



Quality Improvement and Health Equity Committee (QIHEC) Quarterly Report

Report Period: April 1, 2024 – June 30, 2024

1. Meeting Dates and Main Topics Covered

April 9, 2024: Quality Council

- **Single Plan Model Transition:** The CMO reported on the transition to a Single Plan Model for Managed Health Care in the county, effective January 1, 2024. This transition added about 34,000 new members to CCHP, with over 1,500 authorizations processed to ensure continuity of care. Additionally, 10,000 members were integrated through Adult Expansion, and new benefits were introduced for Intermediate Care Facilities and Sub-Acute care. Notably, 94% of new members retained their existing Primary Care Providers (PCPs). To accommodate this growth, additional staff were hired, and plans to expand into a dual plan, including Medicare by 2026, were discussed.
- **Annual Assessment of Grievances and Appeals:** The Annual Assessment of Grievances and Appeals showed a slight decrease in grievances at the end of 2023. Over half of grievances were related to Quality of Service, particularly issues with provider/office staff, communication, and staff attitude. In the area of Quality of Care, complaints focused on diagnosis/treatment, provider care, and treatment explanations, with language barriers identified as a factor. The appeals process saw a spike in April due to ECM reenrollments, with a consistent overturn rate of 48.2% over the past three years.
- **Potential Quality Issues (PQIs) and Provider Preventable Conditions (PPCs).** CCHP resolved an average of 17 PQIs per month, with less than half confirmed as actual quality issues and fewer than 10% deemed significant, requiring a Corrective Action Plan (CAP). The majority of PQIs were related to Quality of Care, with common issues including falls at SNFs, appointment delays, and delays in medication and equipment. PPCs were primarily infections at surgical sites, Diabetic Ketoacidosis (DKA), and pressure ulcers.
- **Report Approvals:** The Quality Council reviewed and unanimously approved a series of key documents and reports. These included the Quality Council Minutes from February 13, 2024; the Behavioral Health Division (BHD) 2024 Program Description and Work Plan; the Utilization Management (UM) Committee Minutes from February 12, 2024; and the UM 2024 Program Description, Work Plan, and 2023 Evaluation. Additionally, the Council approved the UM Turnaround Time Reports for January and February 2024, the UM Inter-Rater Reliability (IRR) Reports for RN and MD for Q4 2023, and the UM Eating Disorders Grid.

- **Policy Approvals:** The Council also unanimously approved several policies covering a wide range of topics. These included Access to Mental Health Services, Maternal and Infant Health, Reproductive Care, Street Medicine, Baby Watch, All Plan Letters, Timely Access to Care, Prior Authorization, Timeliness of Utilization Review Decision and Communication, Transgender Services, Long Term Care, and Biomarker Testing.

May 14, 2024: Quality Council

- **Access and Appointment Availability:** The Annual Access Report highlighted that CCHP meets the DHMC standards for both urgent and non-urgent provider appointments, showing marked improvements particularly in psychiatry and specialty access. A 6% increase in specialty providers, especially in psychiatry and dermatology, has contributed to better access. For Behavioral Health Timely Access, Contra Costa Behavioral Health met appointment availability targets, with psychiatry appointments averaging 4.6 days and non-physician mental health services at 7.5 days. The report emphasized the requirement for documenting extended appointment timeframes in medical records. Following a DHCS audit finding, a CAP was initiated to address this issue, with monitoring focusing on high-impact providers. Timeliness of First Prenatal Appointments was reported at 100% compliance in 2023, but challenges have emerged in 2024 due to limited clinic availability. Plans for re-surveying and education are in place to address these issues. Initial Health Appointments, required within 120 days of enrollment, showed a 50% compliance rate, with pediatrics having higher rates. A CAP is being implemented, and internal audits are increasing to address access issues.
- **Member Experience:** The Member Experience and Provider Satisfaction Surveys revealed that CAHPS results showed 86% of members found it easy to get the care needed, although specialist access was less satisfactory. The ECHO survey for behavioral health indicated that 60% of members could see someone when needed, while the Language Access results were generally positive.
- **Provider Satisfaction:** The Provider Satisfaction Survey showed a 61st percentile ranking in network satisfaction but noted lower satisfaction with reaching health plan staff. The introduction of a new vendor for surveys is expected to improve response rates.
- **Emergency Instructions and After Hours Triage:** compliance was 87% for emergency instructions, and 78% for behavioral health emergencies offering appointments or referrals. Telephone triage and the Advice Nurse Unit maintained full compliance, answering calls in less than 5 minutes.
- **Telephone Access, In-Office Wait Times, and Following up on Missed Appointments:** CCHP achieved full compliance with standards for telephone response and wait times. For follow-up on missed appointments, 85% of providers had policies in place, and 78% of medical records showed evidence of follow-up attempts.
- **Network Adequacy:** The geo-access report is used to measure the size of the network and focus on areas of deficiencies and target gaps. The network increased in the second half of 2023; this was due to a concerted effort to recruit Anthem doctors into the network as CCHP is now a Single Plan Model for the County.

- **Report and Minute Approvals:** The Quality Council reviewed and unanimously approved several documents during the meeting, including the QC Minutes from April 9, 2024, UM Committee Minutes from April 8, 2024, and various reports such as the 2023 Access Report, 2023 Enrollee Satisfaction Survey, 2023 Provider Satisfaction Survey, and the 2023 IHA Audit Results. Additional approvals included the Specialty Time Access Audit for Q1 2024, the 2024 Geo Report, the NCQA Net 1 Availability of Practitioners Ratio, the Semi-Annual Credentialing Recredential Report, and the UM Over and Under Utilization Q1 2024. All documents were reviewed and approved unanimously as presented.
- **Policy Approvals:** The Quality Council unanimously approved policies related to Community Supports Operations and Evaluation, ECM Enrollment, Disenrollment, and Graduation, Community Supports Criteria, ECM Engagement, Operations, and Evaluation, Reproductive Care, Community Health Worker Services, Baby Watch Perinatal and Postpartum Program, Complex CM Program Description, Interdivisional Coordination, Private Duty Nursing, Transition Care Services, Members with Tuberculosis, Palliative Care, and Tribal Liaison.

June 11, 2024: Equity Council

- **Health Equity Strategic Planning:** A draft of the CCHP Equity Statement was shared, defining the health plan's identity and goals. The strategic plan focuses on ensuring equal access to care, addressing social determinants of health, providing culturally responsive care, reducing health disparities, promoting diversity, equity, and inclusion, and engaging with the community. The Council will provide feedback on the draft at the next meeting.
- **NCQA Health Equity Accreditation:** The application for NCQA Health Equity Accreditation has been submitted, with survey date in late 2025. Accreditation is required by 2026, and gap analysis and project planning are in progress to identify strengths and deficiencies.
- **DEI Training Program:** A DEI Survey has been distributed to staff to gather perspectives and suggestions on diversity, equity, and inclusion. A 1-hour virtual DEI training program is being developed and will be mandatory for all staff. Survey results will be discussed at the Equity Council meeting in September 2024.
- **Grievances:** The grievance report for Q1 2024 indicated 10 grievances related to discrimination or language access issues, consistent with the previous year. Some grievances involved miscommunication, and one required staff training on Interpreter Services.
- **Behavioral Health Improvement:** The report covered barriers to behavioral health care, including delivery system fragmentation and stigmatized conditions. It noted that 55% of individuals visiting the ED for behavioral health did not receive prior outpatient services, and 29% did not get follow-up visits. Efforts include ED warm hand-offs and follow-up services, though challenges remain in connecting with individuals after ED visits.
- **Report and Minute Approvals:** The minutes from the Equity Council meeting on March 12, 2024, were presented and approved unanimously.

2. Update on Quarterly Activities in QIHETP Program

Program Structure:

- Convened two Quality Council meetings and one Equity Council meeting.

NCQA Accreditation

- Scheduled survey dates for Health Plan Accreditation and Health Equity Accreditation.
- Convened regular meetings with departments to begin collecting survey deliverables.

Measurement, Analytics, Reporting, and Data Sharing


- Completed 2 HEDIS compliance audits with no findings identified.
- Submitted HEDIS/CAHPS to NCQA and MCAS to EQRO auditor.
- Achieved a 90th percentile ranking in 17 MCAS measures, with three measures (Lead Screening, Topical Fluoride for Children, and Follow-up After ED for AOD) falling below the Minimum Performance Level (MPL).
- Completed dashboard for rolling 12-month calculations for all MCAS MPL measures, including drilldowns with stratifications across race, ethnicity, age, geography, SOGI, and provider group.
- Submitted the Provider Appointment and Availability Survey (PAAS) to the Department of Managed Health Care, exceeding all appointment compliance thresholds.
- Completed comprehensive annual access report covering a range of access topics.
- Achieved the highest submission rate in recent years for Encounter Data Validation.
- Implemented Admission, Discharge, and Transfer data feeds into reporting for performance improvement projects.

Performance Improvement Projects

- Continued collaboration with Behavioral Health on Follow-up for ED measures related to Mental Health and AOD. Engaged further with local Emergency Departments on a collaborative project and was accepted into the IHI Collaborative on Behavioral Health follow-ups.
- Initiated follow-up phone calls for individuals due for lead screening, observing a 3% increase in the rolling twelve-month measure since the start of screenings. Developed member-facing health education in collaboration with Contra Costa County Public Health.
- Launched an Institute for Healthcare Improvement (IHI) project with Brighter Beginnings to increase the well-child visit rate.
- Began educating individuals about the Smile California dental benefit to improve topical fluoride screening rates.
- Conducted a Plan-Do-Study-Act (PDSA) cycle to connect individuals recently seen in the ED or hospital for asthma to CalAIM Asthma Remediation Services.

Population Health

- Hired two new health educators to enhance health education and population health services.

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- Completed an Initial Health Appointment audit to identify areas for improvement.
 - Refined the FIT process to re-send kits to individuals before they become overdue, aiming to improve return rates.
 - Implemented ADT feeds into downstream processes.

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.

Provider Engagement

- Conducted quarterly provider network training sessions.
- Held quality meetings with providers focusing on specific rates and improvement projects.
- Advanced IT development work to create provider reports available on the CCHP Provider portal.
- Planned provider site visits for Q3 and Q4.