SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

AGENDA

TOPIC: **HCH/FH Program QI/QA Subcommittee Meeting**
DATE: September 10th, 2026
TIME: 12:30pm-2:00pm
PLACE: 620 Correas St, Half Moon Bay, CA 94019

Item	Time
1. Welcome	12:30 pm
2. Approve Meeting Minutes	12:35 pm
3. Program Updates	12:50 pm
4. Review 2026-27 QI/QA Plan	1:05 pm
5. Q3 2026- Performance Measures	1:35 pm
6. Looking Ahead: 2026	1:55 pm
7. Adjourn	2:00pm

FUTURE MEETING DATES: TBD

*Contact **Amanda Hing Hernandez** ahing-hernandez@smcgov.org **or Angela Leung** aleung2@smcgov.org for additional information regarding the HCH/FH Program Quality Improvement/Quality Assurance Subcommittee.*

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

HCH/FH Program QI/QA Subcommittee

Thursday April 9th, 2026; 455 County Center, COB 402, Redwood City, CA
Present: Suzanne Moore, Gabe Garcia, Janet Schmidt, Frank Trinh, Alejandra Paw, Amanda Hing-Hernandez, Alison Superko

ITEM	DISCUSSION/RECOMMENDATION	ACTION
	Meeting began at 12:30PM	
Approve Meeting Minutes		Suzanne approved, Gabe seconded. All subcommittee members approved.
Program Updates	**UDS Submission Update** • Submitted report to HRSA due on Feb. 15th • March: received HRSA reviewer feedback- respond to questions • End of March: if HRSA reviewer has follow up questions, address those through review extending past March • EPIC: work with EPIC analysts to address beyond report submission to improve metric data collection, PEH/FW patient registration, financial data piece **AMI Phones Project** • Phone distribution for PEH patients • Project initiated in 2021 to support pandemic efforts- increase telehealth connection with SMMC providers • Originally, project had 1 year timeline • Current project timeline: 4 years • Project concluding on April 20, 2026 • Loss of interest from clients over years • Using budget to pivot to other potential projects for this year **Homeless Mortality Report** • PH Epidemiology received updated dataset from HSA • Last year, PH Epidemiology worked with Center on Homelessness to review client records • Received updated dataset in December 2025 • HSA/COH performed extensive quality review • PH Epidemiology working with HIT in recent months to match dataset to EPIC data • Updating data on most recent housing status • Currently in data analysis phase, aiming to complete project in summertime • Seeing HCH/FH support on writing report • Background information on homelessness in SMC, HCH/FH program, recommendations	

	• Invited to come speak to HCH/FH Board this summer to share update + findings **Maternal Health Kits** • Continuation of pilot project from 2024 • 3 different kits previously provided: postpartum, breast feeding, newborn essentials • Greatest demand on postpartum kits • Will likely focus purchases on these types of kits **Executive Summary Reports** • Building out executive summaries for projects • Purpose, methods, results, conclusions, recommendations • Summaries for partners, board members, and future staff • New practice for future projects **Library Expansion Project** • Collecting feedback once per quarter • 3-year MOU • Potential project: expanding to south coast via partners to target more HCH/FH populations • Current data collection suggests some PEH population and mostly non-HCH/FH populations using cuffs • Working with Materials Management to replace lost or stolen items The subcommittee group recommended suggesting that the “other” homeless definition be defined in EPIC to assure that PSA’s know what this means when completing patient registration. Calaim and Medi-Cal provide phones, which the group suggested is why the AMI Phones project declined over the years. The library gives out event calendars, this could be a great way to advertise the library project and promote more blood pressure kits. Another recommendation of the group was to look into city libraries along with county libraries to expand the blood pressure kit project. When it comes to colorectal cancer screening, Cologuard kits are active in the medical center and are distributed to ICC patients, Amanda recommended exploring if the group in charge of this project is interested in expanding to homeless/farmworker patients.	
Q4 2025 Performance Measures	• Members reviewed each graph and asked follow-up questions about their implications for the program. While reviewing the metrics, potential projects were discussed such as self- administered pap tests and the current Cologuard project at SMMC. Cologuard is currently active with ICC but there could be an opportunity to expand to HCH/FH if they’re interested. The group discussed HCH/FH’s interactions with the EPIC UDS analysts team and efforts to improve data collection and accuracy.	

Looking Ahead: 2026	There will be staffing changes in the next couple of months, with a new staff member starting in May. Another staff member will be gone for a WOC role until the end of the year, and one staff member will go out on parental leave mid-year. A few WOC roles will become available to fill any empty staff openings to support staff responsibilities until everyone returns to their primary role.	
Adjourn	Meeting adjourned at 1:30PM	
Future meeting dates	**TBD**	

Q3 2026 QI/QA SUBCOMMITTEE MEETING

BY ANGELA LEUNG

THURSDAY SEPT. 10TH, 2026

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

AGENDA

- Approve Meeting Minutes
- Program Updates
- Review 2026-2027 QI/QA Plan
- Performance Measures

APPROVE MEETING MINUTES

PROGRAM UPDATES

HOMELESS MORTALITY REPORT

HCH/FH recently met with Public Health Epidemiology and Center of Homelessness. We discussed the following:

- Data analysis has been completed
- Epidemiology will create final products (i.e. data brief, executive summary, and/or data dashboards)
- All parties will collaborate on the dissemination of the final product

SMART WATCHES PROJECT

Partnered with ALAS and LifeMoves to distribute smart watches to homeless and farmworker patients to increase digital literacy and promote health education.

- Provided pre and post survey to gauge impact
- ALAS has completed and submitted all relevant data
- Awaiting additional data from LifeMoves
- HCH/FH to share out metrics once all data is received

CANCER SCREENING PROJECT

HCH/FH has been working on a Cancer Screening Project to understand cancer screening trends within the PEH/FW population and to also compare to the general SMMC population.

- Preliminary analysis utilizing UDS quality metrics has been completed
- HCH/FH is collaborating with BI team to create a data report that includes general SMMC population
- HCH/FH to analyze data and create final product

2026-2027 QI/QA PLAN

MEETING SCHEDULE AND CALENDAR

No significant changes in meetings or reporting

Homeless mortality report and cancer screening project remain as ongoing HCH/FH QI/QA priorities.

PERFORMANCE METRICS

Metric	2024 Adjusted Quartile Ranking	2025 Adjusted Quartile Ranking	Positive/Negative Change
Early Entry into Prenatal Care (1st Trimester)	3	4	Negative
Cervical Cancer Screening	3	3	Sustained performance
Adult BMI and Follow Up	3	4	Negative
Diabetes A1c > 9% or missing	3	3	Sustained performance

CURRENT QI MEASURES OF FOCUS

Screening and Preventative care:

- Cervical Cancer Screening
- Colorectal Cancer Screening
- Breast Cancer Screening
- Depression Screening and Follow-up

Chronic Disease Management

- Hypertension
- Diabetes A1c >9% or missing

Maternal Health

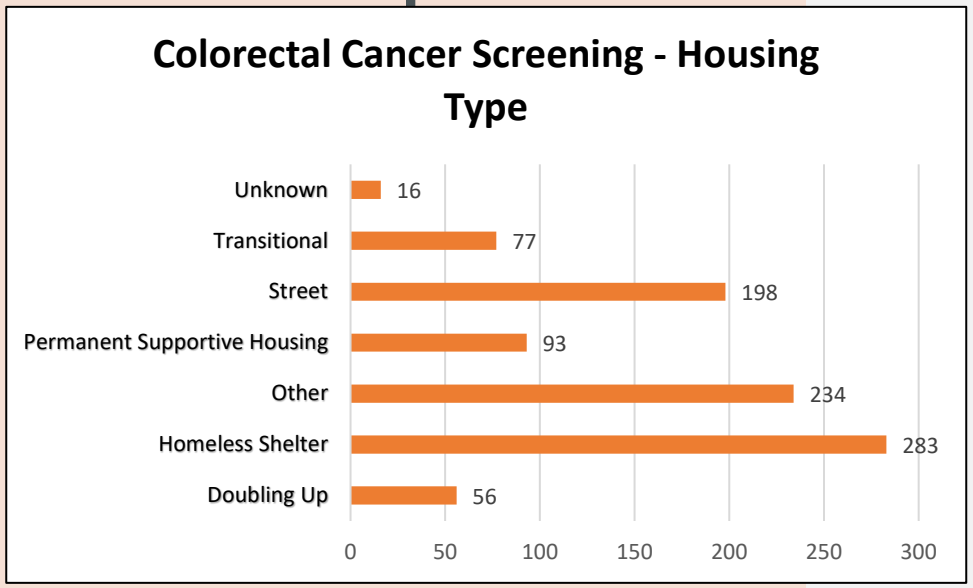
- Early Entry into Prenatal Care

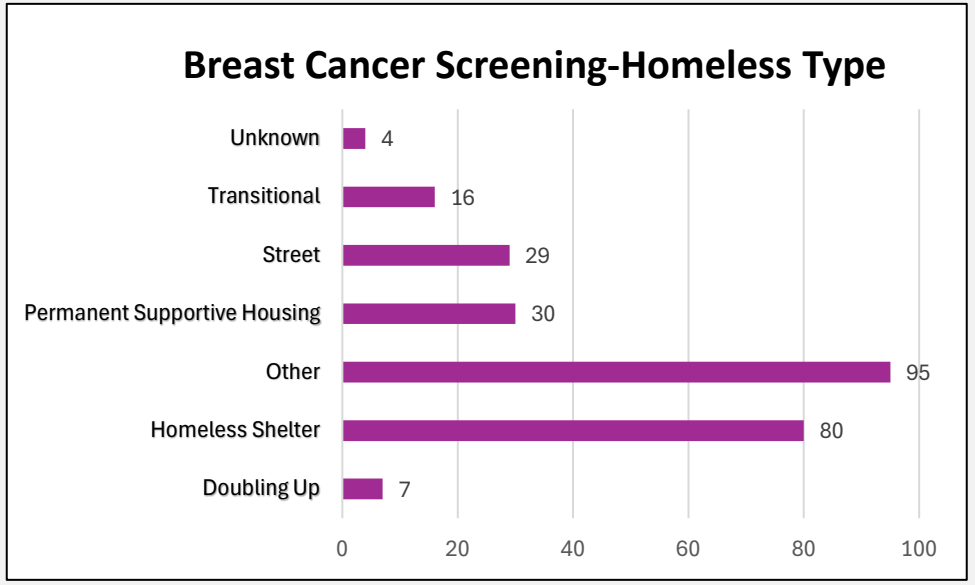
QI Measures of Focus	2025 PEH	2025 FW	HCH/FH Goals	2025 CA 330 Programs	2025 Adjusted Quartile Ranking	2025 SMMC Annual Performance (QIP)
Screening and Preventive Care						
Cervical Cancer Screening	37%	33%	79%	62%	3	65%
Colorectal Cancer Screening	42%	64%	73%	44%	1	58%
Breast Cancer Screening	59%	66%	80%	59%	1	64%
Depression Screening and Follow-up	31%	60%	13.5%	71%	4	63%
Chronic Disease Management						
Hypertension	65%	74%	42%	25%	2	67%
Diabetes A1c >9% or missing	31%	30%	12%	27%	3	33%
Maternal Health						
Early Entry into Prenatal Care	67%		81%	77%	4	91%

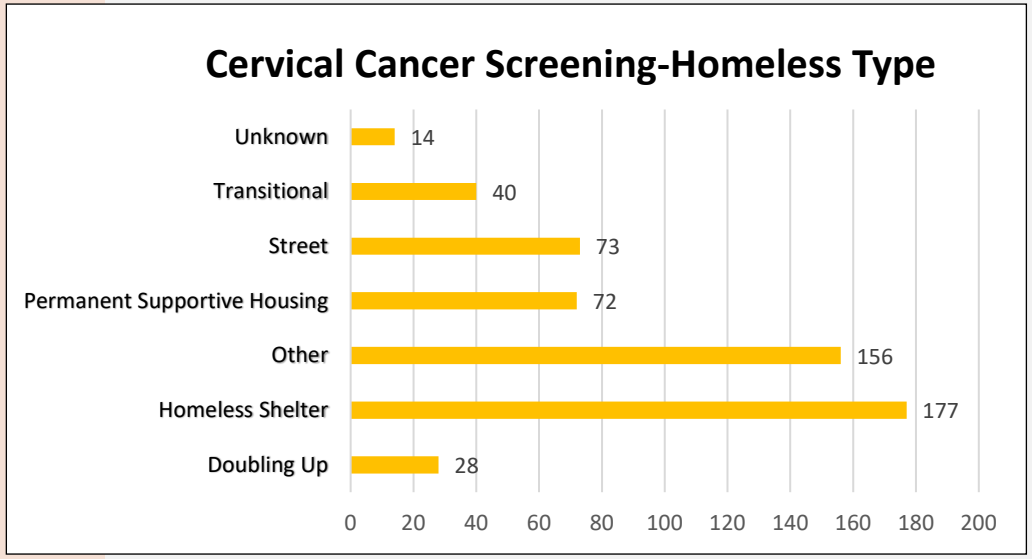
2025 HOMELESSNESS AND FARMWORKER 'N' VALUES

QI Measures of Focus	Homeless n (Met/Total)	Farmworker n (Met/Total)
Screening and Preventive Care		
Cervical Cancer Screening	205/560	74/227
Colorectal Cancer Screening	405/957	191/299
Breast Cancer Screening	154/261	57/86
Depression Screening and Follow-up	726/2347	445/745
Chronic Disease Management		
Hypertension	339/521	136/183
Diabetes A1c >9% or missing	46/109	113/370
Maternal Health		
Early Entry into Prenatal Care	78/116	

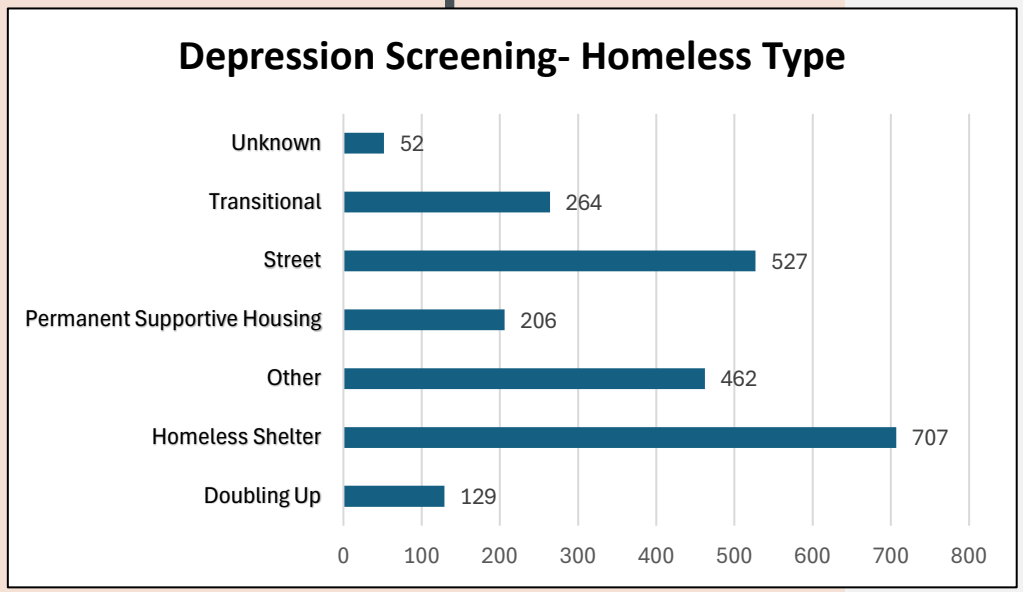
HOMELESS TYPE DISTRIBUTION PER METRIC

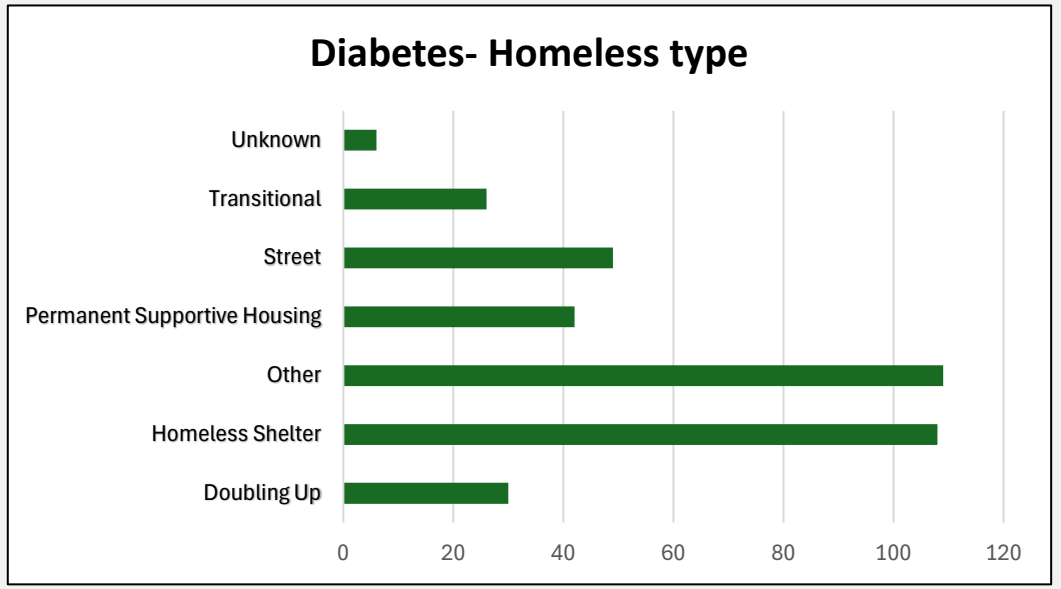


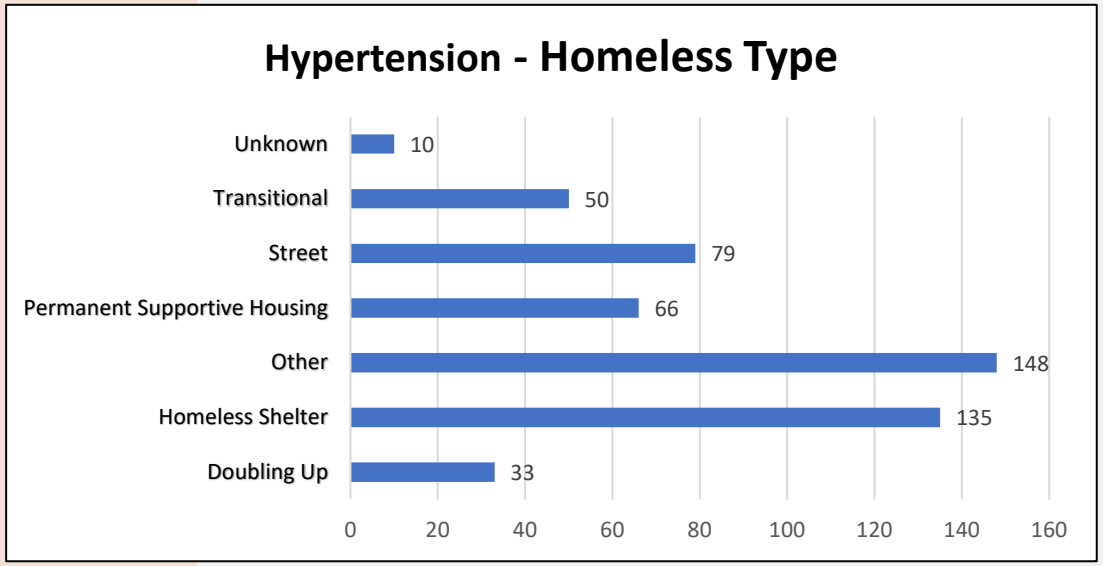




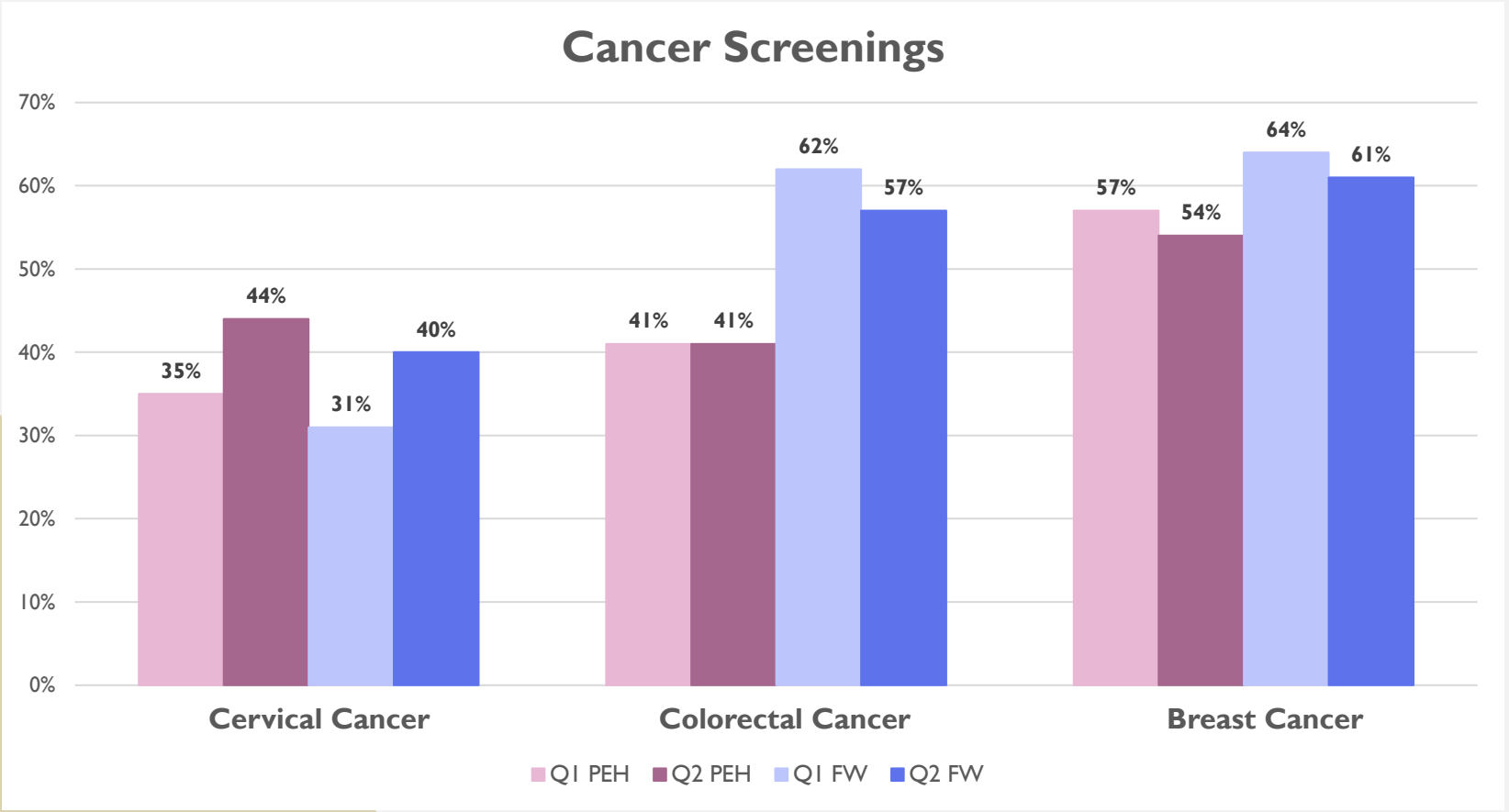
HOMELESS TYPE DISTRIBUTION PER METRIC

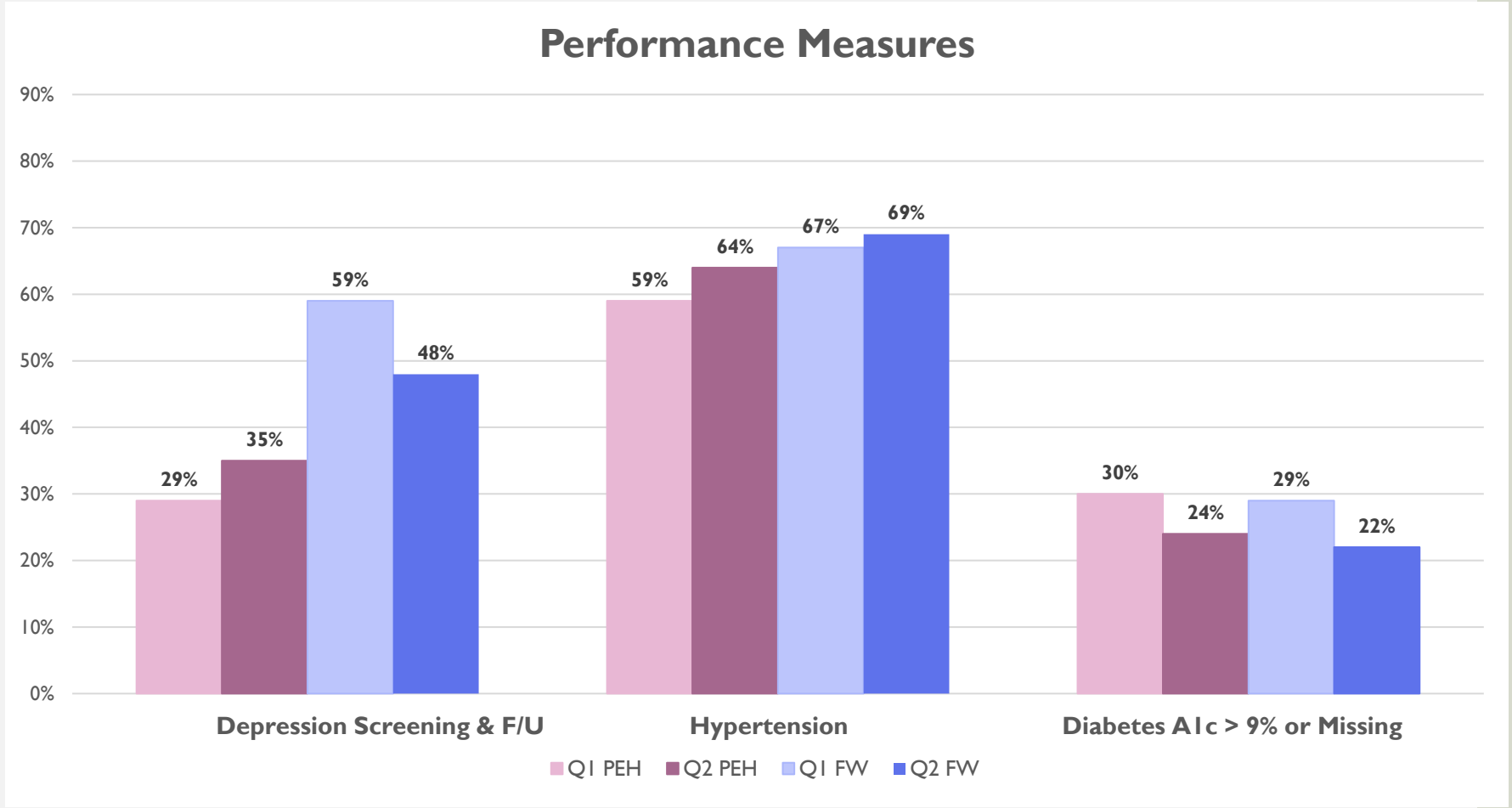






PERFORMANCE MEASURES


Cancer Screenings
70%
60%
50%
40%
30%
20%
10%
0%
35%
44%
31%
40%
41%
41%
62%
57%
57%
54%
64%
61%
Cervical Cancer
Colorectal Cancer
Breast Cancer
Q1 PEH
Q2 PEH
Q1 FW
Q2 FW


Performance Measures
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
29%
35%
59%
48%
59%
64%
67%
69%
30%
24%
29%
22%
Depression Screening & F/U
Hypertension
Diabetes A1c > 9% or Missing
Q1 PEH
Q2 PEH
Q1 FW
Q2 FW

LOOKING AHEAD: 2026

- Review and approve QI/QA plan during next board meeting
- Continue to review EPIC data and quality measures
- Review ongoing projects
- Next meeting: December

THANK YOU!

On behalf of HCH/FH Staff!

HCH/FH PROGRAM QI/QA SUBCOMMITTEE ANNUAL PLAN AMENDMENT

TERM: October 2026 – September 2027

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

Quality Improvement Mission Statement

The purpose of the Health Care for the Homeless/Farmworker Health (HCH/FH) Program Quality Improvement (QI) Plan is to evaluate and ensure the effectiveness of health care provided to homeless and farmworker patients and families, meet or exceed clinical performance objectives, and provide the highest levels of patient satisfaction.

Meeting Schedule and Calendar

The QI/QA Subcommittee meets at least quarterly, with a minimum of four meetings per year, unless otherwise stated.

EVENT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
HCH/FH QI/QA Subcommittee Meetings			X			X			X			X
Approval of QI Plan Amendment by HCH/FH Program Co-Applicant Board	X											X
Patient Satisfaction Survey Data			Review available reports				Review available reports				Review available reports	
UDS Report			X	X	Submit report	Final report						
Evaluation of Selected CQMs	Review Q3 data			Review Annual Data			Review Q1 Data			Review Q2 data		
QI Annual Plan Amendments									X			X
Strategic Plan/Needs Assessment			X			X			X			X
Data Available	Q3 data refreshed			Q4 data refreshed		Report	Q1 data refreshed			Q2 data refreshed		
Homeless Mortality Report	X	X	X	X	X	X	X	X	X	X	X	X
Cancer screening projects	Review Data	Create Report	Distribute report	X	X	X	X	X	X	X	X	X

2025-26 Performance

- 330 program performance data have been released for calendar year 2025. 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	2024 Adjusted Quartile Ranking	2025 Adjusted Quartile Ranking	Positive/Negative Change
Early Entry into Prenatal Care (1st Trimester)	**3**	**4**	**Negative**
Cervical Cancer Screening	**3**	**3**	**Sustained performance**
Adult BMI and Follow Up	**3**	**4**	**Negative**
Diabetes A1c > 9% or missing	**3**	**3**	**Sustained performance**

2025-2026 QI Annual Plan Goals

The following goals were selected to align with the quality improvement efforts of the San Mateo Medical Center. The Adjusted Quartile Ranking measures the priority performance measures on a national level, placing it's ranking in the 1st (to 25th percentile) to 4th (lowest 25th percentile) quartile, indicating the amount of improvement from the previous year to this year. Cancer screenings were selected as a result of the 2019 HCH/FH Needs Assessment, which indicated disparities in the number of screenings performed for colorectal and breast cancer for both people experiencing homelessness and farmworkers, as well as incidence of cancer in the homeless patient population. Cervical cancer screening and diabetes remain SMMC priorities and have been decreasing since 2017, indicating a need for improvement. Trimester Entry into Care (1st Trimester) saw a vast improvement in 2019 due to data validation and will be continuously monitored throughout 2026-2027 to ensure this measure maintains upward progress. Depression Screening and Follow-up remains a challenging measure for quality improvement and relies heavily on SMMC roll-out of depression screening procedures in outpatient clinics.

In 2021, Hypertension was added as a measure of focus due to significant decrease in performance during the COVID-19 pandemic. Adult BMI Screening & Follow-up will be removed in 2024 in order to align with SMMC's reporting; SMMC has removed or de-prioritized this measure in their Primary Care Quality Report and QIP reporting in 2024. As of 2026, all existing CQMs will be continuously monitored to ensure sustained performance and further improvement before adopting further quality measures.

QI Measures of Focus	2025 PEH	2025 FW	HCH/FH Goals	2025 CA 330 Programs	2025 Adjusted Quartile Ranking	2025 SMMC Annual Performance (QIP)
Screening and Preventive Care						
Cervical Cancer Screening	37%	33%	79%	62%	3	65%
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Chronic Disease Management						
Hypertension	65%	74%	42%	25%	2	67%
Diabetes A1c >9% or missing	31%	30%	12%	27%	3	33%
Maternal Health						
Early Entry into Prenatal Care	67%		81%	77%	4	91%

*Data from UDS Report of corresponding year

*Ranking (from 1 to 4) of health center clinical performance compared to other health centers nationally; one is the highest.

*Healthy People 2030 used for the following target goals: Cervical Cancer Screening, Colorectal Cancer Screening, Breast Cancer Screening, Depression Screening and Follow-up, Hypertension, Diabetes A1c > 9% or missing, and Early Entry into Prenatal Care.

*Due to QIP reporting transitioning to HEDIS, the 2025 SMMC QIP Depression Screening and Follow-up metric (63%) listed is pulled from historical data (2024) when the metrics aligned with CMS coding.

*Please refer to appendix to view 2025 PEH & FW 'n' values.

1. **Standardize a reporting pathway between gathering and analyzing data and presenting the data to the system to execute change.**
    a. Build reporting pathway to Health Plan of San Mateo to ensure clinical data of vulnerable populations are included in future programs and planning.
    b. Create data communication pathway between service agencies and HCH/FH program to exchange information on number of clients experiencing homelessness or farmworkers served.
        i. Share changes in population total with county leaders.
2. **Cervical Cancer Screening**
    a. Goal: Percentage of women 21*–64 years of age who were screened for cervical cancer using either of the following criteria:
        i. Women age 21–64 who had cervical cytology performed within the last 3

years.

ii. Women age 30–64 who had human papillomavirus (HPV) testing performed within the last 5 years.

b. Criteria

i. Numerator: Women with one or more screenings for cervical cancer using either of the following criteria:

1. Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women 24–64 years of age by the end of the measurement period.
2. Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are 30 years or older at the time of the test.

ii. Denominator: Women 24 through 64 years of age by the end of the measurement period with a qualifying encounter during the measurement period, as specified in the measure criteria

c. Analyze current challenges in getting patients screening for cervical cancer across SMMC and County Health. Implement evidence-based intervention to improve clinical performance.

3. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

a. Goal: Reduce the percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period

b. Criteria

i. Numerator: Patients whose most recent HbA1c level during the measurement year was greater than 9.0%, or was missing, or was not performed during the measurement period

ii. Denominator: Patients 18 to 75 years of age by the end of the measurement period with a countable visit during the measurement period

4. Early Entry into Prenatal Care [Monitor Only]

a. Goal: Improve the percentage of prenatal care patients who entered prenatal care during their first trimester during the measurement year.

b. Criteria

i. Numerator: Patients who began prenatal care at the health center or with a referral provider, or who began care with another prenatal provider, during their first trimester
ii. Denominator: Patients seen for prenatal care during the measurement year.
iii. Trimester of entry based on last menstrual period

5. Depression Screening and Follow-up

a. Goal: Improve the Percentage of patients aged 12 years and older screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying visit

b. Criteria

i. Numerator: 1) Patients who were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool and screened negative for depression. 2) Patients who were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool, and if screened positive for depression, a follow-up plan is documented on the date of or up to two days after the date of the qualifying visit.

ii. Denominator: Patients aged 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period, as specified in the measure criteria.

6. Colorectal Cancer Screening

a. Goal: Improve the percentage of adults 45–75 years of age who had appropriate screening for colorectal cancer in the measurement year.

b. Criteria

i. Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:

1. Fecal occult blood test (FOBT) during the measurement period
2. Stool deoxyribonucleic acid (DNA) (sDNA) with fecal immunochemical test (FIT)- during the measurement period or the 2 years prior to the measurement period

3. Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
4. Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period
5. Colonoscopy during the measurement period or the 9 years prior to the measurement period

ii. Denominator: Patients 46 through 75 years of age by the end of the measurement period with a countable visit during the measurement period.

7. Breast Cancer Screening

a. Goal: Improve the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period.

b. Criteria:

i. Numerator: Women with one or more mammograms anytime on or between October 1 two years prior to the measurement period.

ii. Denominator: Women 52 through 74 years of age by the end of the measurement period with a qualifying encounter during the measurement period, as specified in the measure criteria

8. Monitor and Review: SMMC Patient Satisfaction

The Clinical Services Coordinator will monitor and review patient satisfaction performance received by the San Mateo Medical Center to ensure quality of care. The Clinical Services Coordinator will provide updates to the QI Committee.

9. Monitor and Review Homeless Death Data with Public Health, Policy and Planning (PHPP) Epidemiology

The Clinical Services Coordinator and Planning and Implementation Coordinator will continue to work with PHPP Epidemiology to validate current death data collected for persons experiencing homelessness in San Mateo County. Collaborate, review, and monitor to improve data collection following validation.

10. Develop Baseline for Cancer Screenings Data with Population Health

The Clinical Services Coordinator and Planning and Medical Director will work with Population Health and Business Intelligence team to evaluate health disparities among cancer screenings and prevalence data collected for people experiencing homelessness and farmworkers in San Mateo County. Collaborate to improve data collection following validation.

APPENDIX

QI/QA Committee Structure

The role of QI Committee members is to:

Provide leadership and recommendations for:

- Ongoing assessment, monitoring and improvement of services including primary care
- Patient and staff education, continuity of care
- Patient satisfaction
- Support services

Information systems integrity and accountability- **The role of the Medical Director** is to:

- Oversee and guide of QI/QA activities and clinical services coordinator
- Prepare and present the HCH/FH QI quarterly report to the HCH/FH CAB
- Report out to various QI and Hospital Groups working with homeless and farmworker patients
- Represent QI/QA and HCH/FH Program interests

Information systems integrity and accountability- **The role of the HCH/FH Clinical Liaison** is to:

- Advice and guide the HCH/FH Program and its QI/QA activities and Clinical Services Coordinator with the perspective of primary care providers with a particular focus on the brick & mortar clinic sites
- Report out HCH/FH updates to various QI, hospital groups and SMMC providers
- Represent QI/QA and HCH/FH program interests
- Liaison between HCH/FH program and County health clinics

With support from the HCH/FH Program staff, **the role of the Clinical Services Coordinator** is to:

- Prepare agenda and meeting material
- Present previous meeting minutes for approval
- Review of status of UDS quality of care and health disparities clinical measures
- Review of HCH and FH utilization trends
- Review of areas of concern/problem reports
- Follow-up on previously identified problems/opportunities for improvement

- Work with SMMC and other stakeholders to meet identified goals

QI/QA Process

The HCH/FH QI Plan will be carried out in accordance with SMMC policy by:

- Establishing broad performance improvement goals and priorities that are aligned with the mission, vision, values and goals of SMMC
- Developing and utilizing specific mechanisms for the identification, adoption and reporting of performance improvement projects
- Monitoring organization performance through appropriate data collection, aggregation and analysis
- Providing information regarding performance improvement activities and education to the HCH/FH CAB, SMMC Hospital Board, SMMC Quality Improvement Committee (QIC), program employees, outpatient clinics and program contractors.
- PDSA (Plan-Do-Study-Act) Models will be used to plan action for CQM goals.

Reporting Channels

A concerted effort is being undertaken during the 2020-2021 year to standardize reporting pathways for both gathering and analyzing data as well as presenting the data to SMMC or County Health to execute change.

- The HCH/FH QI Plan will be submitted by the HCH/FH QI/QA Committee to the HCH/FH Co-Applicant Board (CAB).
- Quarterly reports of performance improvement activities will be provided to the HCH/FH CAB with annual reports provided to the SMMC Hospital Board.
- Recommendations and actions involving SMMC clinics will be communicated by the HCH/FH QI Committee to the SMMC QIC and Primary Care QI Group as appropriate.
- Recommendations and actions involving program contractors will be communicated by the HCH/FH QI Committee to the Program Coordinator as appropriate.

2025 Person experiencing Homelessness and Farmworker ‘n’ values

To promote data transparency and quality, the table below includes the 2025 n values for PEH and FW respectively.

- Met is defined as those individuals within that population (i.e. Homeless or Farmworker) that met the metric. Each metric specification is listed above.
- Total is defined as the total population which includes individuals that met and did not meet the metric. Those marked as excluded were removed from the calculation.

QI Measures of Focus	**Homeless n (Met/Total)**	**Farmworker n (Met/Total)**
Screening and Preventive Care		
Cervical Cancer Screening	205/560	74/227
Colorectal Cancer Screening	405/957	191/299
Breast Cancer Screening	154/261	57/86
Depression Screening and Follow-up	726/2347	445/745
Chronic Disease Management		
Hypertension	339/521	136/183
Diabetes A1c >9% or missing	46/109	113/370
Maternal Health		
Early Entry into Prenatal Care	78/116	