



TOPIC: HCH/FH Program QI/QA Subcommittee
DATE: October 4th, 2023
TIME: 12:30pm-2:00pm
PLACE: 455 County Center, Redwood City, CA 94063 (Room COB_101)

| Item | Time |
|---|----------|
| 1. Welcome | 12:30pm |
| 2. Approve Meeting Minutes | 12:35 pm |
| 3. QI/QA Plan Amendment | 12:40 pm |
| 4. Program Updates | 12:55 pm |
| 5. Q2 2023 Tables- Performance Measures | 1:10 pm |
| 6. Patient Satisfaction Survey Data | 1:40 pm |
| 7. Looking ahead: 2023 | 1:55 pm |
| 8. Adjourn | 2:00 pm |

FUTURE MEETING DATES: TBD

HCH/FH Program QI Committee

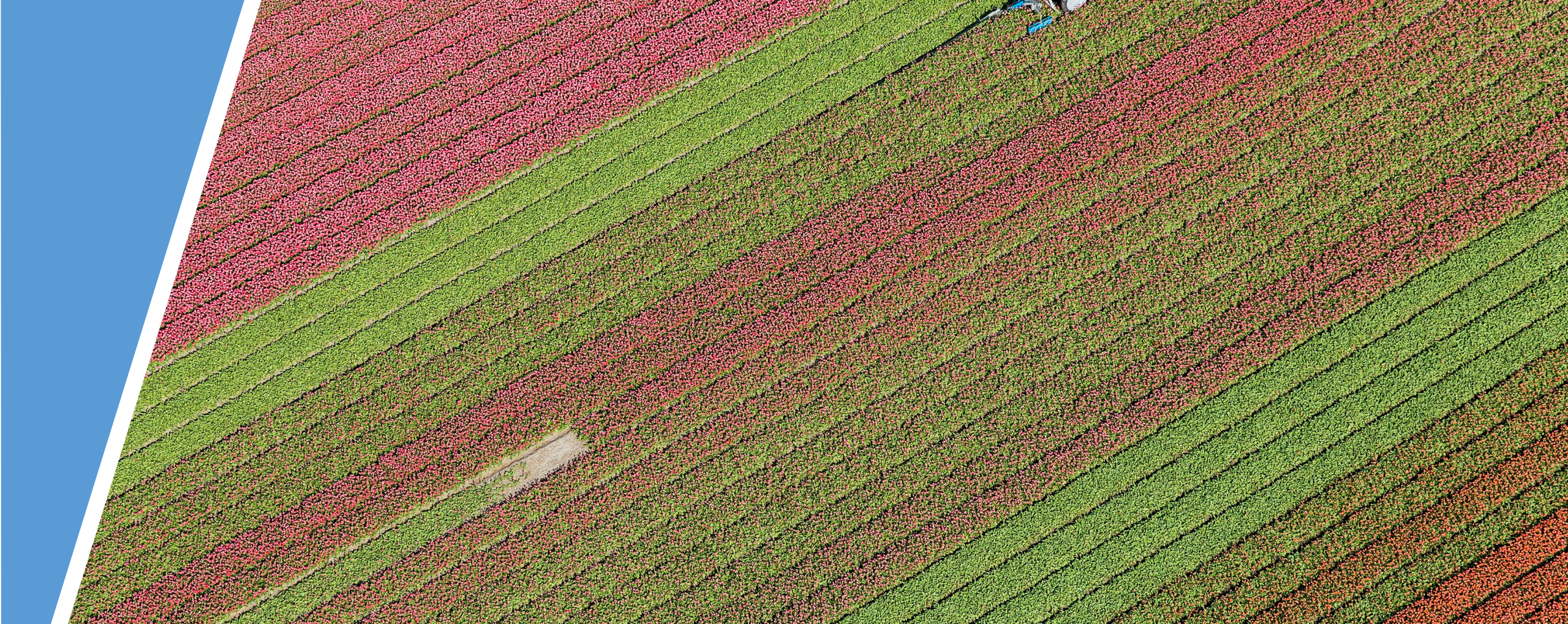
Thursday July 13th, 2023; 12:30-2:00 PM at Venus Room- Department of Housing 264 Harbor Blvd., Bldg. A Belmont, CA 94002

Present: Suzanne Moore, Gabe Garcia, Victoria Sanchez de Alba, Frank Trinh, Irene Pasma, Alejandra Alvarado, Meron Asfaw

| ITEM | DISCUSSION/RECOMMENDATION | ACTION |
|--|--|-------------------------------|
| | Meeting began at 12:35 PM | |
| Approve Meeting Minutes | | Suzanne approved, Gabe second |
| Program Updates: 1. Half Moon Bay Library Project- BP Cuffs 2. Cancer Screenings Project 3. eCW Provider Templates 4. AMI Phones Project | 1) Half Moon Bay Library Project- BP Cuffs <ul style="list-style-type: none"> • HCH/FH program is partnering with the Half Moon Bay library to provide blood pressure kits to library patrons • Goal: targeting library attendees who are farmworkers and people experiencing homelessness • Proposal between HCH/FH program and Half Moon Bay library is being drafted • Target date is to initiate the project starting in August 2) Cancer Screenings Project <ul style="list-style-type: none"> • HCH/FH program is collaborating with SMMC Population Health to evaluate detectable health disparities among farmworkers and people experiencing homelessness at SMMC • Analysis conducted between HCH/FH patient population compared to the SMMC general patient population • Goal: evaluate health disparities among cancer screenings/prevalence of cancer diagnosis for both patient populations 3) eCW Provider Templates <ul style="list-style-type: none"> • Creating resource document for SMMC providers to distribute to people experiencing homelessness and farmworkers during their appointments • Templates categorized by county regions: North County, Mid County, South County, Coast • Meeting with BI to confirm template transition into SMMC EPIC rollout 4) AMI Phones Project <ul style="list-style-type: none"> • Contract renewal with AMI Strategies to continue providing phone services to people experiencing homelessness in community • Knox Dashboard created to navigate phone usage, send notifications, reminders, track phone location, etc. to manage phone usage on staff's end | |

| | | |
|--------------------------------------|---|--|
| | <ul style="list-style-type: none"> • Patients able to call and text SMMC staff, login to portal, transportation services to appointments, etc. | |
| Q1 2023 Tables- Performance Measures | <p>Alejandra presented on the Q1 2023 performance measures, reporting how our program did for our selected outcome measures and highlighting some key performance measures</p> <ul style="list-style-type: none"> • FQHC: Federally Qualified Health Centers • Adult BMI and F/U- Committee members observed a gradual increase in this performance measure from quarter-to-quarter. It was reflected that in our previous meeting, we have seen an improvement from 2021 to 2022 as well. An assessment was done to analyze Adult BMI collected by location, which determined an increase in screenings from sites like Public Health San Mateo, Public Health Redwood City, and Coastside Clinic. • Breast Cancer Screenings- committee acknowledged that the values for farmworkers has been consistently high year-over-year. It was also acknowledged that we are in the 1st quartile ranking for this performance measure. • Diabetes- Communicating with BI regarding patients included in reporting criteria for report. Data validation- patients falling outside of Q1 date range removed, might be impacting total patients for 2023 Q1 reporting. Will provide follow-up on BI's feedback at upcoming meeting. | |
| 2022 UDS Breakdown Tables | <p>Hypertension and Diabetes breakdowns were generated using 2022 UDS data</p> <ul style="list-style-type: none"> • UDS: Uniform Data System • These table breakdowns reflected underlying health issues because these performance measures are reflective of a person's overall health • Table breakdown categories: race, ethnicity, subcategory of homelessness • After careful assessment, it was determined that the people who were categorized as living on the street or in a shelter had consistently worse health outcomes compared to an individual who was doubling up. • Recognition was made that race and ethnicity categories need to be expanded in the healthcare system to make self-reporting more inclusive to all patients • Interest was expressed in streamlining this table visualization for year-over-year comparison in the future | |
| QI/QA Plan Amendment | <p>The QI/QA Plan Amendment will be discussed at the next meeting; not enough time to discuss at this meeting. An overview was providing of what the current QI Plan looks like, and "big picture" changes that will be made for next year. Committee members will have the opportunity to provide input about draft finalization at the next meeting.</p> | |
| Looking Ahead: 2023 | <p>Updates were provided on what the program will be working on for the remainder of the year, and what the next committee meeting will cover:</p> <ul style="list-style-type: none"> • HCH/FH preparing for UDS 2023 reporting year • Review SMMC Patient Satisfaction Survey and Patient Grievances feedback at upcoming meeting | |

| | | |
|-------------------------------|---|--|
| | <ul style="list-style-type: none"> • Collaborating with Patient Experience to stratify farmworkers and people experiencing homelessness data from SMMC Patient Grievances • Finalize QI/QA Plan 2023-2024 at upcoming meeting • Program initiative- provide trainings to SMMC internal staff and HCH/FH community partners <ul style="list-style-type: none"> • Customized trainings for individuals working directly with farmworkers and people experiencing homelessness • Meeting with different clinics/departments to disseminate program and quarterly information | |
| Future meeting dates | TBD | |
| <u>FOLLOW UP- ACTION ITEM</u> | | |



QI/QA Committee Meeting Q3

Healthcare for Homeless & Farmworker Health Program

Thursday, September 14th, 2023



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Approve Meeting Minutes from 2023 Q2



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Agenda

- QI/QA Plan Amendment
- Program Updates
- Q2 2023 Tables- Performance Measures
- Patient Satisfaction Survey Data
- Looking Ahead: 2023



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QI/QA Plan Amendments



QI/QA Plan Amendments

- **Planned Modifications**

- Update definitions to align with the 2023 UDS manual reporting criteria
- Modify QI/QA Calendar to reflect projects timelines and areas of focus
- Performance Measures of Focus- evaluate current metrics and modify list based off priorities for the upcoming year
- Include 2022-2023 Adjusted Quartile Ranking Performance for 2022 UDS reporting year

| UDS Outcome Measures | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Childhood Immunization Status | 80% | 66% | 54% | 64% | 64% | 68% | 79% |
| Cervical Cancer Screening | 60% | 63% | 59% | 54% | 50% | 55% | 28% |
| Child & Adolescent BMI & Counseling | 57% | 59% | 58% | 57% | 45% | 44% | 45% |
| Adult BMI & Follow-up Plan | 29% | 43% | 33% | 27% | 27% | 29% | 40% |
| Tobacco Cessation | 86% | 78% | 87% | 89% | 88% | 90% | 91% |
| Statin Therapy | 74% | 81% | 73% | 74% | 77% | 76% | 77% |
| Aspirin Therapy in Ischemic Vascular Disease (IVD) Patients | 84% | 86% | 85% | 86% | 83% | 78% | 79% |
| Colorectal Cancer Screening | 48% | 57% | 54% | 58% | 53% | 52% | 54% |
| Babies with Normal Birth Weight | 97% | 98% | 92% | 89% | 98% | 92% | 87% |
| Hypertension Controlled (<140/90) | 53% | 63% | 64% | 63% | 26% | 49% | 56% |
| Diabetes >9% or missing (as of 2020, previously defined as Diabetes Controlled <9 HgbA1C) | 54% | 72% | 71% | 67% | 38% | 32% | 32% |
| First Trimester Prenatal Care | 65% | 49% | 44% | 60% | 67% | 67% | 83% |
| Depression Screening and Follow-up | 37% | 41% | 27% | 22% | 33% | 36% | 29% |
| Depression Remission [new] | | | | | 7% | 8% | 5% |
| Breast Cancer Screening [new] | | | | | 51% | 50% | 54% |
| HIV Screening [new] | | | | | 56% | 53% | 53% |



Program Updates

- **Patient Grievances data**

- HCH/FH has been working closely with Patient Experience department to pull data specific to people experiencing homelessness and farmworkers at SMMC
- Previously only general population data at SMMC available to HCH/FH program
- This data now included in monthly Patient Grievances report distributed to SMMC clinics

- **IPV (Intimate Partner Violence) Safety Cards**

- Business card sized cards available for discreet distribution to farmworker community
- Work with community partners and HMB library to distribute cards
- Able to include national resources and local resources on cards

- **Puente Focus Group**

- Farmworker focus group- capturing feedback not seen in Patient Satisfaction Survey
- Determining what to prioritize in Needs Assessment and next revenue cycle
- Feedback: transportation barriers, quality of services, and more community activities for “emotional support”



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Q2 2023 Tables-
Performance Measures

| QI Measures of Focus | 2023 Q2 PEH | 2023 Q2 FW | 2023 Q1 PEH | 2023 Q1 FW | 2022 CA 330 Programs | 2022 Adjusted Quartile Ranking | 2023 SMMC Performance (QIP) |
|--------------------------------------|-------------------|------------------|-------------------|------------------|-------------------------|--------------------------------------|-----------------------------------|
| Screening and Preventive Care | | | | | | | |
| Cervical Cancer Screening | 22% | 40% | 22% | 35% | 57.5% | 4 | 71% |
| Colorectal Cancer Screening | 49% | 63% | 52% | 55% | 42.1% | 1 | 61% |
| Breast Cancer Screening | 48% | 78% | 48% | 82% | 52% | 1 | 79% |
| Depression Screening and Follow-up | 19% | 22% | 19% | 19% | 66.9% | 4 | 63% |
| Adult BMI Screening and Follow-up | 44% | 56% | 45% | 48% | 58.5% | 4 | 43% |
| Chronic Disease Management | | | | | | | |
| Hypertension | 52% | 52% | 45% | 45% | 61% | 3 | 63% |
| Diabetes A1c >9% or missing | 43% | 39% | 55% | 53% | 32.6% | 1 | 32% |
| Maternal Health | | | | | | | |
| Prenatal Care 1st Trimester | | | | | 75.7% | 1 | N/A |

Updated HRSA Health Center Data 2022

- 330 program performance data have been released for calendar year 2022. The adjusted quartile is an ordering of health centers' clinical performance compared to other health centers on the clinical quality measures (CQMs) that are reported to the UDS annually.
- Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting health centers) to quartile 4 (lowest 25% of reporting health centers).
- Our program changed quartile rankings for the following metrics:

| Metric | 2021 Adjusted Quartile Ranking | 2022 Adjusted Quartile Ranking | Positive/Negative Change |
|--|--------------------------------|--------------------------------|--------------------------|
| Early Entry into Prenatal Care (1 st Trimester) | 3 | 1 | Positive |
| Cervical Cancer Screening | 1 | 4 | Negative |
| Adult BMI and Follow Up | 4 | 3 | Positive |



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Patient Satisfaction Survey Results

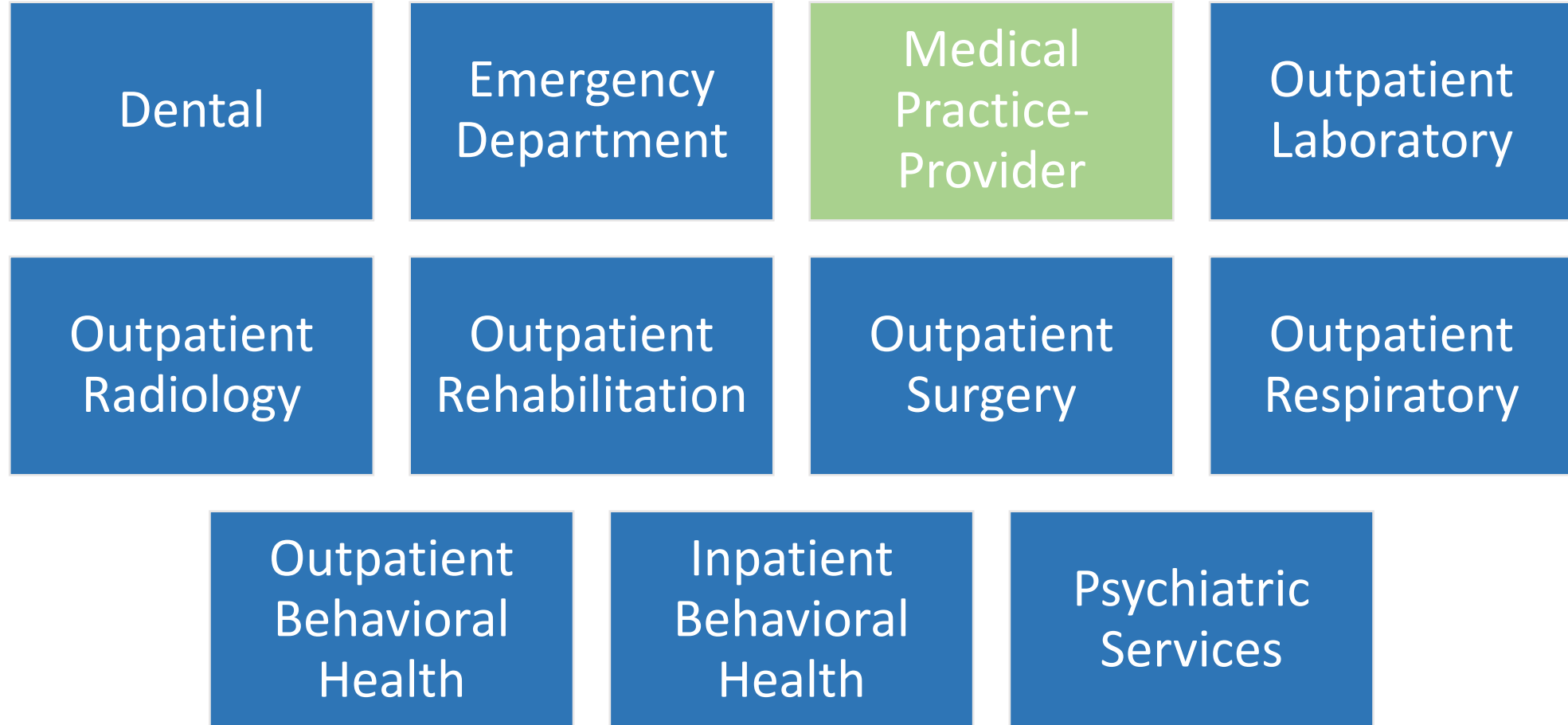
Medical Practice – Provider Outpatient Question Pod

- Data derived from Q1 and Q2 2023
- 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



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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

| Survey Response Rates | | | |
|------------------------------|-----------------|-----------------|----------------------|
| <u>Patient Category</u> | <u>Returned</u> | <u>Surveyed</u> | <u>Response Rate</u> |
| Homeless | 2,456 | 8,387 | 29.3% |
| Farmworkers | 160 | 627 | 25.5% |
| General Population | 6,230 | 20,975 | 29.7% |

Medical Practice – Provider Question Pod

| Question | Homeless Positive Response % | Farmworker & Dependents Positive Response % | General Population Positive Response % |
|--|------------------------------|---|--|
| In general, how would you rate your overall health? | 36% | 46% | 51% |
| Was it easy to get the clinic on the phone to schedule this appointment? | 43% | 44% | 43% |
| Was the facility clean? | 57% | 54% | 60% |
| During your visit, did our staff wash or sanitize their hands before taking care of you? | 58% | 56% | 60% |
| Were you happy with the appointment date and time? | 61% | 54% | 60% |
| Did this provider seem to know your medical history? | 60% | 60% | 58% |
| Did you know what to do if you had more questions after your visit? | 58% | 52% | 54% |
| [Virtual] Was this method of connecting with a care provider easy to use? | 42% | 28% | 38% |
| [Virtual] Was the quality of the video or call good enough? | 48% | 42% | 48% |

Medical Practice – Provider Question Pod

| Question | Homeless Positive Response % | Farmworker & Dependents Positive Response % | General Patient Population Positive Response % |
|--|------------------------------|---|--|
| Did nurses treat you with courtesy and respect? | 72% | 68% | 73% |
| Did this provider listen carefully to you? | 72% | 67% | 72% |
| How likely would you be to recommend this provider to your family and friends? | 80% | 79% | 81% |
| Did the receptionist treat you with courtesy and respect? | 67% | 64% | 66% |
| Were you seen by this provider in a timely manner? | 64% | 55% | 60% |
| Did the care providers spend enough time with you? | 64% | 58% | 63% |
| Did you trust this provider with your care? | 70% | 65% | 67% |
| Did the staff work together to meet your needs? | 67% | 63% | 64% |
| How likely would you be to recommend this facility to your family and friends? | 68% | 66% | 70% |

Patient Satisfaction Summary



Lowest positive response % for satisfaction with appointment on the phone across all three populations



PEH indicated the highest positive response % for nurses treating them with respect



PEH, Farmworkers, and the General Population all had high positive response % for likelihood to recommend provider



Lower positive response % for virtual satisfaction, with farmworkers having <14% disparity compared to PEH



Looking Ahead: 2023

- HCH/FH preparing for UDS 2023 reporting year
- Review remaining feedback from SMMC Patient Satisfaction Survey results at upcoming meeting- HCH/FH population
- Provide trainings to staff working directly with farmworkers and people experiencing homelessness
 - 1st training will focus on Motivational Interviewing with community partners in the Fall
 - Explore PSA training opportunities
- Needs Assessment report in final stages- final report completed in October
- Next QI/QA committee meeting: November (after board meeting)