



**San Joaquin County Clinics Quality Committee Board Meeting**  
**AGENDA**  
**Monday November 29, 2021, 4:00 p.m.**

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[Click here to join the meeting](#)

[+1 209-645-4071](#) United States, Stockton (Toll)

Phone Conference ID: 153 827 477#

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1. Call to Order	Charson Chang	<b>1 min</b>
2. Approval of Minutes from August 30, 2021	* Charson Chang	<b>5 mins</b>
3. Introduction of New Quality Committee Members	Charson Chang	<b>5 mins</b>
4. Clinical Quality Report	Padmaja Magadala	<b>15 mins</b>
5. Access Improvement & OASC Report	Dena Galindo	<b>10 mins</b>
6. Press Ganey	Betty Jo Riendel	<b>5 mins</b>
7. CROs & Patient Complaints	Carla Bomben	<b>5 mins</b>
8. Adjournment	Charson Chang	<b>1 min</b>

**\*Action Item**

**Next Meeting Date: February 28, 2022 @ 4:00 PM**  
**Microsoft Teams Meeting**

**Note: If you need disability-related modification or accommodation to participate in this meeting, please contact San Joaquin County Clinics (SJCC) at (209) 468-7837 at least 48 hours prior to the start of the meeting. Government Code Section 54954.2(a). Materials related to an item on this agenda submitted to the Board after distribution of the agenda packet are available for public inspection by contacting SJCC Clinic Administration at 500 W. Hospital Road, French Camp, CA during normal business hours.**

## Minutes of August 30, 2021

### San Joaquin County Clinics Board of Directors – Quality Committee

**Board Members Present:**

Alicia Yonemoto (SJCC Board Vice-Chair); Rod Place (SJCC Board Chair); Esgardo Medina (SJCC Co-Treasurer)

**Board Members Excused Absent:**

none

**Board Members Unexcused Absent:**

none

**Guests:** Farhan Fadoo (SJCC CEO); Alice Souligne (SJCC COO); Rajat Simhan (SJCC Contractor); Padmaja Magadala (SJCC Staff); Dena Galindo (SJCC Staff); Betty Jo Rindel (SJGH Staff); Michael Allen (SJCC Board Clerk)

AGENDA ITEM	ATTACHMENTS	ACTION
<p><b>1. <u>Call to Order (Alicia Yonemoto, SJCC Board Vice-Chair)</u></b> The meeting was called to order at 4:05 p.m. A quorum was not established for today's meeting.</p>	No attachments	No action required
<p><b>2. <u>Approval of Minutes from 2/23/2021 &amp; 5/24/21 (Alicia Yonemoto, SJCC Board Vice-Chair)</u></b> No quorum established, therefore postponing approval of minutes until next session.</p>	(Attachment 1) Quality Committee Meeting Minutes from February 23, 2021 & May 24, 2021	Escardo motioned to approve minutes and Alicia seconded; minutes were approved unanimously
<p><b>3. <u>Clinical Quality Report (Padmaja Magadala)</u></b> HEDIS performance for Q1 &amp; Q2 reviewed, including Women's Health, Acute and Chronic Care, Pediatrics, and Behavioral Health. All metrics showed improvement, with the two exceptions of Asthma Medication Ratio (down 9.04 points) and ADD – Initiation Phase (down 6.59 points). Asthma Med Ratio is now a priority for Quality department, in light of poor air quality due to California fires. High blood pressure measures continue to improve with a 50% compliance during July 2021. CipherHealth outreach efforts have helped with diabetes care management. QI department continues to provide in-services, workflow drafts, monitoring of Medical Assistant (MA) progress and further provider training.</p> <p>Padma noted a request for productivity reporting. This will take some effort to implement, so she will be coordinating with Business Intelligence (BI) department.</p>	Board QA-QI Committee Meeting 08.30.21	No action required
<p><b>4. <u>Access Improvement &amp; OASC Report (Dena Galindo, SJCC Staff)</u></b> Call volumes for first 6 months of 2021 far exceeded volumes from same period in 2020.</p> <p>Visit volumes have increased since the beginning of the year, with greater demand for in-person access.</p> <p>No-show policy and appointment scheduling practices have been examined and adjusted to better engage the patient. Reason for no-shows will start being documented to determine trends and areas where we can improve.</p>	No attachments	No action required

<p>5. <b><u>Press Ganey (Betty Jo Riendel)</u></b>          Betty Jo presented the patient survey summaries. Most common complaints were regarding “insensitive support staff or provider” and “wait time.”</p>	<p>Press Ganey Satisfaction April 2021; Press Ganey Satisfaction May 2021; Press Ganey Satisfaction June 2021</p>	<p>No action required</p>
<p>6. <b><u>CROs &amp; Patient Complaints (Carla Bomben; SJGH Staff)</u></b>          Carla is on vacation, so any CROs/Patient Complaints will be presented at the next Quality Committee session.</p>	<p>No attachments</p>	<p>No action required</p>
<p>7. <b><u>Adjournment</u></b>          There being no further topics of discussion, Alicia Yonemoto adjourned the meeting at 4:30 p.m.</p>	<p>No attachments</p>	<p>No action required</p>



# Quality Assurance / Quality Improvement

Committee Meeting

11/29/21



# Topics

1. Ongoing Quality Improvement activities
2. HEDIS Performance
3. Chronic Disease Management

# Quality Improvement Activities

## 1. Gap Clinics

- Women's Health and Chronic Disease management
- Well Child visits and IMA2

## 2. Flu Vaccine Drive-thru Clinics

- As of October total 379 patients reached; 181 were children

## 3. Cerner Documentation Support to Providers

- Quality metrics, Codes and Orders
- Track cancer screening results for follow-up

## 4. Data integrity, Cerner Updates and Clinical Indicators

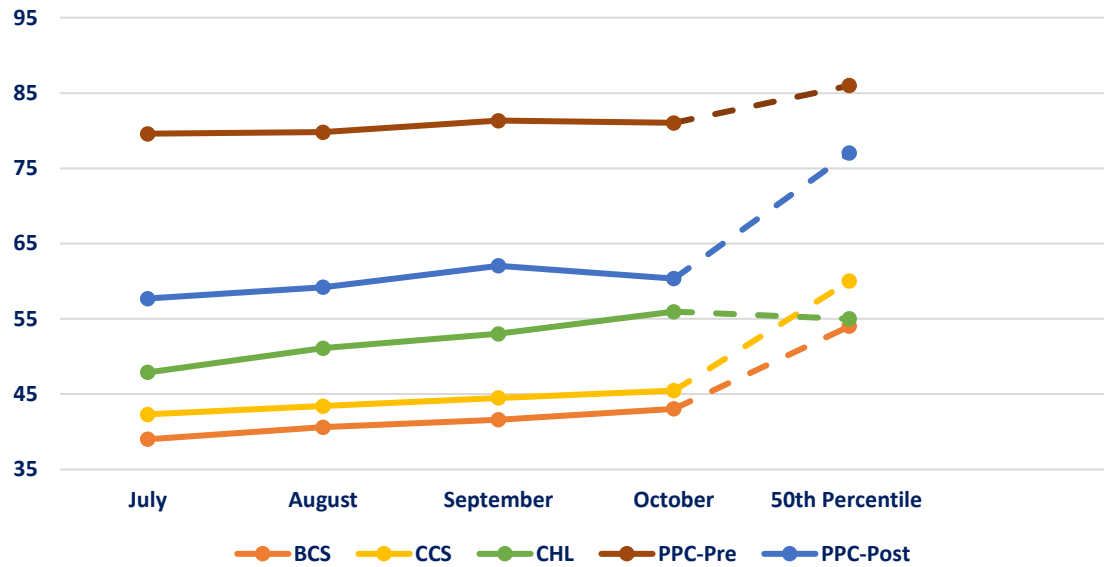
# Healthcare Effectiveness Data and Information Set (HEDIS)

- HEDIS is a registered trademark of the National Quality Committee for Quality Assurance (NCQA)
- HEDIS indicators have been designed by NCQA to standardize performance measurement across managed care organizations
- There are two types of HEDIS data referred to in this guide:
  - Administrative data – comes from submitted claims and encounters
  - Hybrid data – comes from chart collection/review
- San Joaquin County Clinics partner with Health Plan of San Joaquin (HPSJ) And HealthNet for MediCal managed care

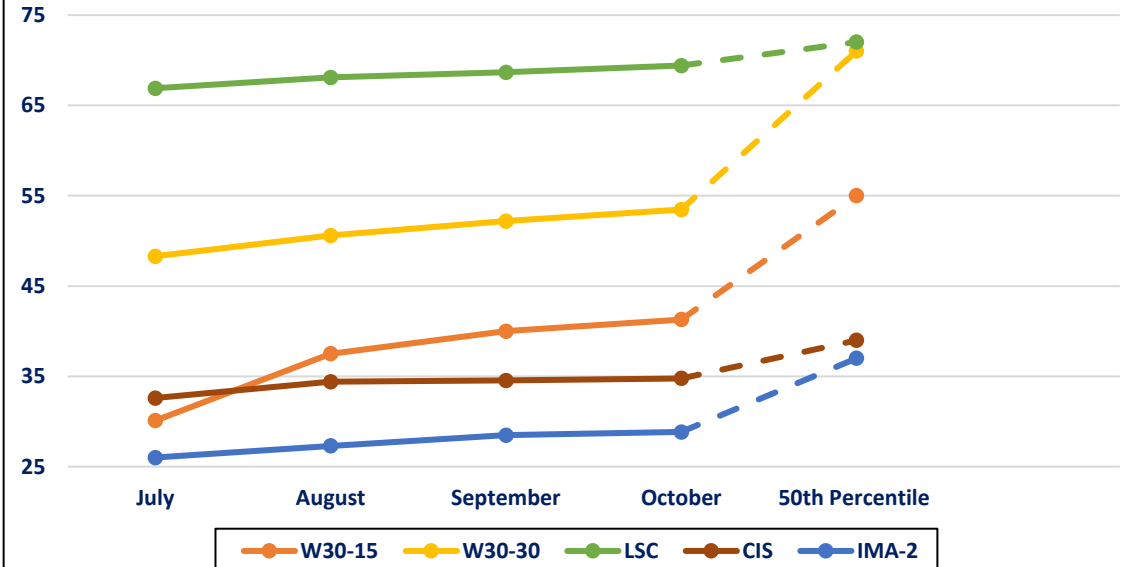
HEDIS Performance %				
Women's Health				
Measure	Q1	Q2	Q3	50th Percentile %
Breast Cancer Screening	32.5	39.0	43.1	59
Cervical Cancer Screening	39.5	42.3	45.5	62
PPC Post Partum	57.3	57.7	56.0	77
PPC Pre-natal	78.8	80.0	81.0	90
Chlamydia Screening	36.7	47.9	60.4	59
Acute And Chronic Care				
Measure	Q1	Q2	Q3	50th Percentile %
Asthma Med Ratio	64.7	55.7	52.1	65
HgA1c Testing	41.7	64.4	74.7	83
HgA1c >9 (lower is better)	72.3	55.6	47.5	43
CBP	20.9	26.1	34.6	56
Pediatrics				
Measure	Q1	Q2	Q3	50th Percentile %
Child and Adolescent WCV	10.4	21.9	34.0	-
Childhood Immunization 10	22.5	32.6	34.8	38
Adolescent Immunization 2	21.9	26.0	28.8	37
Well Child 15 mo. 6 visits	21.2	30.1	41.3	-
Well child 30 mo. 2 visits	39.7	48.3	53.5	-
WCC- BMI	23.4	30.9	38.9	81
WCC - Nutrition	3.0	5.6	6.3	72
WCC - Physical Activity	3.0	5.8	7.8	67
Lead Screening	-	66.9	69.4	73
Behavioral Health				
Measure	Q1	Q2	Q3	50th Percentile %
ADD - Initiation Phase	26.1	19.5	18.2	45
ADD - Continuation Phase	-	-	-	56
AMM Acute phase 12 weeks	42.4	46.2	55.3	57
AMM Continuation phase 84 weeks	17.8	18.2	32.1	41



### HEDIS % – Women’s Health Target Measures



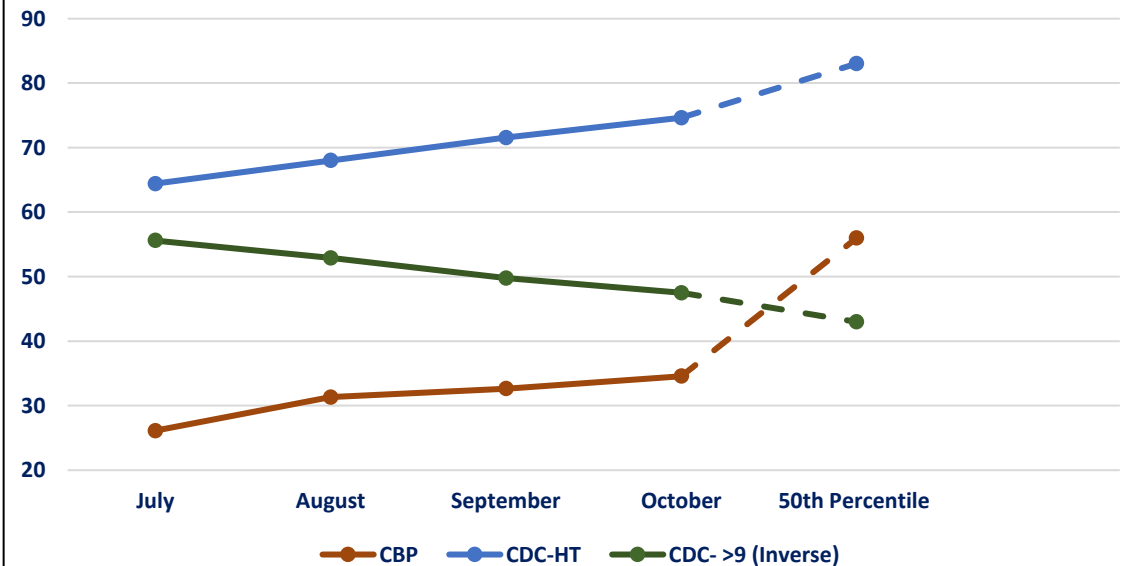
### HEDIS % – Pediatric Target Measures



## Data updates with HPSJ due this month

- Expected increase in performance rates
- Claims lag 5 - 45 days

### HEDIS % – Chronic Disease Target Measures



# Chronic Disease Management

1. Hypertension

2. Diabetes

Month/Year:	Hypertensive Patients Seen:	% of Compliant BP:	BP monitors given by QI:
July 2021	1129	38.5%	42
August 2021	1260	46%	17
September 2021	998	50%	8

## 1) Titration Clinic for Diabetes Management

- Patients with HbA1c >8% enrolled; diet and nutrition education; life-style changes and counseling
- HbA1c testing, eye exam, foot exam, nephropathy

## 2) CipherHealth Outreach – Diabetes Care

- Scripted outreach calls made to patients with an option to switch to a live call and schedule an appointment
- Two calls per day, over two separate days

<b>Grand Total</b>	<b>1228</b>
<b>Successful</b>	<b>543</b>
<b>Patient Reached</b>	<b>269</b>
<b>Appointment Made</b>	<b>134</b>
<b>Patient screening already scheduled</b>	<b>94</b>

Q & A