

### **AGENDA**

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

**DATE:** April 10<sup>th</sup>, 2025 **TIME:** 12:30pm-2:00pm

PLACE: 500 County Center COB 3 (Manzanita Hall) Redwood City, CA 94063

Item		Time
1.	Welcome	12:30 pm
2.	Approve Meeting Minutes	12:35 pm
3.	Program Updates	12:40 pm
4.	Q3 2024- Performance Measures	1:10 pm
5.	EPIC Implementation	1:30 pm
6.	Looking ahead: 2025	1:55 pm
7.	Adjourn	2:00 pm

FUTURE MEETING DATES: TBD



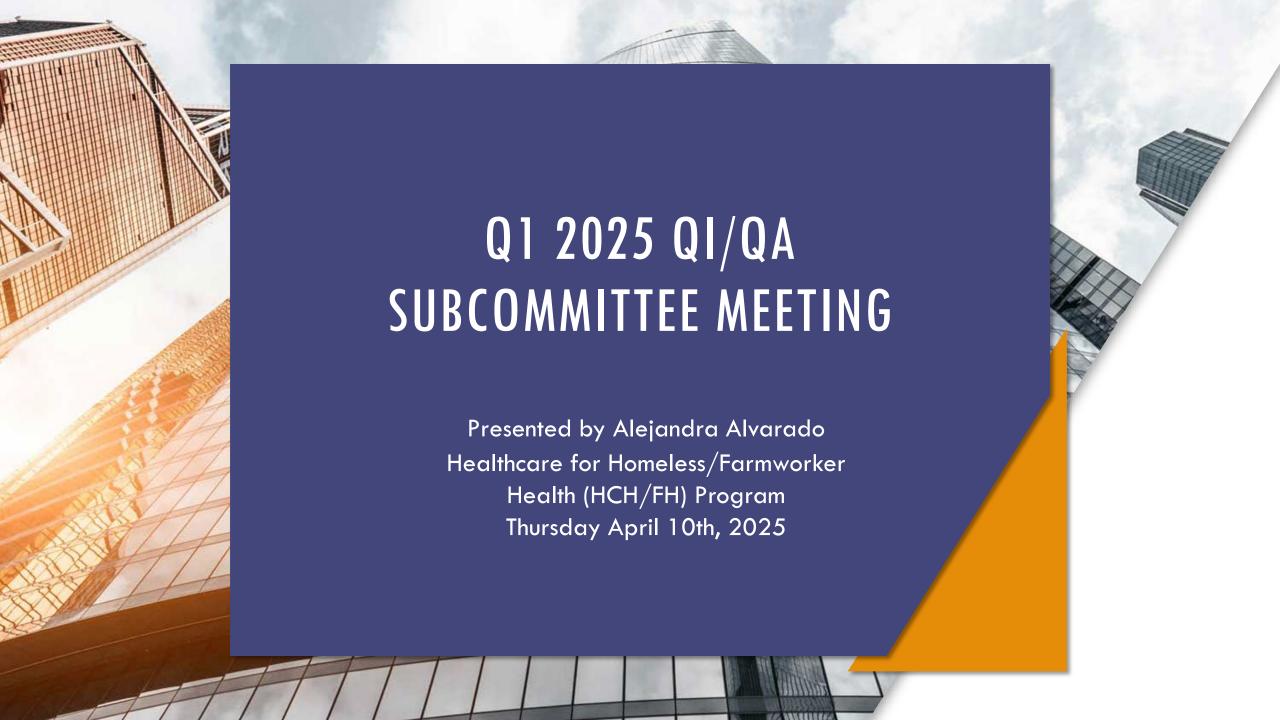
SAN MATEO
MEDICAL CENTER

Thursday December 12th, 2024; 3:00-4:30 PM at 455 County Center, Redwood City, CA 94063 (Room 101)
Present: Suzanne Moore, Brian Greenberg, Alejandra Alvarado, Raven Nash, Jocelyn Vidales, Gabe Garcia, Jim Beaumont

ITEM	DISCUSSION/RECOMMENDATION	ACTION
	Meeting began at 2:51 PM	
Approve Meeting Minutes		Suzanne approved, Brian second All committee members approved.
Program Updates	<ul> <li>Homeless Mortality Report</li> <li>Public Health Epidemiology has received the HMIS data from HSA</li> <li>Epi team analyzing death data and data from HMIS. Goal: have analysis done by end of December</li> <li>Estimated report writing start date: January</li> <li>HCH/FH will collaborate with Public Health Epidemiology to write the report</li> <li>Library Expansion Project</li> <li>The start of the MOU is December 2024 (3 yr MOU contract)</li> <li>50 kits distributed among the SMC Library system containing blood pressure cuffs</li> <li>13 library location + bookmobile</li> <li>Questionnaires collected from each library patron, collected quarterly from each location</li> <li>Will be working with library POC to troubleshoot items needing replacement or repair</li> </ul>	
	Discussed updates with the board members, and provided Raven with an overview of each project.	
Q3 2024 Performance Measures	<ul> <li>Cervical Cancer Screening Reporting</li> <li>SMMC went through small audit in the Fall and the specs for their QIP report have changed</li> <li>Language removed requiring visit that calendar year and criteria centered more around HI status and enrollment, so QIP numbers recently dropped about 10%</li> <li>Discussed exploring self administered pap tests next year</li> </ul>	
	Diabetes A1c > 9% or missing  HCH/FH outperforming QIP for certain aspect of this measure Performing on par with Latinx population for this measure	

	HCH/FH outperforming Black/AA patients in QIP who are performing in			
	the low 40% percentages			
	and the state of t			
	Future goals for SMMC Quality			
	With EPIC rollout, SMMC's goal is to start having more inclusive			
	collaboration with diff departments			
	Long term goal: improve tracking and metric performance for the entire			
	patient population			
	Alameda county has detailed employee performance data; it would be			
	interesting for SMMC to explore this level of data collection to improve			
	staff accountability and explain outliers of metrics better			
Patient Satisfaction Survey	Data derived from January to November 2024			
Results	Homeless and farmworker status derived from annual HCH/FH Program			
	Patient Master list			
	Collected by NRC Health- SMMC Survey Vendor			
	<ul> <li>Patients receive set of survey questions depending on which</li> </ul>			
	department they visit			
	<ul> <li>Patients have 14 days to complete the survey; sent a series of</li> </ul>			
	reminders via call/text/email			
	<ul> <li>Responses are scaled from "Yes definitely" through "No"</li> </ul>			
	<ul> <li>All questions require response- no skipping</li> </ul>			
	Can view historical data on survey responses for people			
	experiencing homelessness and farmworkers			
	Reviewed all Question Pods- we primarily analyze "Medical Practice-			
	Provider" since it encompasses the majority of our outpatient, adult patient			
	population			
	Reviewed criteria for receiving surveys			
	o Adults (18+) only			
	Must have access to email/text/call			
	Provider visits/empaneled patients only			
	o No RN visits			
	Average survey response rates     Homeless: 26.8%			
	F			
	0.000   1.000			
	o General Population: 28.6%			
	Discussed the lower values involving virtual visits and ease of scheduling			
	appointments. HCH/FH shared current challenges at the medical center with			
	understaffing that could be contributing to appointment scheduling. The			
	subcommittee discussed expectations for EPIC as it related to virtual visits, the			
	MyHealthOnline app, and its ease of use.			
Patient Grievances Report	Year to date data was reviewed for grievances from January-September			
'	2024			
	Grievances were reviewed by grievance type, department, and grievances			
	report per month			
<u> </u>				

Looking Ahead: 2025	<ul> <li>Review 2024 UDS data</li> <li>Review Smart Watches data collection</li> <li>Self-Administered Pap Tests</li> <li>Next QI/QA Subcommittee meeting: March 2025</li> </ul>	
Adjourn	Meeting adjourned at 3:18 PM	
Future meeting dates	TBD	



### **AGENDA**

Program Updates

Q4 2024 Performance Measures

**EPIC Implementation** 

Looking Ahead: 2025

### PROGRAM UPDATES

### Smart Watches Project

- HCH/FH is providing smart watch devices to homeless and farmworker patients
- Homeless patients- working with LifeMoves to distribute watches to homeless individuals through case manager
  - Primarily positive feedback- individuals grateful to participate, excited to learn about health, showing providers results
  - Troubleshooting- watch band uncomfortable to sleep with, client responsiveness to follow-up surveys
- Farmworker patients- recently began working with ALAS to distribute watches to farmworkers
  - Collecting consent forms and initial survey responses, will be contacting clients to collect follow-up survey responses over the next couple of months
- Next steps- thinking through how to use this data to create phase 2 of project or how to best utilize this data to make improvements in our program

### PROGRAM UPDATES

### Library Expansion Project

- HCH/FH is provided blood pressure cuffs to all San Mateo County Library (SMCL) locations
- Currently working on promotional collaborations between SMCL and HCH/FH
- Library- posted about collaboration on front page of their newsletter and website blog
  - Link found here: Now Available: Blood Pressure Monitor Kits at the Library | San Mateo County Libraries
  - Contacting news outlets to promote project
- HCH/FH- will be sharing collaboration in upcoming SMMC Heartbeat Newsletter
  - Updating flyers for external partners

### PROGRAM UPDATES

### AMI Phones Project

- Will be renewing this project for the 2025-2026 calendar hear (April to April)
- Project will be concluded after April 2026
- Out of 16 devices:
  - 5 inactive for >100 days
  - 2 inactive ~ 50 days
  - 7 active within 24 hours
- Notified 1 year in advance of project termination
- Alternative phone plans will be provided to all clients

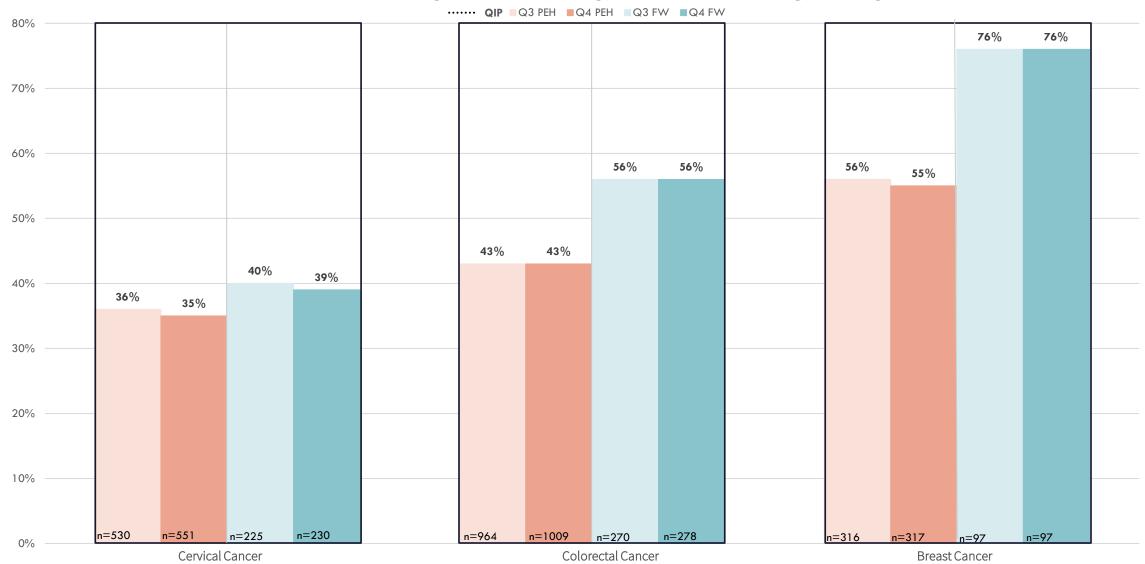
# Q4 2024 PERFORMANCE MEASURES

## HCH/FH PRIORITY HEALTH MEASURES

Metric	HCH/FH	SMMC	CA 330 Programs	National Benchmark
Cervical Cancer Screening	36%	72%	59%	79%
Colorectal Cancer Screening	44%	60%	42%	68%
Breast Cancer Screening	60%	77%	55%	80%
Depression Screening & Follow- Up	34%	65%	67%	45%
Hypertension	63%	64%	64%	66%
Diabetes A1c > 9% or missing	33%	30%	29%	12%
Early Entry into Prenatal Care	59%	88%	77%	81%

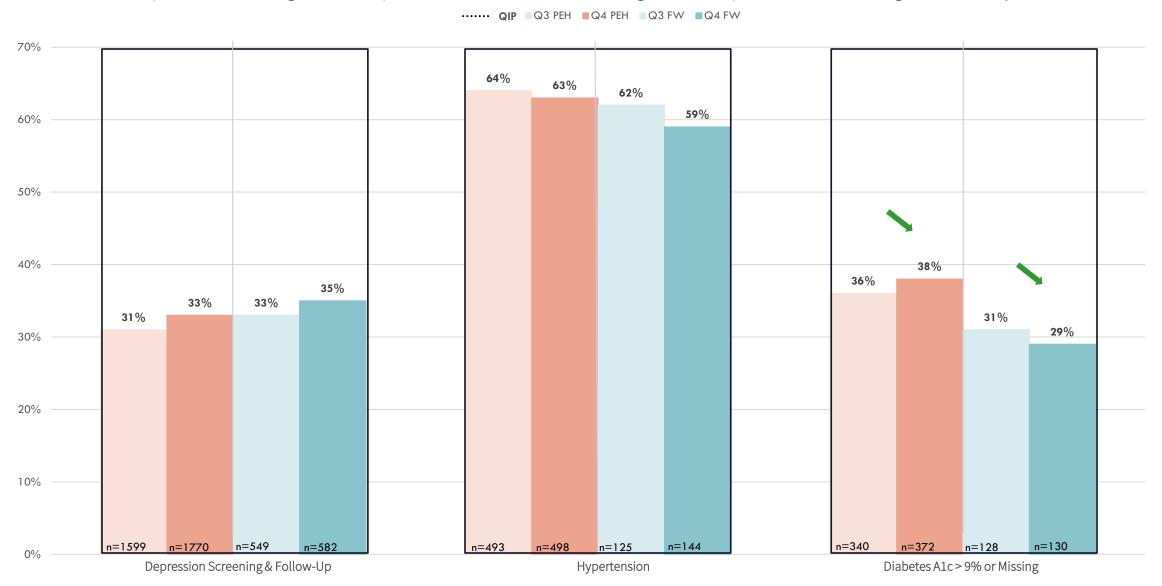
Cancer Screenings

All three cancer screenings ended the reporting year with stable screening percentages



#### Performance Measures

Depression Screening & Follow-Up and Diabetes A1c > 9% or Missing showed improvement concluding the calendar year



### EPIC IMPLEMENTATION

#### **Transition**



- Hard stops for Homeless and Farmworker patients in EPIC
- Assuring data is updated for early 2025 dashboards

#### **Improvement Work**



- Using EPIC data for 2025 Needs Assessment
- Working with other SMMC departments to learn about their EPIC usage
- Chart review ease for existing projects (Cancer Screenings Project or Homeless Mortality Report)

#### **Community Resources**



- Working with EPIC team to learn about Community Resources tab
  - Learning what resources are available and how they're shared out
  - Can providers attach resources to After Visit Summary (AVS)?
  - Are resources similar to old project- Provider Templates?

## Diabetes: Hemoglobin A1c > 9% Table 7C \*Note: Lower is better for this measure.

	2024	YTD
√ SAN MATEO COUNTY HEALTH SERVICE		
<ul> <li>Mexican, Mexican American, Chicano/a</li> </ul>		
American Indian/Alaska Native	0%	_
White	46%	_
Unreported/Chose Not to Disclose Race	21%	_
Total Patients	30%	_
→ Hispanic, Latino/a, Spanish Origin, Combined		
Other Asian	20%	_
Other Pacific Islander	0%	_
Black or African American	0%	_
American Indian/Alaska Native	0%	_
White	26%	_
Unreported/Chose Not to Disclose Race	24%	_
→ Total Hispanic, Latino/a or Spanish origin		
Total Patients	25%	_
→ Not Hispanic, Latino/a, or Spanish origin		
Asian Indian	20%	_
Chinese	17%	_
Filipino	15%	_
Japanese	0%	_
Other Asian	15%	_

### Quality Measures Table 6B

	2024	YTD
Childhood Immunization Status	16%	_
Cervical Cancer Screening	20%	_
Breast Cancer Screening	76%	_
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	1%	_
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	10%	_
Tobacco Screening and Cessation Intervention	71%	_
Statin Therapy	71%	_
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	74%	_
Colorectal Cancer Screening	40%	_
HIV Screening	61%	_
Screening for Clinical Depression and Follow-Up Plan	1%	_
Depression Remission at 12 Months	_	_
Dental Sealants for Children Between 6-9 Years	_	_
Controlling High Blood Pressure	56%	_
Diabetes: Hemoglobin A1c Control >9%	22%	_

### LOOKING AHEAD: 2025

#### **Needs Assessment**



2025 Needs Assessment (NA) will be taking place throughout this calendar year. HCH/FH currently reviewing what goals should be and selecting consultant.

#### **EPIC Collaboration**



Continue working with EPIC to improve data collection and resources for PEH/FW patients.

#### **Next Meeting**



The next HCH/FH QI/QA Subcommittee meeting will likely be in June, subcommittee members will be notified closer to meeting date.

