



May 15, 2020

TO: Quality Professional Services Committee

FROM: Ronna Jojola Gonsalves, Clerk of the Board

SUBJECT: Agenda Item: B1

Meeting Date: May 21, 2020

Item Description: Approval of the Minutes of the April 23, 2020 Quality Professional Services Committee meeting.

Recommended Motion Approval of the Minutes of the April 23, 2020 Quality Professional Services Committee meeting.



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Thursday, April 23, 2020

3:00 pm – 5:00 pm

Conference Center at Highland Care Pavilion

1411 East 31st Street Oakland, CA 94602

Ronna Jojola Gonsalves, Clerk of the Board

(510) 535-7515

LOCATION:

Open Session: Telephonic/Electronic Meeting

ZOOM Meeting Link:¹

<https://alamedahealthsystem.zoom.us/j/99862625665>

Meeting ID: 998 6262 5665

One tap mobile

+14086380968,,99862625665# US (San Jose)

Dial by your location

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Meeting ID: 998 6262 5665

Find your local number: <https://alamedahealthsystem.zoom.us/u/aeojyFgeyI>

COMMITTEE MEMBERS

Taft Bhuket, MD, *Chair*

Louis Chicoine

Maria Hernandez

NON-VOTING MEMBERS

Chief of Staff – AHS Medical Staff: M. Kelley Bullard, MD

Chief of Staff - AH Medical Staff: Joseph Marzouk, MD

QUALITY PROFESSIONAL SERVICES COMMITTEE REGULAR MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT 3:00 pm

¹ Log into the meeting at www.zoom.com. You will be directed to download the meeting app (free) if you have not used ZOOM previously. ZOOM meetings may be accessed on computers and portable devices.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Taft Bhuket, MD, Louis Chicoine, and Maria Hernandez

ABSENT: None

A quorum was established.

A. CLOSED SESSION

A1. Consideration of Confidential Medical Staff Credentialing Reports

M. Kelley Bullard, MD – Chief of Staff, AHS Medical Staff
Joseph Marzouk, MD – Chief of Staff, AH Medical Staff

A2. Conference with Legal Counsel

M. D. Moye, General Counsel
Significant Exposure to Litigation [Accreditation, Risk Management, Patient Safety]
[Government Code Section 54956.9]

Discussion of Matters Constituting Trade Secrets [Government Code Section 54962; Health & Safety Code Section 101850(ae)(1)]

(Reconvene to Open Session)

OPEN SESSION

B. ACTION: Consent Agenda

B1. Approval of the Minutes of the March 26, 2020 Quality Professional Services Committee Meeting

B2. Approval of Privileges Forms

M. Kelley Bullard, MD, AHS Chief of Staff

- Neurology and Vascular, Multifacility

B3. Temporary Disaster Privilege Application and Privilege Forms

M. Kelley Bullard, MD, AHS Chief of Staff

- AHS / AH Emergency Medicine
 - EM Temporary Disaster Privileges
 - EM PA_NP Temporary Disaster Privileges
- AHS Internal Medicine
 - Medicine Temporary Disaster Privileges
 - Ventilator Management
- AHS / AH Urgent Care
 - UC Temporary Disaster Privileges
 - UC PA_NP Temporary Disaster Privileges
- AHS / Anesthesia
 - CRNA Privileges- in process

Trustee Chicoine asked if the checks around Medicare fraud with credentialing were still taking place. Ms. Dalton Giovannetti, said it was.

Trustee Hernandez asked if all providers were given the opportunity to have the emergency credentials. Ms. Dalton Giovannetti, said most volunteered, and there was blanket credentialing around tele-medicine. Dr. Bullard said the selection process was based on potential need.

ACTION: A motion was made and seconded to approve the Consent Agenda. The motion passed.

AYES: Trustees Bhuket, Chicoine, and Hernandez

NAYS: None

ABSTENTION:

END OF CONSENT AGENDA

C. REPORT/DISCUSSION: QPSC Chair

Taft Bhuket, MD, Chair

C1. QPSC Reading Club: Selected reading from Getting The Board On Board: What Your Board Needs to Know About Quality and Patient Safety.

Trustee Bhuket discussed the article beginning on agenda packet page 60.

Trustee Hernandez said she thought they needed to spend a full day retreat on quality and a full day retreat on finances. She'd be happy to help facilitate.

Trustee Chicoine said there was an institutional culture that was distracted in nature. They needed to be able to have a conversation around building trust and accountability with each other. He said he wasn't sure how to go through a budget process when there were no options that could solve the problems.

C2. Evolving the Quality Dialogue for the AHS BOT: Discussion About Chief of Staff Reporting and Quality Reporting

Trustee Bhuket discussed the document on agenda packet page 72.

D. REPORT/DISCUSSION: Medical Staff Reports

- *AHS Medical Staff:* *M. Kelley Bullard, MD, Chief of Staff*
Michael Ingegno, MD - SLH Leadership Committee Chair
- *AH Medical Staff:* *Joseph Marzouk, MD Chief of Staff*

E. REPORT/DISCUSSION: SBU Quality Metric Report, Ambulatory

Palav Babaria MD, Chief Administrative Officer

Dr. Babaria discussed the report beginning on agenda packet page 78.

Trustee Bhuket what percentage of the AHS patient population that could be served by the program needed the IOP. She said it was about 20% Medicare for John George, it might be lower

for the IOP. Dr. Wise said 95% of the patients served in the IOP were Medicare or Medi-Cal. Of the patients who were eligible to step down from John George, only about 2% of them went to the IOP.

Trustee Chicoine asked about the opportunities for working with the County Behavioral Health and what they thought would be the best practice. Dr. Wise said that Dr. Tribble thought a wellness center model would allow them to serve anyone with Medi-Cal who wanted services for both scheduled and drop in services with a mix of professional and peer-based support. The model had been successful in other counties.

Trustee Chicoine asked how this model fit into the current issues with discharge and throughput into housing or other options. Dr. Babaria said that if they had thousands of discharges per month and three patients admitted to the IOP the impact would be limited. Dr. Sidhartha said that overall at AHS they had an access issue. In effect there was no Behavioral Health Services for mild to moderate cases, they didn't have outpatient behavioral health. It was a challenge to have confidence on where patients were going or how they were going to be followed up on. The number of people who were transferred to the IOP was low at about three per month compared to 250 discharges from in patient and about 1000 per month from PES. IOP didn't usually happen as an actual step down, but rather placement was a few days later. Dr. Sidhartha discussed the issues patients had accessing County services if they came in after regular business hours or were Medi-Cal only.

Trustee Chicoine said the good news was that the County was very interested in working with AHS on this issue. Dr. Babaria said discussed the division between behavioral health and medical health being artificial and not in the best interest of patients. Improving this access would decrease readmission, improve chronic disease control, and improve outcomes beyond behavioral health. Trustee Chicoine spoke again to the throughput issue and the affect it had on the administrative costs.

Trustee Bhuket said this was an essential dialogue for the organization, and he committed to keeping this as a regular discussion at QPSC. Dr. Babaria said that next steps were to continue dialogue with the Behavioral Health staff to design a robust wellness center and what a mild to moderate program would look like. They approached the plan with a clinical lens, but the financial aspect needed to be included as well.

Trustee Hernandez asked about the increased patient load given the pandemic. Dr. Babaria said that in current state they had no footprint for outpatient mild to moderate therapy or for SMI patients who do not have Medi-Care. They would get in the queue for the County services. She added that it was their moral imperative to care for these patients.

Mr. Finley discussed the intersection of quality and finance in this conversation. He discussed the Behavioral Health contract negotiations with the County, which focused on the contracting for the cost of services at John George and PES and closing the fiscal gap between providing the services and the reimbursements received for the services. There was still \$14M to \$15M gap between reimbursement and expenses. AHS did not advocate for full funding because there was a lot of opportunity for a reduction in admin days and denials. They needed to consider role they could play in spreading services and access for that population to create a more valuable investment in these patients. He also said that they had started some conversations around trying

to find about from the State and County what the anticipated growth in the Medi-Cal population might be given the decline in the economy resulting from the pandemic. They didn't have the information yet, but they were starting the conversations.

Dr. Babaria said her top three successes with the IOP had been, despite the loss of trust over the years and recently, the staff and providers were involved with creating and editing the report she presented. The report being a product everyone signed off on was a victory. She said the commitment to dialogue on both sides was encouraging. The CEO spent time with her and the staff a few weeks ago and engaging with him directly was well received.

F. REPORT/DISCUSSION: Regulatory Affairs and Patient Safety

Tanvir Hussain, MD, Chief Quality Officer

Dr. Hussain discussed the report beginning on agenda packet page 98.

G. REPORT/DISCUSSION: True North Metric Dashboard Review

Tanvir Hussain, MD, Chief Quality Officer

H. INFORMATION: Planning Calendar/Issue Tracking

Taft Bhuket, Chair

Trustee Bhuket discussed the Planning Calendar on agenda packet page 120. Next month was the Board Retreat, they would have QPSC in some version, but he wasn't sure what it would look like. It would include a follow up on behavioral health.

I. REPORT: Legal Counsel's Report on Action Taken in Closed Session

M. D. Moye, General Counsel

Mr. Pena reported that the Committee met in Closed Session and considered credentialing reports for each of the medical staffs and approved credentials/privileges for fully qualified practitioners recommended by the medical staffs.

PUBLIC COMMENT - None

TRUSTEE REMARKS - None

ADJOURNMENT: 5:07pm

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of April 23, 2020 as approved by the Quality Professional Services Committee on May 21, 2020:

Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____

M.D. Moya
General Counsel