits are discharged to Psychiatric Emergency on the same day, 23% of these members are experiencing homelessness and 16% of them are enrolled in Enhanced Case Management (ECM).
 - Members are more likely to have a follow-up visit if they already received Behavioral Health Services previously.

Recommendations:

- Behavioral Health Improvement efforts to consider:
 - Look into members who have repeated visits to ED.
 - Data analysis on member's primary care provider availability and language preference with follow-up visits.
 - Intervention should be close to patients so primary care providers are great place for intervention, case managers, social workers and other staff that can meet

patients where they need to be met are also good options and not to create artificial barriers in the system.

- Making the appointment more accessible to patients might help with the adherence to appointment/follow-up visit, such as providing telehealth option or consider alternate location.

Actions:

- March meeting minutes were reviewed and approved by QIHEC.
- QIHEC members to review draft Health Equity Office Strategic Planning and provide feedback.
- Health Equity Office to share DEI survey questionnaires with committee members and provide updates regarding survey result in next council meeting.
- Next QIHEC meeting is scheduled on September 10th, 2024.