



TOPIC: HCH/FH Program QI/QA Subcommittee
DATE: December 12th, 2024
TIME: 3:00pm-4:30pm
PLACE: 455 County Center, Redwood City, CA 94063 (Room COB_101)

| Item | Time |
|--|---------|
| 1. Welcome | 3:00 pm |
| 2. Approve Meeting Minutes | 3:05 pm |
| 3. Program Updates | 3:30 pm |
| 4. Q3 2024- Performance Measures | 3:50 pm |
| 5. Patient Satisfaction Survey Results | 4:05 pm |
| 6. Patient Grievance Report | 4:15 pm |
| 7. Looking ahead: 2025 | 4:25 pm |
| 8. Adjourn | 4:30 pm |

FUTURE MEETING DATES: TBD



HCH/FH Program QI/QA Subcommittee

Thursday October 10th, 2024; 8:30-9:30 AM at 802 Brewster Ave, Redwood City, CA 94063 (Room 100)

Present: Suzanne Moore, Brian Greenberg, Janet Schmidt, Alejandra Alvarado, Frank Trinh, Jocelyn Vidales, Amanda Hing-Hernandez

| ITEM | DISCUSSION/RECOMMENDATION | ACTION |
|-------------------------|--|---|
| | Meeting began at 8:41 AM | |
| Approve Meeting Minutes | | Janet approved, Brian second All committee members approved. |
| QI/QA Plan Amendment | <ul style="list-style-type: none"> • Removed Adult BMI measure from QI Plan to align with SMMC reporting • Updated to HRSA 2024 definitions • Healthy People 2030- updated target goals • Updated calendar timeline <p>While discussing the calendar timeline, the subcommittee members dove deeper into the Cervical Cancer Screenings project. The subcommittee members recognize that self-administered pap tests recently received FDA approval, and HCH/FH can begin to explore applying this concept to our patient population. Subcommittee members voted to approve this QI Plan.</p> | Suzanne approved, Janet second All committee members approved. |
| Program Updates | <p>Cervical Cancer Screening Reporting</p> <ul style="list-style-type: none"> ◦ 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 ◦ <p>Depression Remission at 12 Months: Follow-Up</p> <ul style="list-style-type: none"> ◦ How is remission tested? Is there a positive test done? ◦ Denominator: <ul style="list-style-type: none"> ◦ Patient with a score of 9+ on PHQ-9 one year before measurement period ◦ Numerator: <ul style="list-style-type: none"> ◦ 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 <p>Depression Screening and Follow Up: Update</p> <ul style="list-style-type: none"> • Specific screening tool is required? • Standardized and validated depression screening tool required for this measure. Examples include but are not limited to chart | |

| | | |
|---|---|--|
| | <ul style="list-style-type: none"> • PPHP Discussion <ul style="list-style-type: none"> • Screening tools used • New staff members added to teams (ex. HEAL clinicians and psychiatrists) • Plans to improve screening measure <p>A discussion arose surrounding the Homeless Mortality data project, reminding subcommittee members that the coroners' office does not always do an autopsy, which can bring into question the value of the data that will be received. Clarification was asked about whether we will have confirmed information on how individuals died, and whether the coroners office would even have the capacity to perform autopsies if needed. Frank reminded the subcommittee members that death certificates now allow you to select "homeless" on the certificate where applicable.</p> | |
| <p>Q1 2024 Tables- Performance Measures</p> | <p>Alejandra presented on the Q2 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 Q2 2024.</p> <ul style="list-style-type: none"> • For reference FQHC: Federally Qualified Health Centers • For reference UDS: Uniform Data System • Improvement in almost all outcome measures; 10% increase in FW Colorectal Cancer Screening • Colorectal Cancer: Fit kit mail outs to HPSM assigned members are still occurring- this should include the ACE population which now qualifies for Medi-cal, so these kits should be reaching farmworkers • Something to note: most improvement work at SMMC has stalled with EPIC go-live coming on soon • All staff are receiving EPIC training and prioritizing EPIC implementation • HCH/FH is looking to work towards more collaboration between analysts and different programs within SMMC, so departments feel less siloed with their work • Significant improvement in Depression Screenings for both PEH and FWs from Q1 to Q2 • Hypertension: HPSM will be doing bulk purchase of blood pressure cuffs for the medical center for HPSM members • Depression Screening and Follow-Up: Alejandra was working with the DEI manager to prioritize homeless and farmworker patients for depression screening over the phone using MSW patients • This project is put on hold as the DEI manager transitions into a new role • Alejandra would like to meet with the new manager to figure out their interest in picking this project back up | |
| <p>2023 UDS Rankings</p> | <p>CA 330 Programs</p> | |

| | | |
|-----------------------------|---|--|
| | <ul style="list-style-type: none"> ◦ This determines HCH/FH's standing in comparison to other FQHC's in California ◦ HCH/FH did not receive a negative change for any of the priority measures that we track in the QI Plan. ◦ There was no change for Colorectal Cancer Screening and Depression Screening & Follow-Up, while all the other priority measures received a positive change. See slides for values. <p>Adjusted Quartile Ranking</p> <ul style="list-style-type: none"> ◦ This determines HCH/FH's standing in comparison to other FQHC's on a national level ◦ Cervical Cancer Screening and Adult BMI & Follow-Up received an improvement of 1 point in comparison to last year, indicating a positive change for quartile ranking ◦ Early Entry into Prenatal Care and Diabetes A1c > 9% or missing received a negative change in quartile ranking. ◦ Early Entry into Prenatal Care dropped from 1 to 3, and Diabetes A1c > 9% or missing dropped from 1 to 2. ◦ All other priority measures listed on the QI Plan that are not mentioned here did not change in quartile ranking. | |
| Looking Ahead: 2024 | <ul style="list-style-type: none"> • 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 | |
| Adjourn | Meeting adjourned at 9:43am | |
| Future meeting dates | TBD | |

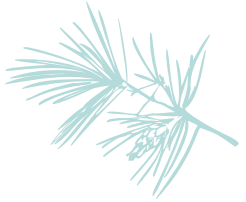


Q4 QI/QA Subcommittee Meeting

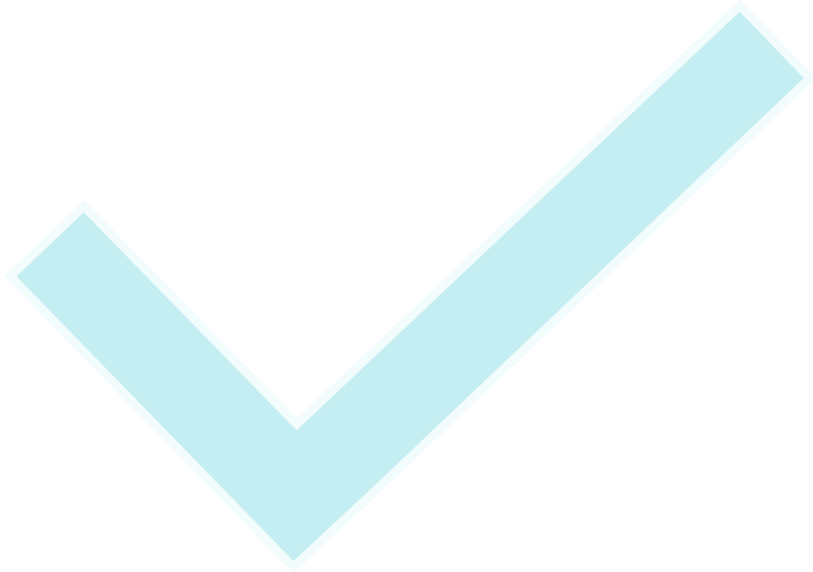
Presented by Alejandra Alvarado

Healthcare for Homeless/Farmworker
Health (HCH/FH) Program
Thursday December 12th, 2024

AGENDA



- Approve Q3 meeting minutes
- Program Updates
- Q3 2024 Performance Measures
- Patient Satisfaction Survey Results
- Patient Grievances Report
- Looking Ahead: 2025



Approve Meeting Minutes from Q3 2024

Program Updates

Homeless Mortality Project

- Public Health Epidemiology has received the HMIS data from HSA
- Epi team analyzing death data and data from HMIS. Goal: have analysis done by end of December
- Estimated report writing start date: January
- HCH/FH will collaborate with Public Health Epidemiology to write the report

Library Expansion Project

- The start of the MOU was December 1, 2024 (3 yr MOU contract)
- 50 kits distributed among the SMC Library system containing blood pressure cuffs
 - 13 library location + bookmobile
- Questionnaires collected from each library patron, collected quarterly from each location
- Will be working with library POC to troubleshoot items needing replacement or repair

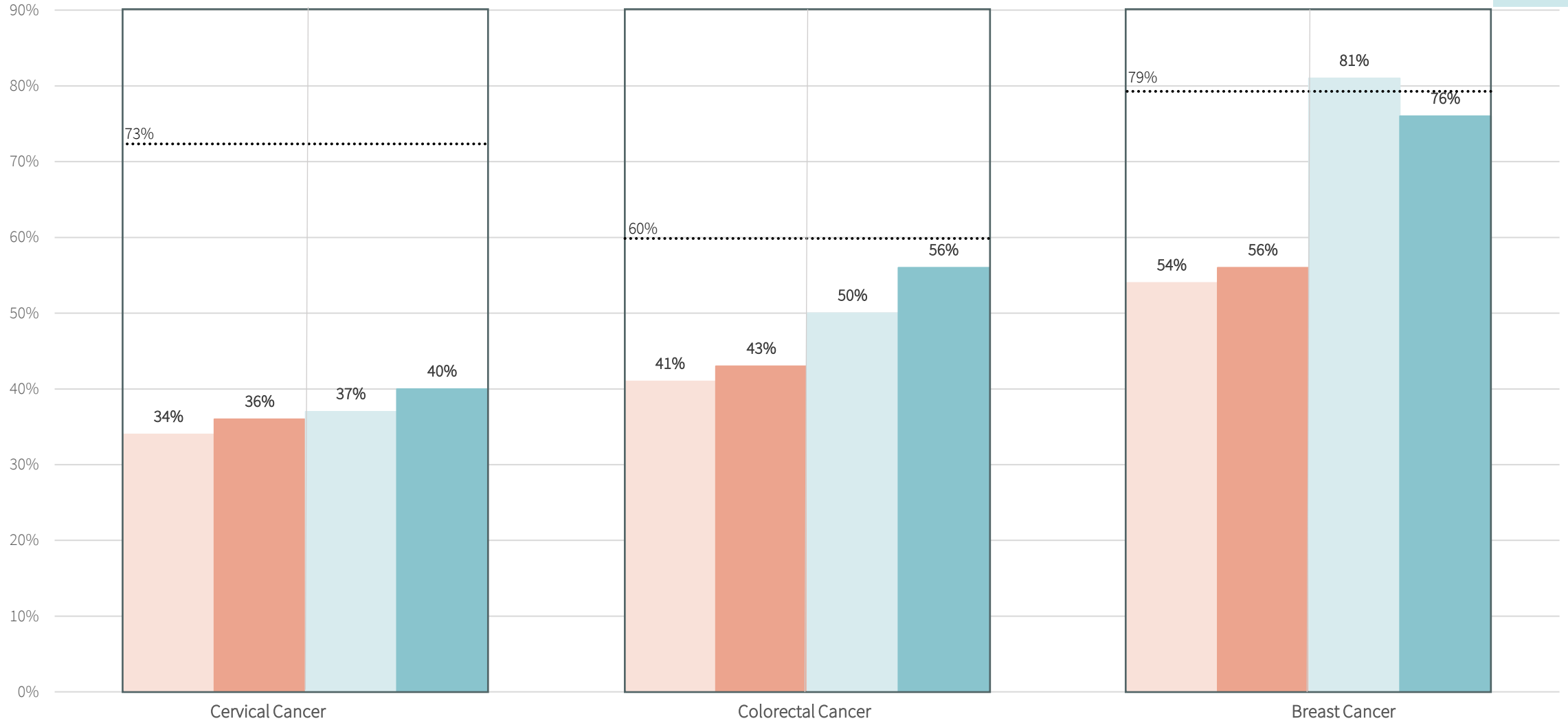


Q3 2024 Performance Measures

Cancer Screenings

Cervical Cancer screenings growth in Q3 2024 surpasses 2023 reporting year

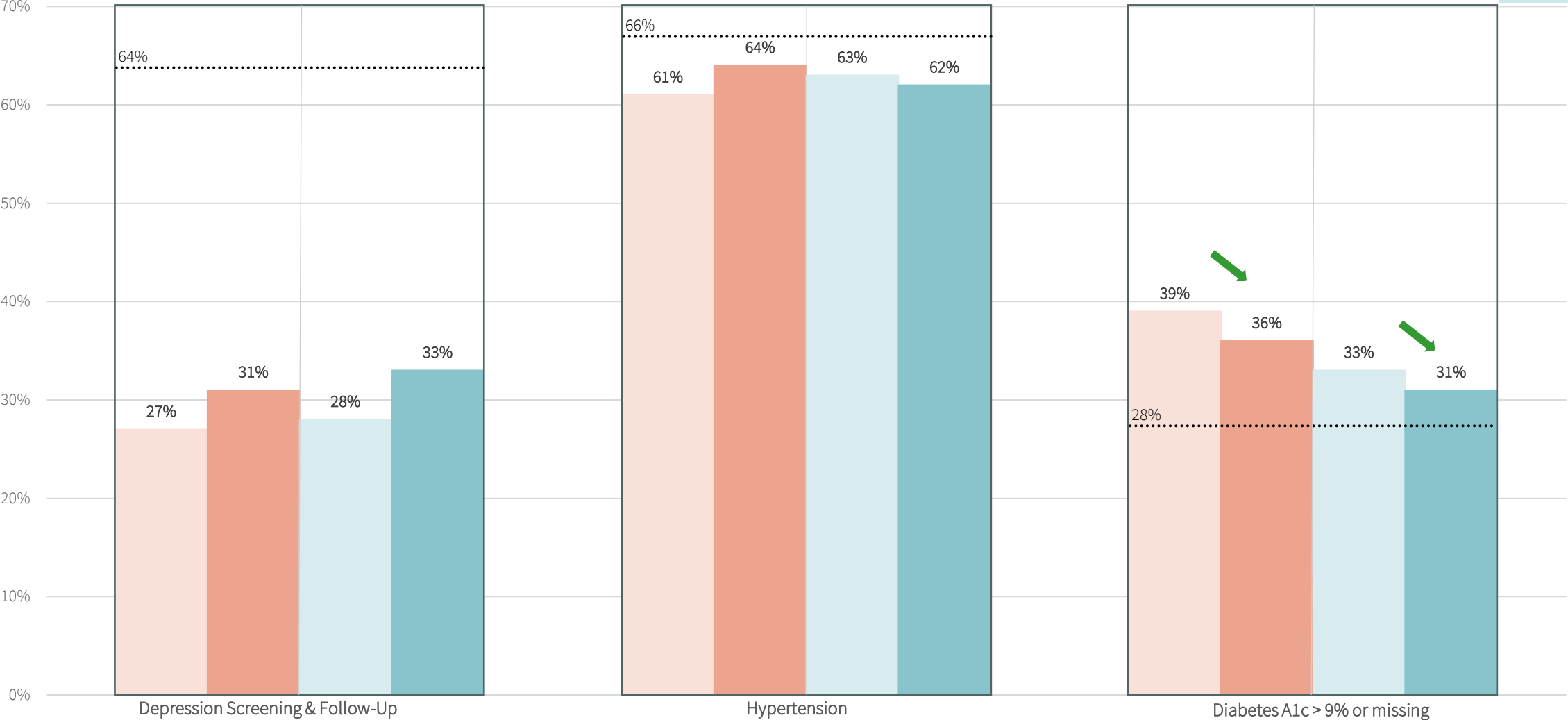
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Performance Measures

Significant improvement in Diabetes A1c screenings rom Q2 to Q3

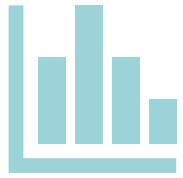
..... QIP Q2 PEH Q3 PEH Q2 FW Q3 FW





Patient Satisfaction Survey Results

Medical Practice – Provider Outpatient Question Pod



Data derived from January to November 2024



Homeless and Farmworker status

derived from annual HCH/FH Program Patient Master list



Collected by NRC Health- SMMC Survey Vendor

Patients receive set of survey questions depending on which department they visit

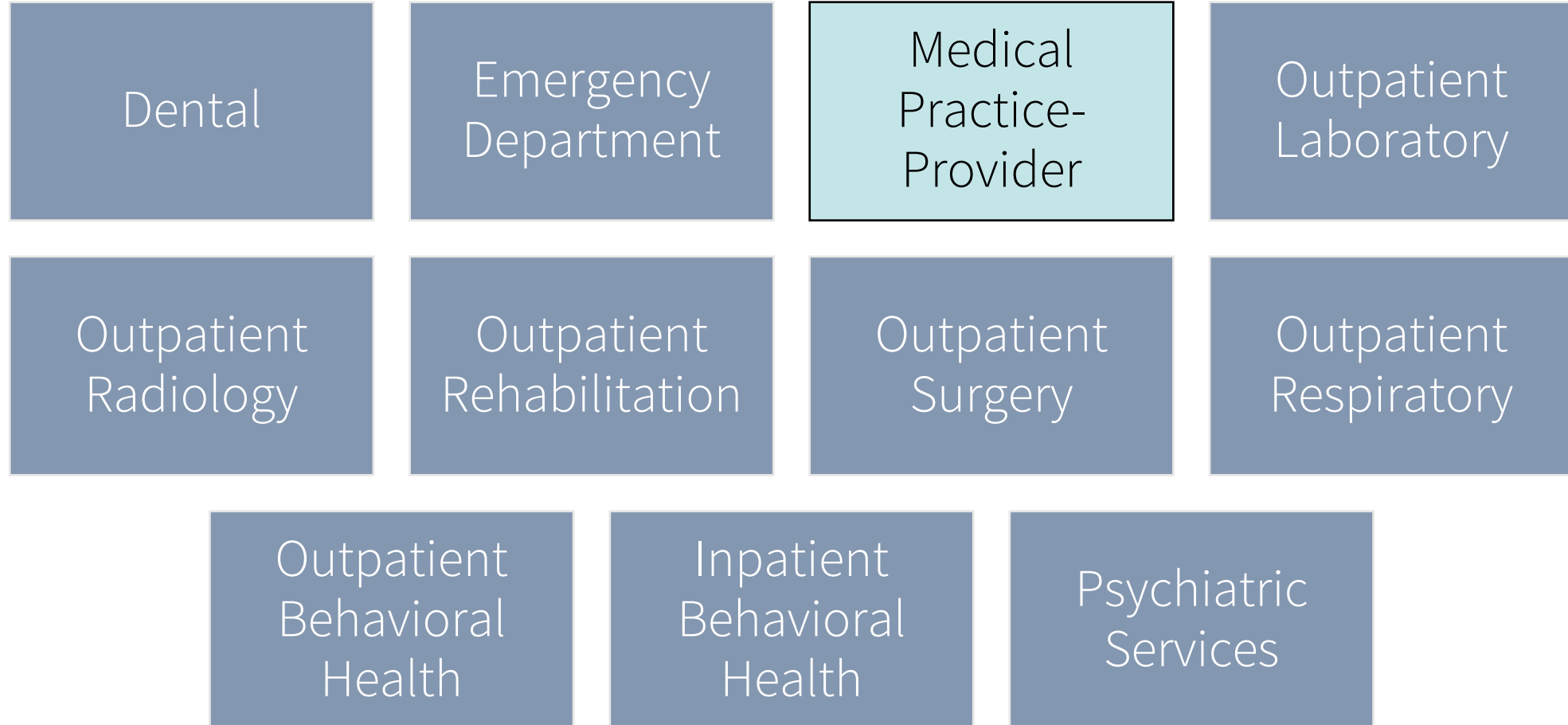
Patients have 14 days to complete the survey; sent a series of reminders via call/text/email

Responses are scaled from “Yes definitely” through “No”

All questions require response- no skipping

Can view historical data on survey responses for people experiencing homelessness and farmworkers

All Question Pods



SMMC Patient Satisfaction Survey Criteria

All adults (18+) are surveyed

No minors
(confidential) 12-17

Only those with email/phone number (text, call)

Those who are empaneled (seen by PCP)

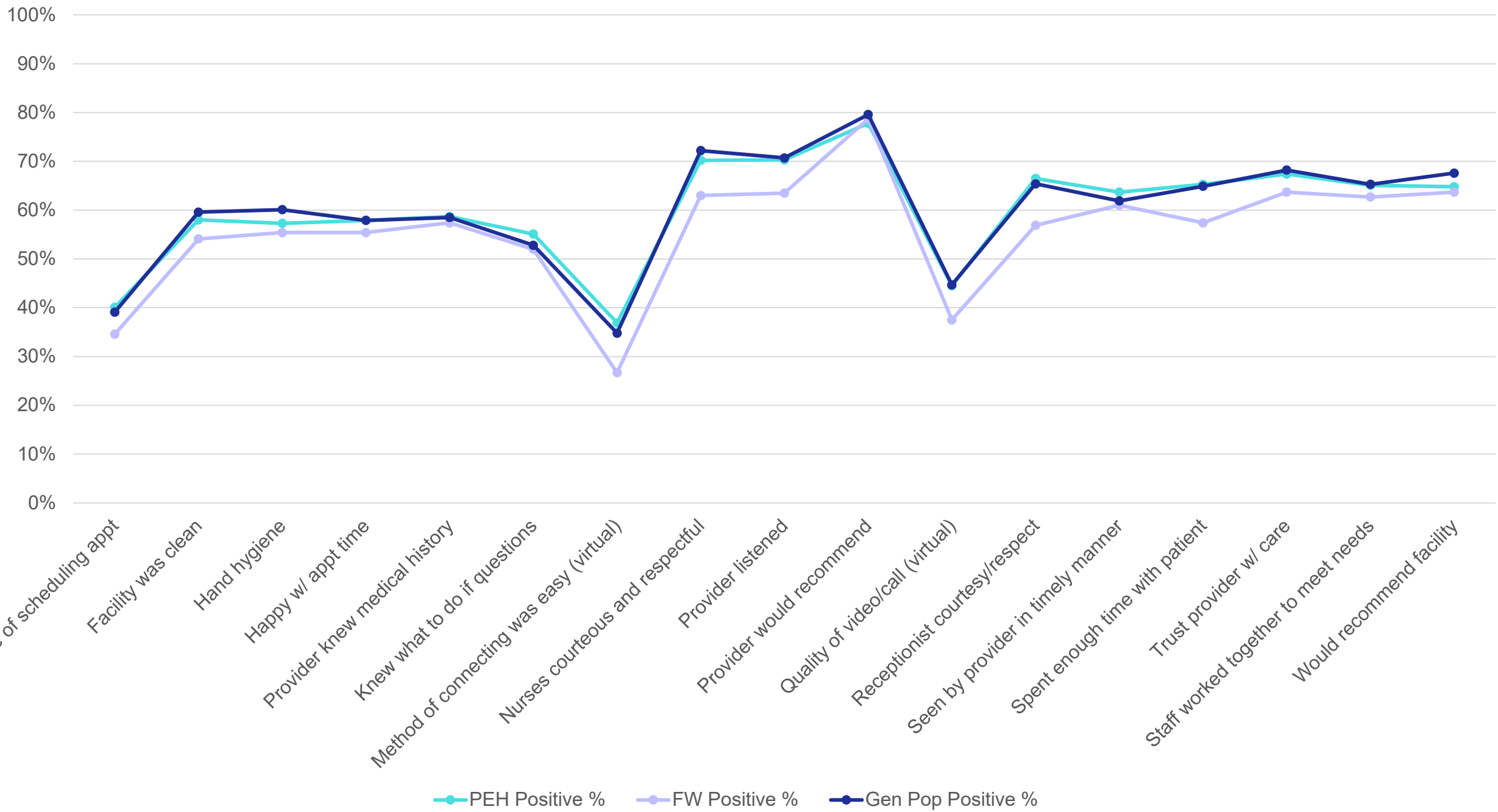
Provider visits only (MD, NP, PA, RT, Dentist)

No RN visits

Patient Satisfaction Response Rates

| <u>Patient Category</u> | <u>Surveyed</u> | <u>Returned</u> | <u>Response Rate</u> |
|-------------------------|-----------------|-----------------|----------------------|
| Homeless | 12,573 | 3,371 | 26.8% |
| Farmworkers | 1,040 | 298 | 28.7% |
| General Population | 35,993 | 10,306 | 28.6% |

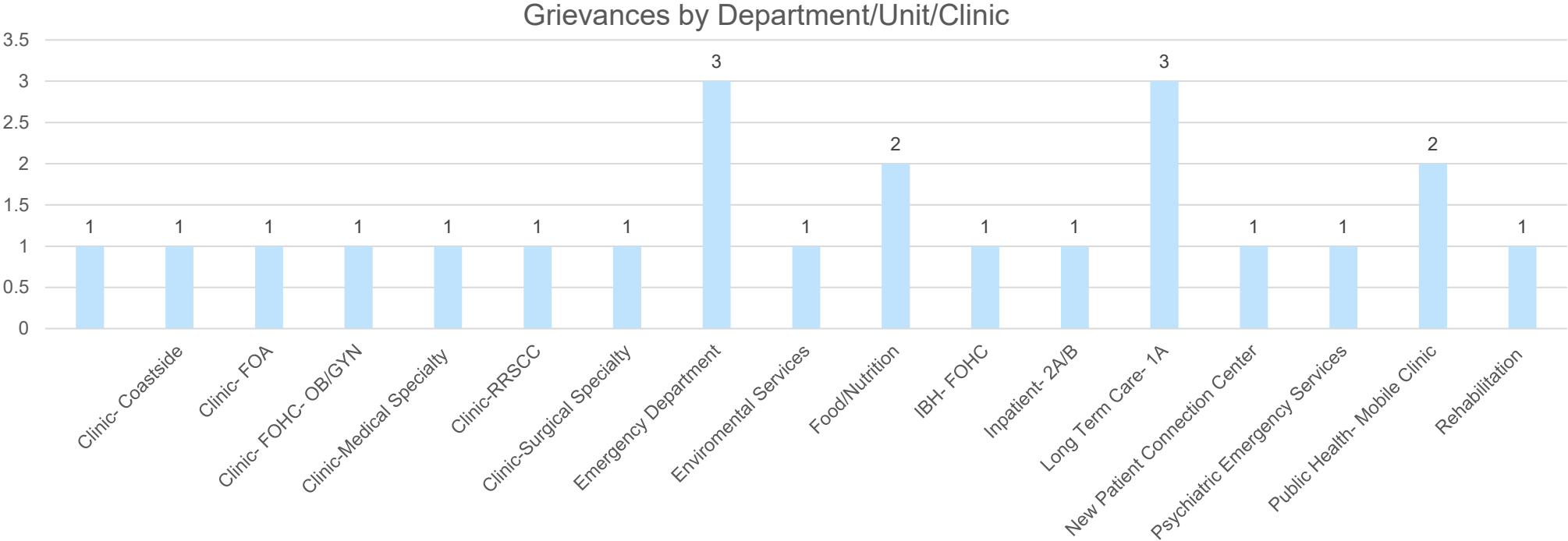
Patient Satisfaction Survey Results





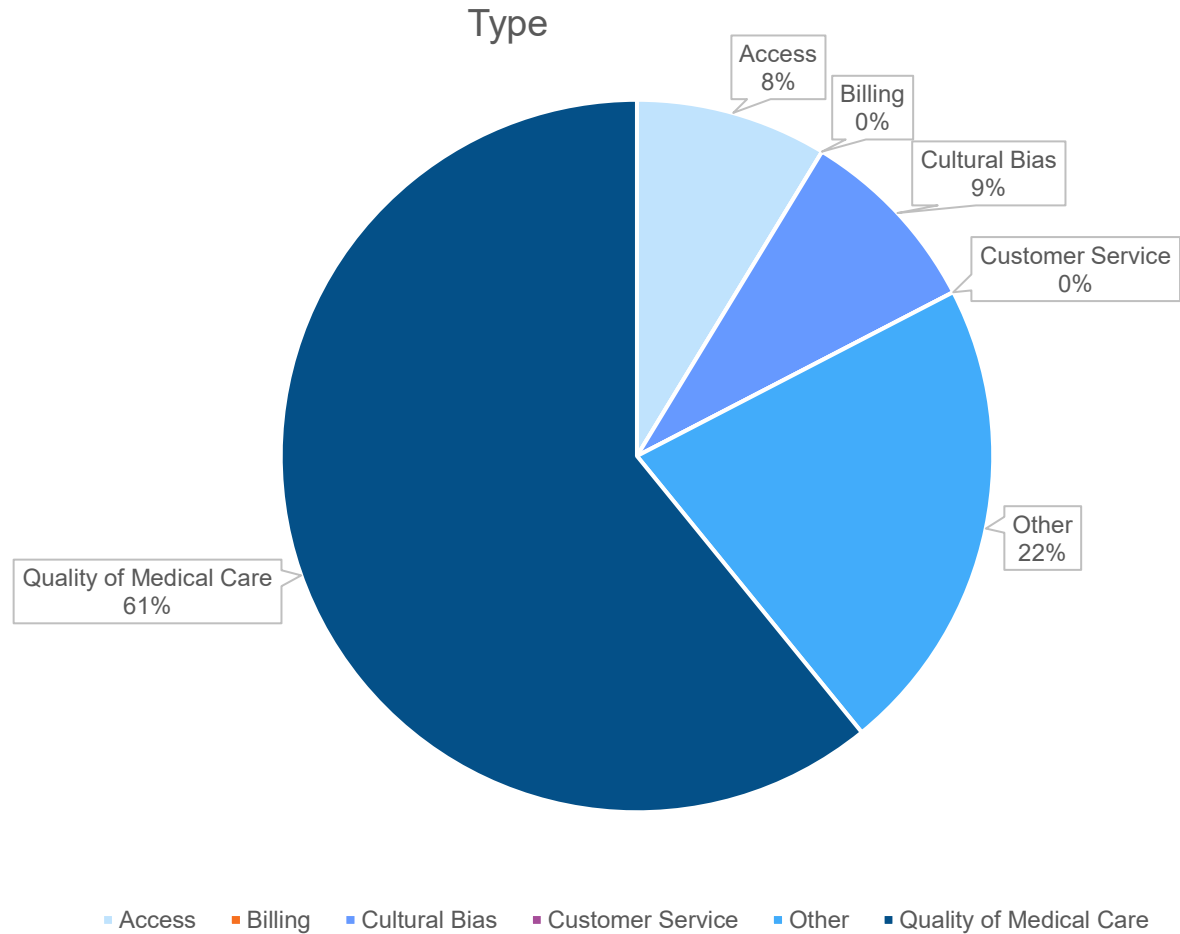
Patient Grievance Report

Self-identified Unhoused/Farmworker Patient Grievances January- September 2024



Total grievances: 23

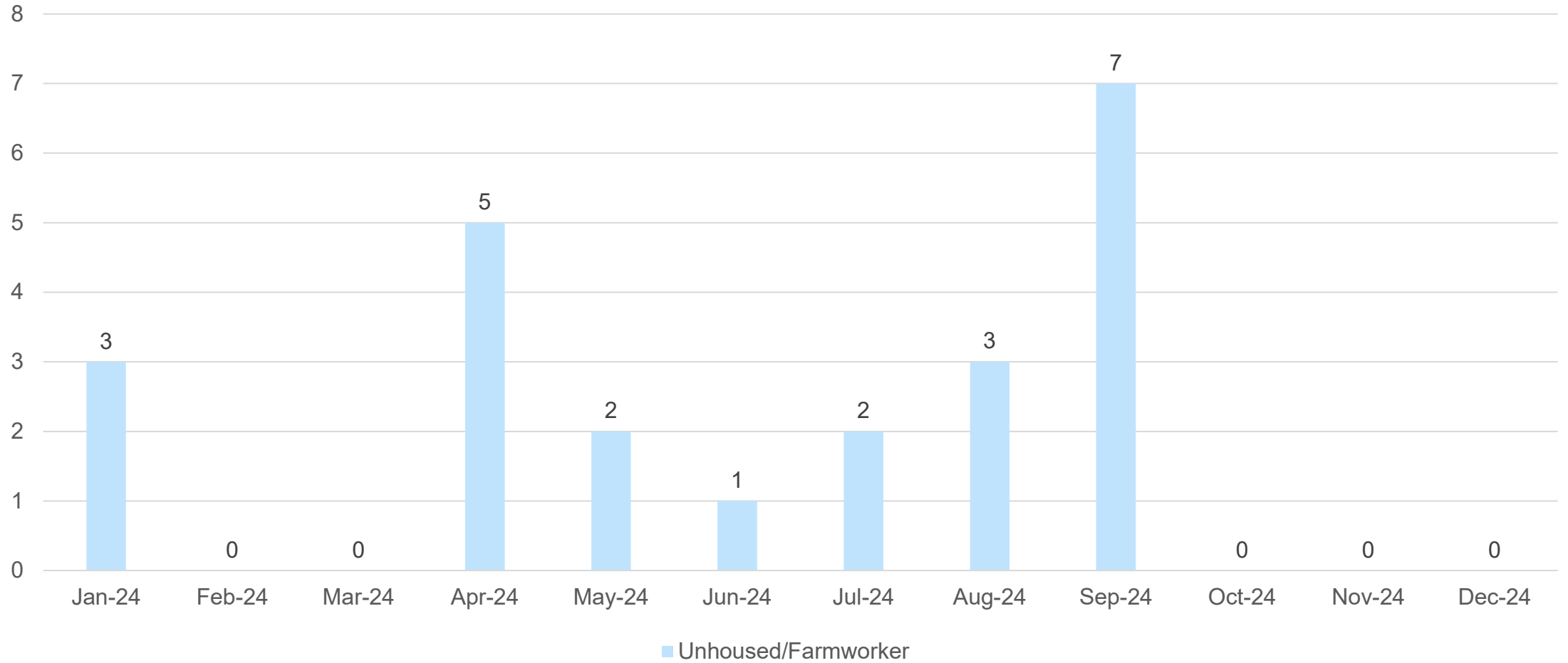
Patient Grievances January- September 2024 Unhoused/Farmworker



TOTAL: 23

PATIENT GRIEVANCE DATA – YTD

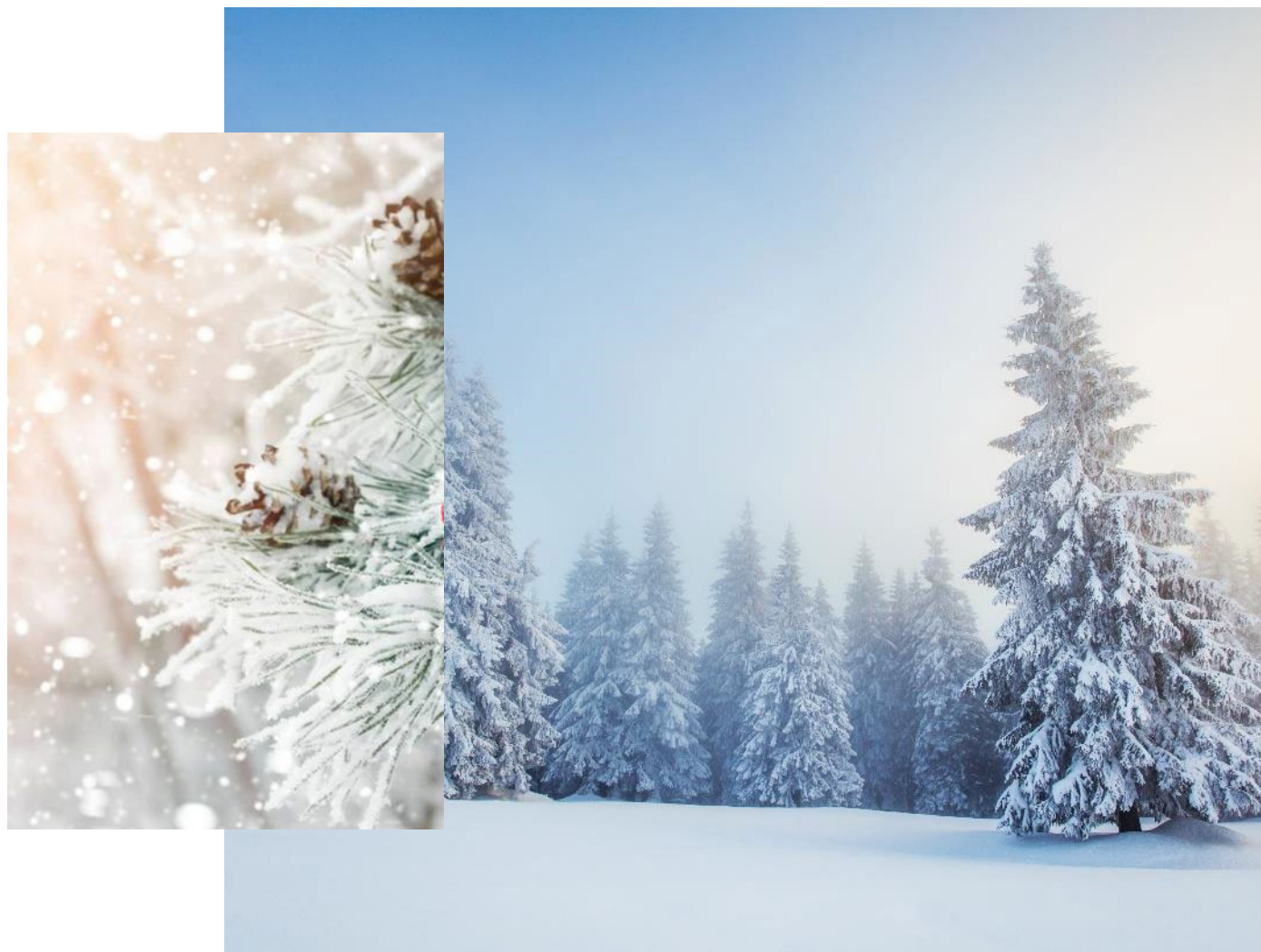
Unhoused/Farmworker





Looking Ahead: 2025

- Review 2024 UDS data
- Review Smart Watches data collection
- Self-Administered Pap Tests
- Next QI/QA Subcommittee meeting: March 2025





THANK YOU

Happy Holidays from the
HCH/FH team!