



**TOPIC:** HCH/FH Program QI/QA Subcommittee  
**DATE:** October 10<sup>th</sup>, 2024  
**TIME:** 8:30am-9:30am  
**PLACE:** South County Mental Health Center: 802 Brewster Ave Redwood City,  
 CA 94063- Room 100

Item	Time
1. Welcome	12:30pm
2. Approve Meeting Minutes	12:35 pm
3. QI/QA Plan Amendment	12:40 pm
4. Program Updates	1:00 pm
5. Q2 2024 Performance Measures	1:10 pm
6. 2023 UDS Rankings	1:30 pm
7. Looking ahead: 2024	1:55 pm
8. Adjourn	2:00 pm

**FUTURE MEETING DATES:** TBD



**HCH/FH Program QI/QA Subcommittee**

Thursday June 13th, 2024; 12:30-2:00 PM at 455 County Center, Redwood City, CA 94063 (Room COB\_402)

Present: Suzanne Moore, Brian Greenberg, Janet Schmidt, Meron Asfaw, Alejandra Alvarado, Frank Trinh, Jocelyn Vidales, Gabe Garcia

ITEM	DISCUSSION/RECOMMENDATION	ACTION
	Meeting began at 12:30 PM	
Approve Meeting Minutes		Gabe approved, Susanne second All committee members approved.
Program Updates	<p><b>Maternal Health Training + Patient Safety Kits</b></p> <ul style="list-style-type: none"> <li>• HCH/FH will host maternal health training held by provider</li> <li>• Training will entail screening education, preventative care, Post Natal guidance</li> <li>• Maternal health kits will be distributed following the training</li> <li>• Postpartum Essentials Kit: disposable underwear, cooling pads, nursing pads, peri bottle, etc.</li> <li>• Newborn Supplies Kit: saline drops, infant pain reliever, diaper cream, nasal aspirator, etc.</li> <li>• Breastfeeding Basics Kit: hot and cold therapy pads, milk storage bags, breast pump, etc.</li> <li>• Plan to make this distribution annual- will be purchasing kit quantities based off the numbers reported by the UDS</li> </ul> <p><b>Trimester Entry into Care Data</b></p> <ul style="list-style-type: none"> <li>• Currently a monitor only metric- does not track homeless versus farmworker data collection</li> <li>• BI (analytics team) request submitted to include homeless and farmworker column in data reports</li> <li>• Better able to identify patients and provide targeted resources</li> <li>• This is a monitor only measure in the QI Plan- but the breakdown between both groups could help us identify if there are any trends/disparity in trimester entry between the two groups to we could focus our trainings better to these groups of people</li> </ul> <p><b>Smart Watches Project</b></p> <ul style="list-style-type: none"> <li>• HCH/FH will be distributing smart watches to people experiencing homelessness and farmworkers in San Mateo County</li> </ul>	

	<ul style="list-style-type: none"> <li>• Goal: increase health education and engagement with watch features (calories, steps, heart rate, sleep tracker, blood pressure monitoring, etc.)</li> <li>• Surveys generated, working with team to create distribution list</li> <li>• Decided to distribute to partners- more interest, good relationship, high engagement, they'd prioritize the project more</li> <li>• Next steps: meeting with partners over the course of the rest of the month to share project with them, get their feedback, ask them to begin identifying clients</li> <li>• Distribute watches in small groups- about 10 at a time</li> <li>• Once clients are identified, we'll begin scheduling info sessions</li> </ul> <p><b>Half Moon Bay Library Expansion</b></p> <ul style="list-style-type: none"> <li>• HCH/FH will be distributing smart watches to people experiencing homelessness and farmworkers in San Mateo County</li> <li>• Goal: promote health education and get patients accustomed to establishing daily health habits (calories, steps, heart rate, sleep tracker, blood pressure monitoring, etc.)</li> <li>• Training module being created to explain key health features to focus on- attendance required to receive a watch. Follow-up plan will be created to track patient engagement.</li> <li>• The MOU will be extended for three years until 2027, where it will go under review again to assess how the project is going</li> <li>• Increased project to 50 cuffs total</li> <li>• perhaps will be established in certain locations and the rest will be in their floating system</li> <li>• Educational material included as well as tracking log that people can take home</li> </ul>	
HMB Library Feedback	<p>Information was shared regarding the 6-month pilot project to review the feedback of the surveys that were given to library patrons before they checked out the blood pressure cuffs at the Half Moon Bay library. A suggestion was provided by board members, to see if a blood pressure cuff can be left at the front desk for library patrons to use instead of having to check out the cuff. This could increase access for those who are not able to take the cuffs home and reduces concern of cuffs being returned. This option will be explored with the SMC library manager.</p>	
Q1 2024 Tables- Performance Measures	<p>Alejandra presented on the Q1 2024 performance measures, highlighting key performance measures and reporting how our program outcome measures. This data encompassed how HCH/FH performed in comparison to SMMC QIP performance for Q1 2024.</p> <ul style="list-style-type: none"> <li>• FQHC: Federally Qualified Health Centers</li> <li>• UDS: Uniform Data System</li> <li>• Cervical cancer: slight improvement. Working with the BI team (data analytics team) to make sure all patients are being appropriately captured</li> </ul>	

	<p>due to the big drop from 2021-2022. While we've providing BI with the correct definitions, this is to ensure it's not a coding error that could be causing this drop. Working with other SMMC quality departments will help compare HCH/FH reports to theirs to make sure the correct patients are included in the lists.</p> <ul style="list-style-type: none"> <li>• Slight improvement in almost all measures from 2023 to 2024</li> <li>• Dep screening: no change- exploring how this metric could be impacted by the upcoming BHSE grant we're applying for</li> <li>• Alejandra shared some outreach efforts that the SMMC is doing towards certain metrics</li> <li>• Cervical: medical center has started daily huddles led by MSAs with protected time for teams to review patients coming in that day, and to review any screenings they might be due for. Reviews are driven by both OBGYN and primary care- could potentially show improvement towards this metrics</li> <li>• Breast: put out more regulatory reminders for mammograms. Sent out in pink- patients like that, creating a talking point between providers and patients. 3D mammography implemented at radiology department last October at 39<sup>th</sup> Ave. <ul style="list-style-type: none"> <li>○ Radiology began cross training staff to use equipment at radiology to combat staff shortages.</li> <li>○ Created more flexible scheduling for patients: weekends, extending Mon-Fri hrs, taking walk-ins if they have capacity</li> </ul> </li> <li>• Explained the EPIC has a ADM (adult disease management) program that SMMC is considering implementing for patients with diabetes and hypertension out of control</li> </ul>	
QI/QA Plan Amendment	<ul style="list-style-type: none"> <li>• Upcoming changes at medical center <ul style="list-style-type: none"> <li>○ EPIC implementation</li> <li>○ Adult BMI reporting</li> </ul> </li> <li>• Updating HRSA 2024 definitions</li> <li>• Healthy People 2030- review and update target goals</li> <li>• Update calendar timeline</li> </ul>	
Looking Ahead: 2024	<ul style="list-style-type: none"> <li>• HCH/FH team continuing working on RFP cycle</li> <li>• Cancer data set draft</li> <li>• Review QI Plan revisions for upcoming year- add discussed changes</li> <li>• Next QI/QA committee meeting: September 2024</li> </ul>	
Adjourn	Meeting adjourned at 1:58pm	
<b>Future meeting dates</b>	<b>TBD</b>	

# Q3 QI/QA Subcommittee Meeting



SAN MATEO COUNTY HEALTH  
**SAN MATEO  
MEDICAL CENTER**

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HEALTHCARE FOR HOMELESS &  
FARMWORKER HEALTH  
PROGRAM  
THURSDAY OCTOBER 10<sup>TH</sup>, 2024



Approve Meeting  
Minutes from Q2  
2024

# Agenda

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QI/QA Plan Amendment

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Program Updates

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Q2 2024- Performance Measures

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2023 UDS Rankings

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Looking Ahead: 2024

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# QI/QA Plan Amendment

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Update calendar  
timeline

Updating HRSA  
2024 definitions

Healthy People  
2030- updated  
target goals

Removed Adult  
BMI measure to  
align with SMMC  
reporting



# Program Updates

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## **Cervical Cancer Screening Reporting**

- HCH/FH is working with the BI team to determine if/where falloff is happening with cervical cancer screenings
- HCH/FH definition being compared to QIP definition and patient empanelment

## **Depression Remission at 12 Months: Follow-Up**

- How is remission tested? Is there a positive test done?
- Denominator:
  - Patient with a score of 9+ on PHQ-9 one year before measurement period
- Numerator:
  - Patient who received a PHQ-9 score of <5 by most recent 12 month visit(+/- 60 days)
- Note: PHQ-9 is the only screening tool that can be used for this measure

# Program Updates

## Depression Screening and Follow Up: Update

- Specific screening tool is required?
- Standardized and validated depression screening tool required for this measure. Examples include but are not limited to chart
- PHPP Discussion
  - Screening tools used
  - New staff members added to teams (ex. HEAL clinicians and psychiatrists)
  - Plans to improve screening measure

Adolescent Screening Tools (12–17 years)	Adult Screening Tools (18 years and older)	Perinatal Screening Tools
<ul style="list-style-type: none"> <li>• Patient Health Questionnaire for Adolescents (PHQ-A)</li> <li>• Beck Depression Inventory-Primary Care Version (BDI-PC)</li> <li>• Mood Feeling Questionnaire (MFQ)</li> <li>• Center for Epidemiologic Studies Depression Scale (CES-D)</li> <li>• Patient Health Questionnaire (PHQ-9)</li> <li>• Pediatric Symptom Checklist (PSC-17)</li> <li>• Primary Care Evaluation of Mental Disorders (PRIME MD)-PHQ-2</li> </ul>	<ul style="list-style-type: none"> <li>• PHQ-9</li> <li>• Beck Depression Inventory (BDI or BDI-II)</li> <li>• CES-D</li> <li>• Depression Scale (DEPS)</li> <li>• Duke Anxiety-Depression Scale (DADS)</li> <li>• Geriatric Depression Scale (GDS)</li> <li>• Cornell Scale for Depression in Dementia (CSDD)</li> <li>• PRIME MD-PHQ-2</li> <li>• Hamilton Rating Scale for Depression (HAM-D)</li> <li>• Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)</li> <li>• Computerized Adaptive Testing Depression Inventory (CAT-DI)</li> <li>• Computerized Adaptive Diagnostic Screener (CAD-MDD)</li> </ul>	<ul style="list-style-type: none"> <li>• Edinburgh Postnatal Depression Scale</li> <li>• Postpartum Depression Screening Scale</li> <li>• PHQ-9</li> <li>• BDI</li> <li>• BDI-II</li> <li>• CES-D</li> <li>• Zung Self-Rating Depression Scale</li> </ul>



SAN MATEO COUNTY HEALTH

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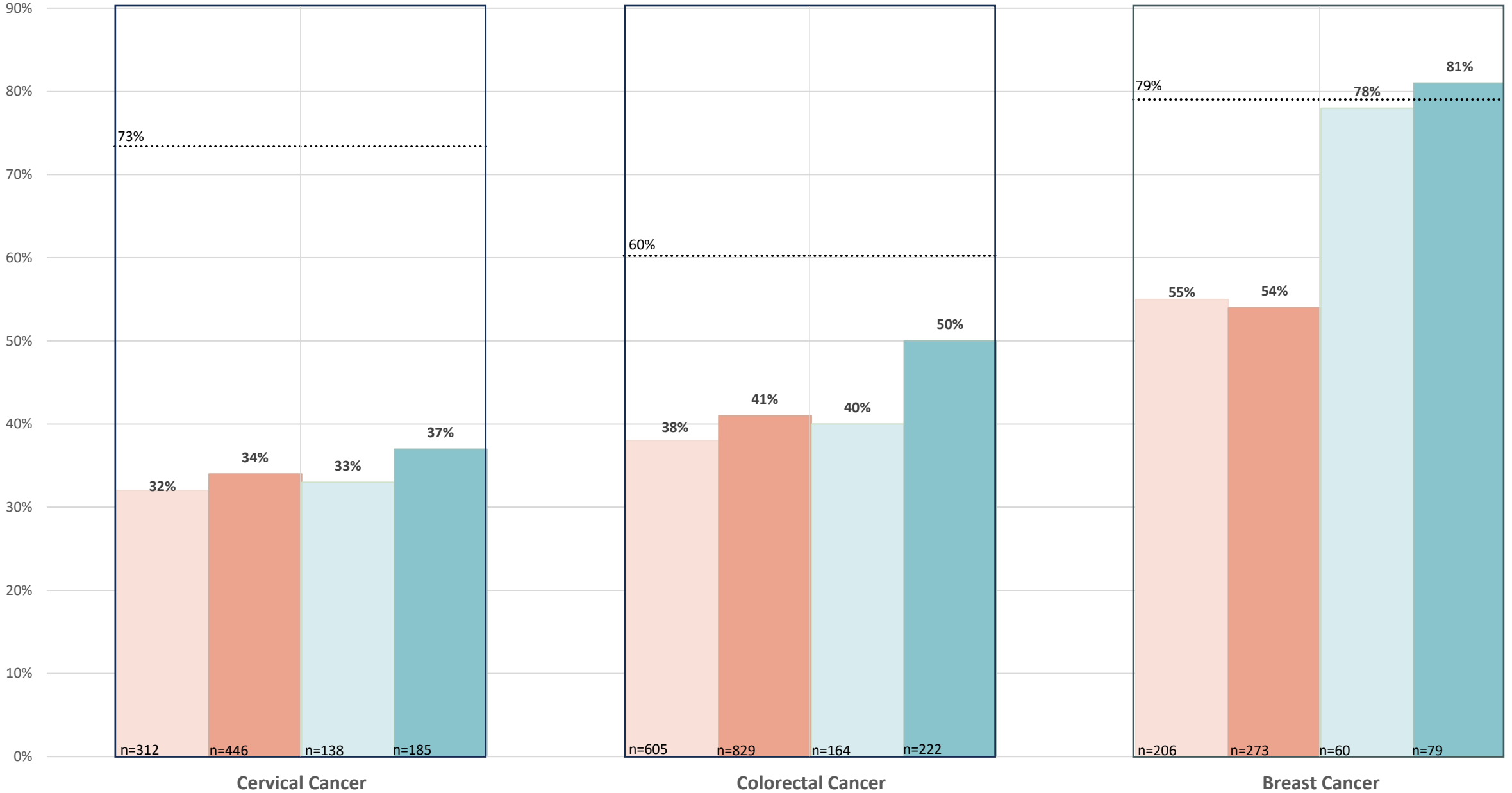
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# Q2 2024- Performance Measures

# Cancer Screenings

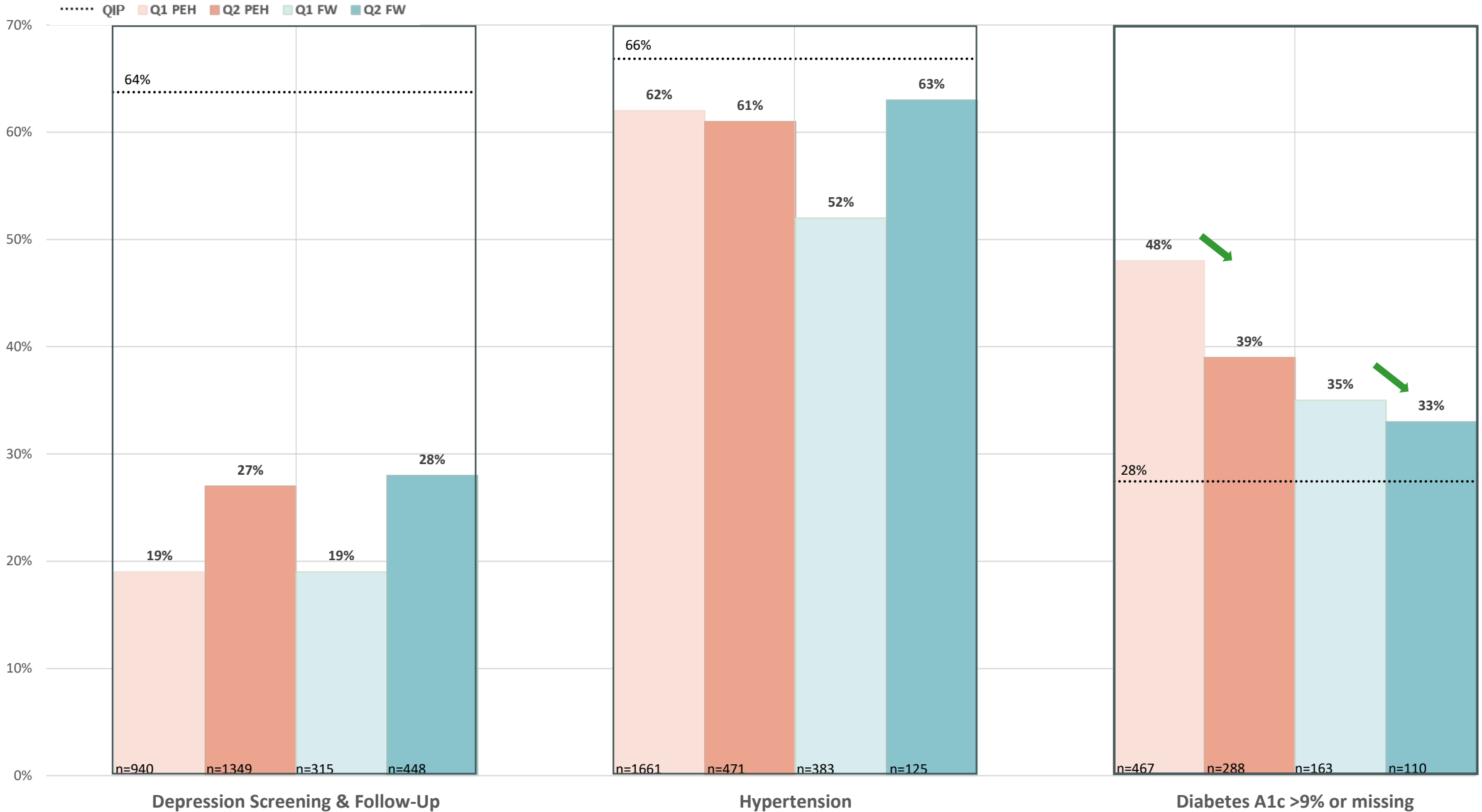
Improvement in almost all outcome measures; 10% increase in FW Colorectal Cancer Screening

..... QIP    Q1 PEH    Q2 PEH    Q1 FW    Q2 FW



# Performance Measures

Significant improvement in Depression Screenings for both PEH and FWs from Q1 to Q2



# 2023 UDS Rankings- CA 330 Programs

<b>Metric</b>	<b>2022</b>	<b>2023</b>	<b>Positive/Negative Change</b>
<b>Cervical Cancer Screening</b>	<b>58%</b>	<b>59%</b>	<b>Positive</b>
<b>Colorectal Cancer Screening</b>	<b>42%</b>	<b>42%</b>	<b>No Change</b>
<b>Breast Cancer Screening</b>	<b>52%</b>	<b>55%</b>	<b>Positive</b>
<b>Depression Screening &amp; Follow-Up</b>	<b>67%</b>	<b>67%</b>	<b>No Change</b>
<b>Adult BMI &amp; Follow-Up</b>	<b>59%</b>	<b>65%</b>	<b>Positive</b>
<b>Hypertension</b>	<b>61%</b>	<b>64%</b>	<b>Positive</b>
<b>Trimester entry into Care (1<sup>st</sup> trimester)</b>	<b>76%</b>	<b>77%</b>	<b>Positive</b>
<b>Diabetes A1c &gt; 9% or missing</b>	<b>33%</b>	<b>29%</b>	<b>Positive</b>

# 2023 UDS Rankings- Adjusted Quartile Ranking

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<b>Metric</b>	<b>2022 Adjusted Quartile Ranking</b>	<b>2023 Adjusted Quartile Ranking</b>	<b>Positive/Negative Change</b>
<b>Early Entry into Prenatal Care (1<sup>st</sup> Trimester)</b>	<b>1</b>	<b>3</b>	<b>Negative</b>
<b>Cervical Cancer Screening</b>	<b>4</b>	<b>3</b>	<b>Positive</b>
<b>Adult BMI and Follow Up</b>	<b>4</b>	<b>3</b>	<b>Positive</b>
<b>Diabetes A1c &gt; 9% or missing</b>	<b>1</b>	<b>2</b>	<b>Negative</b>

# Looking Ahead: 2024

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- Implementing new QI/QA Plan, will discuss what that looks like in next meeting
- Review ongoing QI projects
- Review Patient Satisfaction Survey and Patient Grievance data
- Next QI/QA Subcommittee meeting: December 2024