



## Quality Improvement and Health Equity Committee (QIHEC) Quarterly Report

**Report Period:** January 1, 2024 – March 31, 2024

### 1. Meeting Dates and Main Topics Covered

January 9, 2023 – Quality Council

- **Single Plan Model and Transition Populations:** As of January 1, 2024, CCHP has fully transitioned to a Single Plan Model following the exit of Anthem Blue Cross from the County. The second phase of the Long-Term Care carve-in also became active on this date, along with the Adult Expansion for members aged 26-49.
- **Transitional Care Services:** New care transitions were effective 1/1/23 (for high risk) and 1/1/24 (for low risk), and include prior authorizations for follow-up care, real-time notifications of admissions, discharges, and transfers through ADT feeds, and the identification of High Risk versus Low Risk Members. Efforts are being enhanced, with the plan to assign care managers as single points of contact for high-risk members, ensuring seamless communication and follow-up care post-discharge. High-risk members represent 17% of admissions but account for 43% of all discharges, with approximately 1,500 admissions per month.
- **Facility Site Review, Medical Record Review, and Physical Accessibility Review Survey:** Facility Site Reviews are conducted every three years to ensure the ongoing capacity of sites to deliver quality healthcare services, covering primary care providers, high-volume specialties, ancillary providers, and community-based adult services sites. Additionally, Physical Accessibility Review Surveys are offered upon request, and Medical Record Reviews focus on legal protocols, documentation of preventive care, and ensuring coordination and continuity of care services.
- **Health Equity Office:** The Quality and Equity Offices are working together on overlapping goals, such as NCQA accreditation and DHCS health equity compliance. Key initiatives include establishing the Quality Improvement and Health Equity Committee, achieving NCQA Health Equity Accreditation by January 2026, and conducting diversity, equity, and inclusion training for staff and providers by the end of 2024. Additional tasks include managing discrimination grievances, coordinating with the county's equity team, and overseeing cultural and linguistic services.

- **Report and Minute Approvals:** The Quality Council reviewed and approved various documents, including the Quality Council Minutes from November 14, 2023, the Grievances and Appeals reports, the Utilization Management (UM) Committee Minutes for November 20, 2023, and December 11, 2023, along with UM reports on RN & MD inter-rater reliability and turnaround time, the Behavioral Health Department (BHD) IRR Summary Report, and the Quality Improvement and Health Equity Charter. All documents were approved unanimously.
- **Policy Approvals:** The Quality Council also reviewed and approved several policies and procedures. These included policies on access to mental health services, data sharing, quality improvement and health equity transformation, health disparities reduction, diversity and inclusion training, specialist referrals, tracking utilization management inter-rater reliability, and various credentialing processes. Additionally, the council approved policies related to provider complaints, provider network maintenance, provider participation standards, continuity of care, geographic access to care, tuberculosis monitoring, provider training, and telehealth services.

#### February 13, 2024 – Quality Council

- **Single Plan Model Transition:** Contra Costa Health Plan is nearing the completion of its transition to the Single Plan Model in Contra Costa County, with Continuity of Care agreements established with many new providers and additional contracts secured to expand the provider network.
- **QIHETP Program Description, Workplan, and Evaluation:** The Quality Council reviewed the annual QIHETP documents, which included the Prior Year Evaluation, Program Description, and Work Plan. Key accomplishments highlighted include NCQA Accreditation for the Medi-Cal line of business, a 4-star rating in the Annual Health Plan Rating, and exceeding the 90th percentile nationally in nine HEDIS measures. The Program Description emphasized the commitment to high-quality and equitable healthcare, with equity being central to the Quality Improvement and Health Equity Transformation Program (QIHETP). Functional changes for 2023 included restructuring within the Quality and Equity Departments and the creation of an Equity governance body. The Work Plan focuses on preparing for NCQA Accreditation, expanding internal quality measurement, performance improvements, population health initiatives, and delegation oversight. Discussions also covered the impact of REAL data on quality outcomes, with a focus on disparities in childhood immunizations and lead screening. Additionally, the council reviewed Performance Improvement Projects (PIPs) required by DHCS and CMS, including efforts to improve A1c control for members with obesity and well-care visits for African American children. The next External Quality Review cycle (2024-2026) will target improving well-care rates among Black/African American children and increasing enrollment in case management following emergency room visits for mental health or substance abuse.
- **Report and Minute Approvals:** The Quality Council reviewed and unanimously approved the minutes from the 11/14/2023 meeting, Grievances and Appeals reports, UM

Committee Minutes from 11/20/2023 and 12/11/2023, UM reports on inter-rater reliability and turnaround time, the BHD IRR Summary Report, and the Quality Improvement and Health Equity Charter.

- **Policy Approvals:** The Council reviewed and unanimously approved a wide range of policies, including those related to practitioner office quality site visits, facility site reviews, utilization management criteria and guidelines, specialist referrals, dental services, long-term care, quality council operations, timely access to care standards, delegation oversight, health education services, clinical practice guidelines, initial health appointments, REAL data collection, EPSDT services, population health management, and health information form screenings.

#### March 12, 2024 – Equity Council

- **Quality Improvement and Health Equity Transformation Program (QIHETP):** The program's purpose includes reviewing and monitoring QIHETP regulations to ensure policy compliance, planning and operating the Health Equity Council, supporting the Quality Department in developing Population Health Management interventions to address social drivers of health and reduce disparities in health outcomes, and reporting all QIHETP activities to the Equity Council quarterly, as well as the Joint Conference Commission.
- **Equity Council Charter:** An overview of the Council's Charter was provided, highlighting its role in oversight and collaboration with QIHETP. The Council reports to the Joint Conference Commission and is responsible for analyzing performance measures and utilization data connected to Health Equity, reviewing consumer satisfaction surveys, overseeing activities of the Community Advisory Committee, and instituting actions to address performance deficiencies, including policy recommendations.
- **CCHP Health Equity Office:** The responsibilities of the Equity Office include working with the Community Advisory Committee, pursuing Health Equity NCQA Accreditation by January 2026 (with the look-back period from February to July 2025 and application submission in August 2025), conducting Diversity, Equity, and Inclusion Training for CCHP staff and providers by the end of 2024, overseeing the review and processing of discrimination member grievances, and ensuring Health Equity compliance with the 2024 DHCS contract and All Plan Letters from DHCS and DMHC.
- **Community Engagement:** Ways of engaging with the community were shared, including collaboration with Community-based Organizations (CBOs). Training for CBOs receiving CCHP grants for Medi-Cal Expansion and Re-determination outreach will be conducted, along with providing technical support and monitoring activities under the CCHP outreach grant. CBOs will also be involved in Community Advisory Committee member recruitment and meetings.
- **Community Advisory Committee (CAC):** The Committee's Charter ensures members have a meaningful impact on CCHP policies and services, with the Committee reporting to the Equity Council and Joint Conference Committee. The Committee will review and provide feedback to CCHP as part of community and member engagement and will meet

five times a year. A Member Survey indicated that the topics of most interest are Housing, Health Education, and Behavioral/Mental Health. The survey responses also showed a desire for more information on Health Disparities affecting Health Plan members and Medi-Cal applications. Most respondents prefer meetings to be held via Zoom and communication via email. Additionally, the CAC Charter was updated to align with the 2024 DHCS Contract. The membership terms are set at two years, with the possibility of serving additional terms at the discretion of the CAC Selection Committee. New members will complete orientation training, and annual eligibility verification will ensure that the CAC is primarily composed of CCHP and Medi-Cal members.

- **Cultural and Linguistics:** A high-level analysis assessed the cultural, ethnic, racial, and linguistic needs of health plan members, focusing on the most common languages spoken and provider race demographics. The analysis revealed a diverse provider network with a significant increase in Spanish-speaking providers. The Member Experience Survey showed high satisfaction with respect and courtesy, interpreter availability, and services. While the network's diversity is a strength, further improvements in race/ethnicity data collection and cultural competency training were discussed. The report, with an amendment highlighting the network's diverse language capabilities, was approved unanimously.
- **Policy Approvals:** The Council reviewed and approved several policies and procedures, including those related to interpreter access, the Community Advisory Committee, materials translation, linguistic services, cultural competencies, non-discrimination notices, and training on cultural competency.

## 2. Update on Quarterly Activities in QIHETP Program

### Program Structure:

- Approved the QIHETP Program Description, Evaluation, and Workplan at the Joint Conference Committee.
- Launched a new Equity Council with focused membership and committees on equity issues.
- Convened two Quality Council meetings and one Equity Council meeting.

### NCQA Accreditation

- Held a kickoff meeting with departments regarding Health Plan Accreditation.
- Completed training for key CCHP staff on accreditation requirements.

### Measurement, Analytics, Reporting, and Data Sharing

- Conducted a test runs of HEDIS MY2023 calculations and identified data improvement areas.
- Implemented Epic's Population Health Query to enhance data collection for Community Provider Network providers.
- Finalized the annual Cultural and Linguistics analysis.
- Developed and conducted a new member experience survey for recently enrolled CCHP members to understand their needs better.

- Refined the process to integrate Race and Ethnicity data from the 834 file into the member database.

#### Performance Improvement Projects

- Continued collaboration with Behavioral Health on Follow-up for ED measures related to Mental Health and AOD. Developed a process for follow-up calls with the Access Line after ED visits.
- Partnered with Lifelong on implementing POCT lead testing using the LeadCare II machine at the Brookside clinic.

#### Population Health

- Initiated a new workflow to refer individuals with positive screenings to Community Health Workers following HIF/MET completion.
- Began the technical process of extracting ADT feeds from electronic health records for acute care facilities.
- Executed a contract for a new health education library/website.
- Coordinated with diabetes disease management programs, Inspiring Communities and Gojji, to increase referrals for diabetic patients.
- Conducted outreach to individuals with asthma for asthma remediation services.

#### Patient Safety

- Continued monitoring and investigating Potential Quality Issues, Provider Preventable Conditions, and medical safety incidents.
- Completed scheduled Facility Site Reviews and Medical Record Reviews.
- Distributed clinical practice guidelines through the Provider Newsletter.

#### Provider Engagement

- Conducted quarterly provider network training sessions.
- Held quality meetings with providers focused on their specific rates and improvement projects.