

**Santa Cruz County Health Services Agency  
Quality Management Draft Minutes  
3-18-21**

Topic	Discussion/Recommendations		Follow up Date
<b>Welcome and Intro.</b>	Eliko convened the meeting of the Quality Management Committee by welcoming attendees.		
<b>Attendees:</b>	<b>Eliko Bridgewater, Marion Jordan, Kyhiera Miller, Serena Mohammad, Elaine Nast, Raquel Ruiz, Troy Tournat, and Dr. Michele Violich</b>		
<b>Discussion with Dr Michele Violich, Medical Director of South County Clinics</b>	<p>Introductions – welcoming Kyhiera to the meeting Raquel offered apologies to Elaine regarding transition to Clinics.</p>		Next meeting
<b>Documenting Homelessness</b>	<p>Eliko opened with review that there were discussion points brought up in last meeting including quarterly indicators including PDSA. One in particular was reviewing the best way to document homelessness (an ongoing topic since last August). Per JMac, Eliko suggests registration should be documenting this in the demographics. Dr Violich says that registration <i>must</i> document this and suggests that part of the issue is that this isn't always happening. Per Raquel, HPHP does a great job but not sure of number at other health centers. She will pull a report on other clinics.</p> <p>Eliko and Marion discussed low accuracy with regard to homelessness designations being updated in EPIC. Dr. Violich suggested this is a PDSA for all registration staff in all locations (maybe not HPHP). She feels that it should be added to the problem list, but advises it's not the correct way. She says the proper way is for it to be entered in demographics. She proposes putting it in the problem list as backup. Eliko notes JMac advised that PCP and RNs can that to problem list and asks whether we should work on to look through caseloads and learn to enter into EPIC and update problem lists. Dr. Violich suggests anyone can do it – that it's more by 'rule' that clinicians and nurses update it, but anyone can do it. She suggests we check in with clinicians to make sure they are on board and agree on a code to use (there are multiple homelessness codes-- they should agree one one to use). She adds that some things stay on problem list that are old; someone needs to resolve this (ie: when a patient is housed). Dr. Violich requests adding location of patient in addition to noting homelessness in the overview.</p>	<p><b>Raquel</b> to pull a report that shows accuracy of documentation of homelessness in the demographics (supposed to be handled by Registration)</p> <p><b>Eliko</b> will follow-up with Marion and other care providers to see if 'homelessness' is the correct code to use in EPIC</p> <p><b>Eliko</b> will follow-up with Marion and other PCPs to update location of clients</p>	
	<p>Elaine brought up issues regarding requesting lists (from Serena). Elaine explains that she and Eliko had worked together and pulled reports on persons with active viral loads, but the report included data on persons who had not been seen in 15 years, and some who had never been seen in our clinic. She expressed concern that info we are pulling is incorrect or inappropriate. Marion adds that she thought this was being reviewed as part of PDSA by CARE team. Raquel suggested generating report from workbench and excluding layers. She notes they were enhancing functionality of Case Management within EPIC. Raquel asks Serena about how data is pulled—clarity (the OCHIN</p>		

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<p><b>Clinical Indicators</b></p> <p><b>TB screenings</b></p> <p><b>Screening for tobacco/mental health/substance use</b></p>	<p>database)? Yes. Elaine discusses that they have been trying to come up with reasonable definition of who gets case managed... everyone with new diagnosis? Viral load? Then they ask for lists (for internal planning) to try and figure out a reasonable approach for case management. Raquel thinks pulling a list from reporting workbench would work. Elaine reiterates that she is worried about not getting 'clean data'. Dr. Violich advises what she was pulling was not a patient list but rather a 'report'. Dr. Violich suggests that making a <i>report</i> and running them defines more criteria – but adds that they can't make notes on a report. They can be 'worked' (ie: bulk order, bulk-send letters, etc. thru work bench recording, but, she says, a patient 'list' is different). Dr. Violich suggests that we use dashboards; she notes everyone has access and should be using it more. Raquel agrees and adds that it is an underutilized, population mgmt. tool within EPIC. She explains that she had asked IT to work with OCHINS to figure this out. Raquel brought that Danny has been working with JMac to make a Case Management module to simplify case management within EPIC... they are now testing it. Raquel suggests that everyone keep the questions coming regarding Dashboards and problems pulling reports. Dr. Violich prompts pulling a report... HIV patients/problem list -</p> <p>Eliko directs attention to correct numbers and patient lists—she reviews that in November we noted 10% of clients had not been screened for TB. In the data subcommittee meeting they reviewed CPT codes for TB – QuantiFERON and PPD—per Serena, those were the codes used to pull reports; still there were 10% of folks not screened (it may be lower). Marion believes they should be at 100%. There is some discussion with Serena regarding codes. Marion requested names of 10% that weren't screened for TB to find distinguish if this is an error in codes or an error in the report.</p> <p><b><i>(back to discussion of report run by Dr. Violich)</i></b></p> <p>Dr. Violich says the report shouldn't be capturing people we haven't seen because they don't have something listed on problem list. She notes the reports usually go back 3 yrs.—this report has 270 patients.</p> <p>Dr. Violich shared a report pulled from EPIC; sorted at the top by 'last visit'. Raquel Ruiz advised report is customizable; JMac can help to ensure tracking/functionality. Report pulled contained over 200 clients, but Elaine notes 158 were on CQI inventory for HIV clients—but that limited data to the last year whereas the report Dr. Violich pulled information from dated as far back as 2007. Discussion ensues regarding navigating report.</p> <p>Eliko revisits conversation from November about how usual screening for tobacco/mental health/substance use factors were typically screened by MAs in face to face and telephone visits. She notes that during Covid, they weren't routinely being screened. Marion was to check in with Santa Cruz Clinics to ensure incorporation in day-to-day</p>	<p><b>Serena</b> to send Marion the list of names of clients not screened for TB.</p>	

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	<p>check-ins and Dr. Violich to check in regarding same with Watsonville MAs. Marion says this is still not done over phone by Mas and notes challenging workflow. She says some providers have MAs call in advance to collect info, but not uniform (no continuity). Elaine asks if this will continue post-Covid; per Dr. Violich that Medi-Cal require a video component as of July 1. Raquel advises IBH visits will likely continue in this way, to some degree as it's reimbursable and allows for easy client access. Dr. Violich says that at Watsonville the MA screens regularly over the phone and also does depression, alcohol, and drug screening. Marion Jordan says she will work to get the Nursing Supervisor, Kim, to get her MAs to do more of this over phone (screenings).</p>		
<b>Hepatitis B Screenings</b>	<p>There were concerns that indicators didn't reflect 10% that were not screened. CPT codes reviewed with JMac but one standing question remains. Once we receive codes from JMac, Serena, can we double-check that those are codes we're included when she runs query. If no discrepancy, then we need to follow-up to see what's going on.</p> <p><i>(Dr. Violich leaves)</i></p> <p>Discussion of Hep B vaccine clinical indicator. Marion noted she doesn't see the HAS Hepatitis Panel included.</p>	<p><b>Marion</b> to reach out to get MAs to screen for tobacco, mental health, and substance use</p> <p><b>Eliko</b> to follow-up with JMAC about this HAS Hep Panel inclusion.</p>	
<b>Expected Target Goals</b>	<p>According to LEAD, Michelle, there are a number of ways to get these Target Goals. Essentially--It's up to each local health jurisdiction to come up with Target Goals by reviewing performance measure portfolio through the workplan we create each year and reviewing the policy notice about indicators we should use. Eliko proposes we review one indicator a month to find what we want to set as our target. Raquel has vague memory from the Ryan White Conference regarding advisement of picking THREE indicators. She'll reflect on her notes and report back. Eliko says we will need ongoing discussion. Marion likes the idea of trying to reduce list of indicators since we have so much already. Raquel suggests picking perhaps two or three, lowest performing.</p>		
<b>Date/Time Change for Meetings</b>	<p><b>8:30-10 WEDS proposed; 2<sup>nd</sup> weds of mo.</b> EB will check w/ MV – Serena? Once Jen Phan is back from DOC deployment – she'll be in Socorro's role.</p>		

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<b>Quality Management Plan</b>	Due for/need to start planning: Client Satisfaction survey (2020 now due). Maybe review next meeting? Yes; we'll plan to discuss more planning of this in next meeting.	<b>Raquel</b> to review Conference notes regarding indicators for picking Target Goals.	
<b>Consumer Participation Forum</b>	3 needed per year. Haven't completed any for 2021 yet. Brainstorm what it will look like. Who and how can take the lead to make it happen? Challenging – and more so due to video conferencing. PCPs all at Emeline At last forum, Sept., which was virtual – Eliko says they used phone call system, which was more attainable. They had 2 participants. Due to County Demographics – okay for rotating people to attend. Per Raquel – If people have option for video conference notes TEAMS video/calls are linked, so they can do either. So it can be both/merged. Per Eliko – might have more participation with anonymity (no video) – but they 'can' see those with video... for engagement purposes this is sometimes helpful. IT request for # to be attached to TEAMS account – maybe \$40/year? Per Raquel this cost is well worth it. Will decide upon LEAD next month.	<b>Eliko</b> to check with Dr. Violich Will communicate via email if it doesn't work out.	
<b>Program Evaluation</b>	Last year was first time in many years; Robin was taking lead and is agreeable for doing so again. Will be there for short duration at next month's meeting and providing resources for larger discussion of this in May.		
<b>Quality Management Calendar</b>	Due in March – Aggregate Data Comparison (national data – comparing our clinical data to theirs). One challenge last year was FINDING national info to even compare. Will also need discussion on whether someone takes LEAD or we share responsibility. Raquel request that Eliko send her data that we need to compare. She can look at indicators – with HRSA grant. She would like to see it to better understand for possible comparison/matching, etc.		
<b>Quality Management Plan for 2022</b>	Things to consider for upcoming months: What will it look like, what's included, timeline		

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<b>Continuous Updates</b>	<p>Will likely be bulk of the meetings in future</p> <p>Jen Phan will take over for Socorro</p> <p>Elaine and Eliko looking at what CM will look like in Clinics, looking at numbers, changing service plan to make it more EPIC-friendly, and criteria for Case Management – they would like to share and get feedback, and then share out plan.</p> <p>Raquel says let me know if there's EPIC needs as far as training; JMac will support...</p> <p>Eliko wants to try and pull her in in next couple weeks.</p> <p>Eliko would like to add on Case Management as 'case indicator'.</p> <p>Rationale: funding and workplans based on case mgmt. indicators so being able to capture this quarterly will align funding and evaluation.</p> <p>Per Eliko – will be meeting with Raquel, JMac and Amy regarding issues for smooth transition to Clinics.</p>	<p><b>Eliko</b> to send Raquel clinical data needed for national comparison; <b>Raquel</b> will compare with info from HRSA grant.</p>	
<b>Approval of Minutes from 11/19/2020</b>	<p>Minutes were approved by the committee. Elaine motioned an approval, and seconded by Raquel.</p>		