



Quality Improvement and Health Equity Committee (QIHEC) Quarterly Report

Report Period: January 1, 2025 – March 31, 2025

1. Meeting Dates and Main Topics Covered

January 14, 2025: Quality Council

- **CMO Update.** CCHP will become a Dual Eligible Special Needs Plan (D-SNP) in 2026, and work is underway on the application process. Additionally, as of January 1, 2025, CCHP has carved in foster youth from Fee-for-Service Medi-Cal, with a focus on ensuring continuity of care.
- **Advice Nurse** The Advice Nurse Director reported that the ANU handled over 168,000 calls in 2024, achieving a 2% call abandonment rate and an average answer time of under 60 seconds—an improvement from the 2-minute wait time in 2023. Approximately 25% of calls were resolved with home care solutions, while 18% resulted in ED referrals. Operational updates included personnel changes, improvement plans, and challenges. Strategies for reducing call wait times included offering nurses extra hours while working from home and having supervisors assist during peak call volumes.
- **Behavioral Health.** The Behavioral Health Department (BHD) continues to authorize and coordinate mental and behavioral health services, including those for Autism Spectrum Disorder (ASD). The department is expanding staffing to meet regulatory requirements and member needs. BHD consistently meets or exceeds 95% turnaround time standards for authorizations. The “No Wrong Door” policy ensures multiple access points for members seeking services. Challenges remain in coordinating Specialty Mental Health and Substance Use Disorder services due to system fragmentation. Efforts to improve care include a collaboration between CCHP, Behavioral Health Services (BHS), and local emergency departments to support post-discharge care. Additionally, BHD is preparing for increased demand for neuropsychological testing with the D-SNP launch and is working on school-based service initiatives through the Children and Youth Behavioral Health Initiative.
- **Facility Site Review (FSR), Medical Record Review (MRR), and Physical Accessibility Review Survey.** The Director of Clinical Quality Auditing reported that site reviews are conducted every three years, with improvements in 2024 focused on accessibility,

emergency preparedness, personnel training, and medical record organization. New review items include vaccine storage plans, validated screening tools for behavioral and developmental assessments, preventive screenings, and tuberculosis and lead screening requirements. To support providers, CCHP offers training resources, sample policies, and FSR/MRR tools, particularly for smaller practices

- **Quality Plan Updates.** The Quality Plan updates included a review of key activities and progress made in the past quarter. The team discussed ongoing initiatives to improve HEDIS performance, provider engagement efforts, and enhancements to population health management strategies. Work continues on the provider portal's quality reporting functionality, with a focus on finalizing panel and gap reports for broader distribution. Additionally, the Equity Council's collaboration with community partners remains a priority, ensuring alignment with health equity goals and outreach efforts.
- **Consent Items.** The Council reviewed and unanimously approved various reports and documents, including Quality Council and UM Committee minutes, quarterly reports, and interrater reliability results.
- **Policies and Procedures.** The Council approved 33 policy revisions covering Community Supports, ECM, grievances, maternal and infant health, immunizations, delegation oversight, and cultural and linguistic services. Key updates included policies on HEDIS data collection, external quality review, preventive health, REAL and SOGI data, blood lead screening, and population health management.

February 11, 2024: Quality Council

- **CMO Update.** CCHP is transitioning to a Duals Special Needs Plan (D-SNP) in 2026, with enrollment starting in late 2025. Efforts are focused on building an operational framework to enhance preventive care and service delivery. The Council will provide input throughout the process. Dr. Michael Clery and Dr. Nusrat Chaudhry were introduced as new Council members. Their membership was unanimously approved.
- **Clinical Operations.** The CMO provided an overview of clinical operations, including 2024 department evaluations and 2025 workplans. The Advice Nurse Unit (ANU) successfully managed a high volume of calls, maintaining a 99.4% satisfaction rate. Plans include improving interactions with certain member populations. The Appeals and Grievances Department has streamlined its processes, with upcoming goals focused on preparing for D-SNP and automating communication. The Behavioral Health Department has successfully insourced utilization management and is planning further improvements in coordination and school-based services. The CalAIM initiative expanded Community Supports offerings and strengthened the provider network, while Case Management plans to continue enhancing its programs and prepare for D-SNP and NCQA requirements. The Pharmacy Department has maintained excellent prior authorization turnaround times and is focused on transitioning to a new Part D plan. The Utilization Management team is developing tools to streamline the authorization process, with preparations for D-SNP ongoing.
- **Quality and Health Equity Program Description, Work Plan and Evaluation.** The Quality Director provided an overview of the 2025 Quality Program Description and Work Plan,

as well as the 2024 Program Evaluation. Highlights from the evaluation included a 4.5 out of 5 Stars rating, expansion of CalAIM services, and improvements in data sharing with providers. The 2025 Program Description remains similar to the previous year, with a continued focus on quality improvement, performance improvement, and population health. The 2025 Work Plan will prioritize NCQA accreditation, D-SNP preparation, patient safety, and provider engagement. The transition to a Pay-for-Performance program in 2025 will reward providers for quality outcomes, with phased implementation starting in 2024.

- **Quality PIP Update.** An update was provided on ongoing Performance Improvement Projects (PIPs), which are focused on areas such as well-child visits, case management after emergency department visits, and behavioral health. The PIPs are aligned with both DHCS and Institute for Healthcare Improvement (IHI) initiatives. Data was presented on the performance and next steps for each project, with a focus on improving care in these key areas.
- **Consent Items.** The Council reviewed and unanimously approved several documents, including the CCHP Quality Council Minutes, the Quality & Health Equity Program Description, Work Plan, and Evaluation, and the Advice Nurse, Behavioral Health, and Utilization Management Program Descriptions, Work Plans, and Evaluations.
- **Policies and Procedures.** The Council reviewed and approved several policies, including updates to non-specialty mental health services, case management program descriptions, and long-term care. Key updates included policies on timely access to care standards, cultural competency training for staff and network providers, and outreach and education for mental health services.

March 11, 2024: Equity Council

- **Executive Orders and Impacts.** The Chief Medical Officer provided an overview of recent federal executive orders impacting DEI policies, requiring the elimination of related programs and grants, and reshaping federal funding on gender issues. While a temporary injunction blocks parts of these orders, concerns about member care remain. NCQA issued interim guidelines for Health Plan and Health Equity accreditation, with finalized guidelines expected by August 2025. CCHP is preparing for mandated DHCS DEI and TGI training rollouts in 2025, but uncertainty remains.
- **DEI and TGI Trainings, NCQA Health Equity Accreditation.** The Quality Director provided updates on Health Equity initiatives, including the rollout of required Transgender, Gender Diverse, and Intersex (TGI) training, which began in late 2024 for CCHP staff. Provider training is pending state-level guidance. DEI training for staff is also underway, with 33.6% completion as of March 2025. NCQA accreditation updates include modifications to DEI reporting standards, with all necessary policies updated and provider directories revised.
- **Cultural and Linguistics Report.** The Equity Program Manager presented findings on Race/Ethnicity data, noting significant improvements in data capture, with the "Declined/Unknown" category decreasing from 17% in 2023 to 10.5% in 2024. CCHP serves a higher percentage of Latino and African American members compared to the

County population. The report also highlighted language preferences, with 63.7% of members selecting English, 29.4% Spanish, and 1.3% Chinese. The rollout of interpreter services and the "I Speak" cards is ongoing.

- **Quarterly and Annual Review: Grievances Related to Language Access and Discrimination.** A review of grievances related to language access and discrimination revealed a finding that CCHP had not submitted all required grievance data to DHCS. A Corrective Action Plan (CAP) is in place to ensure compliance, including updated procedures for processing discrimination-related grievances and a tracking mechanism for timely submission to DHCS.
- **Quality Measurement Review.** The review of HEDIS measurements revealed disparities in breast and cervical cancer screenings for Hawaiian/Pacific Islander populations and those with "Declined/Unknown" responses. Key opportunities for improvement include targeted outreach for these populations and culturally tailored messaging. Providers shared efforts in outreach and sensitivity training for specific language and cultural needs.
- **Consent Items.** The Equity Council Meeting Minutes for December 2024 were presented and approved unanimously.

2. Update on Quarterly Activities in QIHETP Program

Program Structure:

- Convened two Quality Council meetings and one Equity Council meeting.
- Quality Council approved annual program documents: Quality Improvement and Health Equity Evaluation, Program Description, and Work Plan.
- Convened March Community Advisory Committee (CAC), attended Managed Care Plan CAC Workshop to learn for other Health Plans and DHCS regarding CAC.

NCQA Accreditation

- Convened regular meetings with departments to collect survey deliverables.
- Collected and quality checked 96% of Health Plan Accreditation deliverables due in 2024. Ongoing collection of documents with incorporated consultant recommendations. Collected & quality checked 70% of Health Plan Accreditation deliverables due in 2025, preparing to finalize and submit completed documents for final consultant feedback requirements.
- Completed external review of standards by consulting firm to ensure all documents are meeting requirements.
- Began compiling documents for Health Equity Accreditation and completed project plan for deliverable collection.

Measurement, Analytics, Reporting, and Data Sharing

- Completed MY2024 HEDIS tests runs and production runs with improvements such as automated LabCorps and Quest data, EHR supplemental data, and standardized community provider network supplemental data files.
- Completed successful audit with no findings by Advent and HSAG.
- Anticipate meeting the minimum performance level for all MCAS measures.

- Provider Portal data sharing increased to include overall rate calculations and well care visits due in the first 30 months.
- Fielded annual member experience CAHPS survey.
- Completed annual report on 2024 Member Experience.

Performance Improvement Projects

- Received a High Confidence rating for the External Quality Review (EQRO) Performance Improvement Project (PIP) submission to DHCS.
- Demonstrated improvements in the Follow-up after Emergency Department for Mental Health and Alcohol and Other Drugs measures with Contra Costa Behavioral Health through the Institute for Healthcare Improvement collaborative.
- Completed in-services with area Emergency Departments to discuss behavioral health referral patterns.
- Conducted over 350 outreach calls to members ages 0-2 years due for well care visits.
- Conducted over 1000 outreach calls to members for Topical Fluoride Treatment
- Continued to conduct outreach calls for African American and Pacific Islander members assigned to RMC due for well care visits.
- Completed nearly 200 calls to members under two who are due for lead screening.

Population Health

- Launched Value Based Payment program with the eight largest Community Provider Network provider groups.
- All CCHP staff completed the Transgender, Gender Diverse, or Intersex (TGI) training, and completion and curriculum was submitted to DHCS.
- Rolled out Diversity, Equity & Inclusion Training to all CCHP staff, curriculum was reviewed and approved by DHCS.
- Conducted 2024 Cultural & Linguistic Program evaluation and analysis, preliminary results were shared with Equity Council and CAC for community feedback.
- Conducted member experience survey for linguistic services when contacting CCHP Member Services.
- Launched a comprehensive prenatal services brochure to educate members about prenatal services and resources.
- Launched e-newsletters focused on maternal health, children and families, and mental health.
- Conducted health education outreach at the Concord Library, including participating in Story Time focused on nutrition. Also conducted health education outreach events at network FQHCs.

Patient Safety

- Continued monitoring and investigating Potential Quality Issues, Provider Preventable Conditions, and medical safety incidents.
- Completed scheduled Facility Site Reviews and Medical Record Reviews.
- Publicized Clinical Practice Guidelines in newsletter and provider network training

Provider Engagement

- Completed EPSDT training with Providers and submitted training to DHCS

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- Met with eight provider groups that are implementing the Value Based Payment program to discuss tool and resources available.
 - Conducted quarterly provider network training sessions and quarterly network newsletter.
 - Held five bi-monthly quality meetings with FQHC providers (Lifelong, La Clínica, Axis, Brighter Beginnings, Asian Health Services) focusing on specific rates and improvement projects.
 - Partnered with Contra Costa Regional Medical Center in their Ambulatory Care Redesign improvement projects, joining the Population Health and Alternative Care Delivery workgroups.