



TOPIC: HCH/FH Program QI/QA Subcommittee
DATE: September 12th, 2024
TIME: 12:30pm-2:00pm
PLACE: Half Moon Bay Library 620 Correas St, Half Moon Bay, CA 94019 (Conference Room)

Item	Time
1. Welcome	12:30pm
2. Approve Meeting Minutes	12:35 pm
3. Program Updates	12:40 pm
4. 2023 UDS Rankings	1:00 pm
5. Q2 2024 Performance Measures	1:10 pm
6. QI/QA Plan Amendment	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>Maternal Health Training + Patient Safety Kits</p> <ul style="list-style-type: none"> • HCH/FH will host maternal health training held by provider • Training will entail screening education, preventative care, Post Natal guidance • Maternal health kits will be distributed following the training • Postpartum Essentials Kit: disposable underwear, cooling pads, nursing pads, peri bottle, etc. • Newborn Supplies Kit: saline drops, infant pain reliever, diaper cream, nasal aspirator, etc. • Breastfeeding Basics Kit: hot and cold therapy pads, milk storage bags, breast pump, etc. • Plan to make this distribution annual- will be purchasing kit quantities based off the numbers reported by the UDS <p>Trimester Entry into Care Data</p> <ul style="list-style-type: none"> • Currently a monitor only metric- does not track homeless versus farmworker data collection • BI (analytics team) request submitted to include homeless and farmworker column in data reports • Better able to identify patients and provide targeted resources • 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 <p>Smart Watches Project</p> <ul style="list-style-type: none"> • HCH/FH will be distributing smart watches to people experiencing homelessness and farmworkers in San Mateo County 	

	<ul style="list-style-type: none"> • Goal: increase health education and engagement with watch features (calories, steps, heart rate, sleep tracker, blood pressure monitoring, etc.) • Surveys generated, working with team to create distribution list • Decided to distribute to partners- more interest, good relationship, high engagement, they'd prioritize the project more • 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 • Distribute watches in small groups- about 10 at a time • Once clients are identified, we'll begin scheduling info sessions <p>Half Moon Bay Library Expansion</p> <ul style="list-style-type: none"> • HCH/FH will be distributing smart watches to people experiencing homelessness and farmworkers in San Mateo County • Goal: promote health education and get patients accustomed to establishing daily health habits (calories, steps, heart rate, sleep tracker, blood pressure monitoring, etc.) • 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. • The MOU will be extended for three years until 2027, where it will go under review again to assess how the project is going • Increased project to 50 cuffs total • perhaps will be established in certain locations and the rest will be in their floating system • Educational material included as well as tracking log that people can take home 	
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"> • FQHC: Federally Qualified Health Centers • UDS: Uniform Data System • Cervical cancer: slight improvement. Working with the BI team (data analytics team) to make sure all patients are being appropriately captured 	

	<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"> • Slight improvement in almost all measures from 2023 to 2024 • Dep screening: no change- exploring how this metric could be impacted by the upcoming BHSE grant we're applying for • Alejandra shared some outreach efforts that the SMMC is doing towards certain metrics • 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 • 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 39th Ave. <ul style="list-style-type: none"> ○ Radiology began cross training staff to use equipment at radiology to combat staff shortages. ○ Created more flexible scheduling for patients: weekends, extending Mon-Fri hrs, taking walk-ins if they have capacity • Explained the EPIC has a ADM (adult disease management) program that SMMC is considering implementing for patients with diabetes and hypertension out of control 	
QI/QA Plan Amendment	<ul style="list-style-type: none"> • Upcoming changes at medical center <ul style="list-style-type: none"> ○ EPIC implementation ○ Adult BMI reporting • Updating HRSA 2024 definitions • Healthy People 2030- review and update target goals • Update calendar timeline 	
Looking Ahead: 2024	<ul style="list-style-type: none"> • HCH/FH team continuing working on RFP cycle • Cancer data set draft • Review QI Plan revisions for upcoming year- add discussed changes • Next QI/QA committee meeting: September 2024 	
Adjourn	Meeting adjourned at 1:58pm	
Future meeting dates	TBD	

Q3 QI/QA Subcommittee Meeting



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HEALTHCARE FOR HOMELESS &
FARMWORKER HEALTH PROGRAM
THURSDAY SEPTEMBER 12TH, 2024



Approve Meeting
Minutes from Q2
2024

Agenda

Program Updates

2023 UDS Rankings

Q2 2024- Performance Measures

QI/QA Plan Amendment

Looking Ahead: 2024

Program Updates

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

2023 UDS Rankings- CA 330 Programs

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

2023 UDS Rankings- Adjusted Quartile Ranking

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



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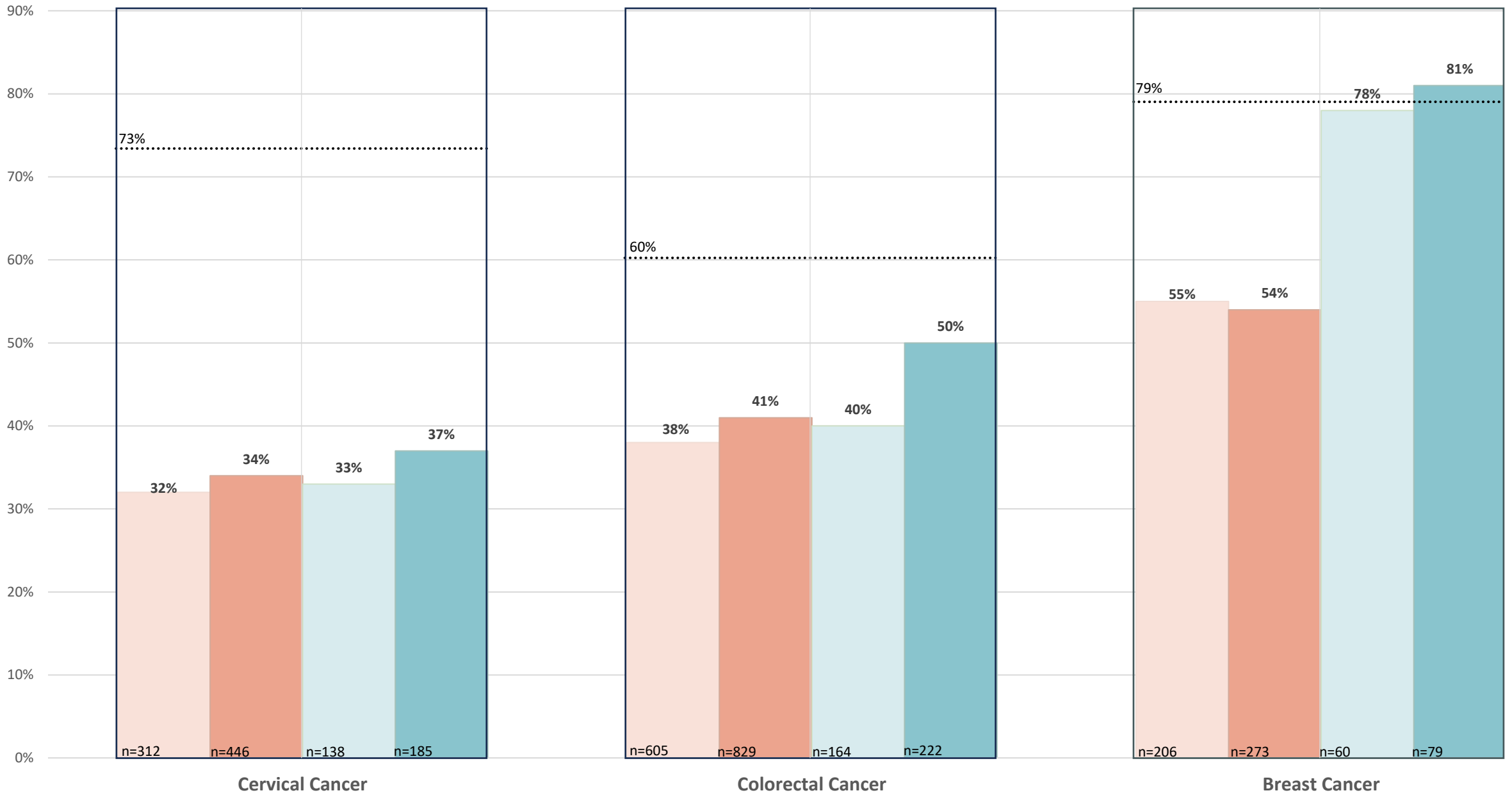
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Q2 2024- Performance Measures

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

Cancer Screenings

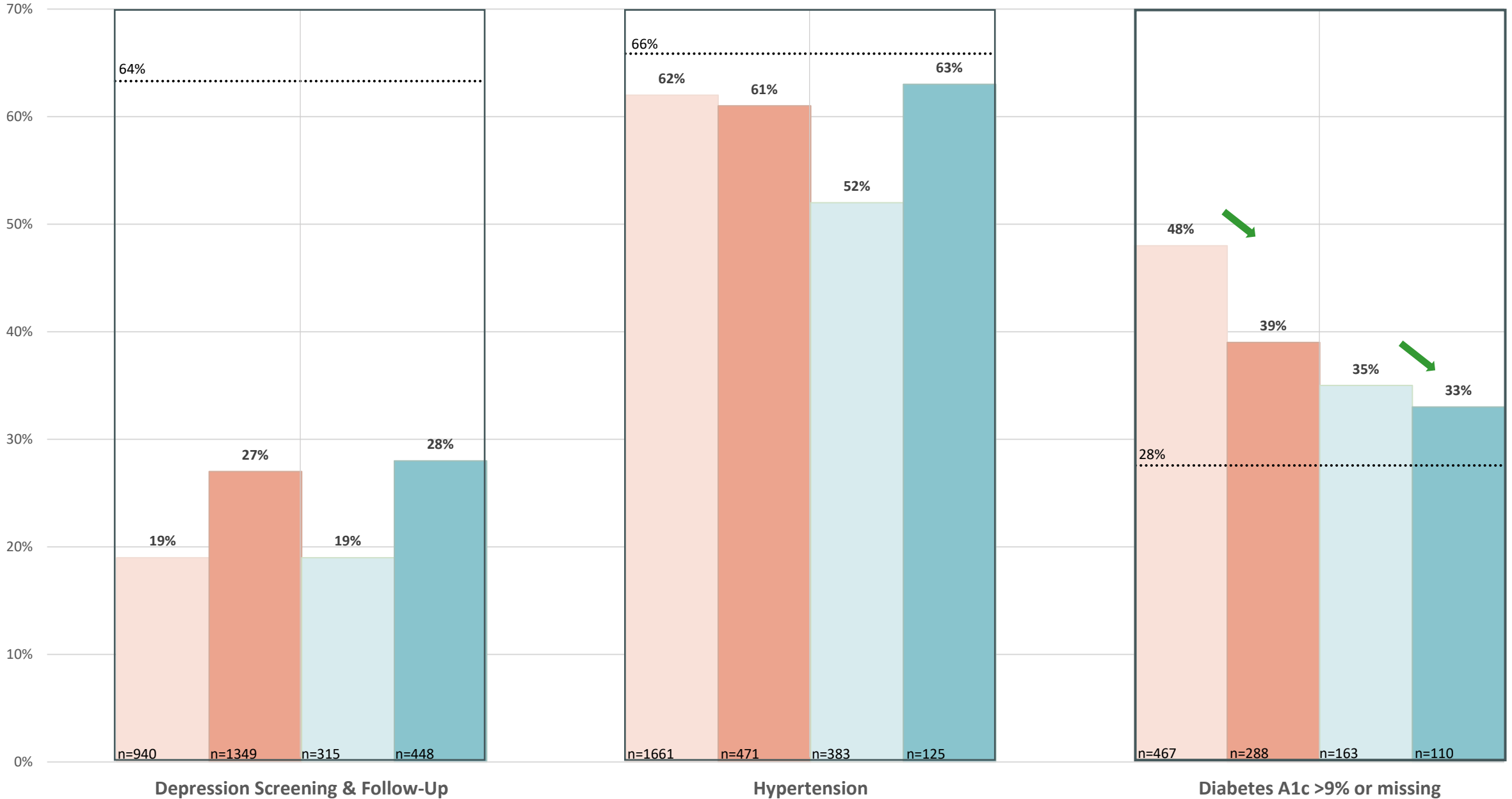
Improvement in almost all outcome measures; slight decrease in PEH Breast Cancer Screening



..... 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



QI/QA Plan Amendment

Update calendar
timeline

Updating HRSA
2024 definitions

Healthy People
2030- updated
target goals

Removed Adult
BMI measure to
align with SMMC
reporting

Looking Ahead: 2024

- HCH/FH team continuing working on RFP cycle- will keep board updated
- Review Patient Satisfaction Survey and Patient Grievance data
- Next QI/QA committee meeting: December 2024