

Medi-Cal Managed Care Program
Quality Improvement Projects Status Report
April 1, 2010 – June 30, 2010

Medi-Cal Managed Care Division
California Department of
Health Care Services

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Purpose of Report

The California Department of Health Care Services (DHCS) is responsible for administering the Medi-Cal Managed Care Program and overseeing quality improvement activities. The DHCS requires its contracted, full-scope managed care plans, prepaid health plans, and specialty plans to conduct quality improvement projects (QIPs) to assess and improve the quality of a targeted area of clinical or nonclinical care or service provided to Medi-Cal managed care members.

This QIPs Status Report provides a summary of QIPs validated during the period of April 1, 2010, through June 30, 2010, and presents recommendations for improvement.

Scope of External Quality Review Activities Conducted

The DHCS contracts with Health Services Advisory Group, Inc. (HSAG) as the external quality review organization (EQRO) that validates QIP proposals and annual submissions. The Centers for Medicare & Medicaid Services (CMS) produced protocols for plans to use when conducting QIPs¹ and for EQROs to use when validating QIPs.² The EQRO reviews each QIP using the validating protocol to ensure plans design, conduct, and report QIPs in a methodologically sound manner, consistent with the protocol for conducting QIPs. As a result of this validation, the DHCS and interested parties can have confidence in reported improvements that result from the QIP.

¹ U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Conducting Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities, Final Protocol, Version 1.0, May 2002.*
Available at: http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/07_Tools_Tips_and_Protocols.asp

² U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities, Final Protocol, Version 1.0, May 2002.*
Available at: http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/07_Tools_Tips_and_Protocols.asp

Summary of Overall Validation Findings

HSAG evaluated QIPs submitted by plans using its QIP Validation Tool, which scores the QIPs against the CMS validation protocol. Through QIP validation HSAG assesses a plan's methodology for conducting the QIP and evaluates the overall validity and reliability of study results. The Introduction section of this report provides a detailed description of HSAG's validation process.

HSAG provided an overall validation status of *Met*, *Partially Met*, or *Not Met* for each QIP submission. The DHCS requires that QIPs receive an overall *Met* validation status; therefore, plans must resubmit their QIP until it achieves a *Met* validation status, unless otherwise specified.

For the period of April 1, 2010, through June 30, 2010, HSAG reviewed a total of 12 QIPs submitted by AHF Healthcare Centers, Central California Alliance for Health, Contra Costa Health Plan, Health Plan of San Mateo, Kaiser Permanente - South (San Diego), San Francisco Health Plan, Santa Clara Family Health Plan, and SCAN Health Plan. All QIPs submitted during the review period were internal QIPs initiated at the individual plan level and were not part of a formal small-group collaborative or statewide collaborative project.

The majority of plan QIP submissions were annual resubmissions and proposal resubmissions. Of the 12 submissions, 1 was an annual submission, 4 were annual resubmissions, 1 was an annual second resubmission, 2 were proposals, 3 were proposal resubmissions, and 1 was a proposal second resubmission.

Of the 12 QIPs validated, 6 received an overall *Met* validation status, 4 received an overall *Partially Met* validation status, and 2 received an overall *Not Met* validation status. As of June 30, 2010, one project remained with a *Partially Met* status, requiring a resubmission to address *Partially Met* and *Not Met* areas within the QIP. HSAG will report the results of this resubmission in the next QIPs Status Report covering the validation review period of July 1, 2010 through December 31, 2010.

Summary of Overall QIP Outcomes

A total of six QIPs validated during the review period progressed to the point of at least one remeasurement period. This allowed HSAG to assess for statistically significant improvement, which is considered real improvement, between the baseline and remeasurement rates.

Five of the six QIPs assessed for real improvement demonstrated statistically significant improvement for some of the study indicators. No QIP demonstrated statistically significant improvement for all study indicators.

Two QIPs validated during the review period progressed to a second remeasurement period in which HSAG assessed the QIPs for sustained improvement. Both projects were resubmissions from the prior review period, January 1, 2010, through March 31, 2010. One QIP showed sustained improvement for all study indicators while the other showed sustained improvement for one of its study indicators. Based on QIP validation during the review period, HSAG considers both of these projects closed, and the plans will submit new QIP proposals.

Conclusions

Plan QIP submissions validated during the review period resulted in the following outcomes:

- ◆ AHF Healthcare Centers (AHF), a specialty plan that provides health care services to Medi-Cal managed care members diagnosed with HIV/AIDS in Los Angeles County, achieved sustained improvement for both of its study indicators. The plan successfully decreased both systolic and diastolic blood pressure measurements for its members with a diagnosis of hypertension. Additionally, AHF's second QIP, targeting the reduction of adverse reactions to Coumadin for patients with HIV/AIDS, achieved sustained improvement for reducing the proportion of patients with International Normalized Ratio (INR) values of less than 4.0. The plan did not demonstrate sustained improvement for its other two indicators, but the plan did have meaningful improvement with a reduction of hospitalizations to zero for both remeasurement periods.
- ◆ Santa Clara Family Health Plan showed promise for sustained improvement for its *Adolescent Health and Obesity Prevention* QIP based on its ability to achieve statistically significant improvement for at least one of the study indicators at the first remeasurement period.
- ◆ SCAN Health Plan's *Prevention of Stroke and Transient Ischemic Attack* QIP demonstrated a statistically significant decrease in stroke incidence for two of its three high-risk cohorts. The two cohorts with statistically significant improvement included membership comprised of both Medicare and Medicaid members. The plan had a decline for its third cohort, which represented the Medi-Cal managed care membership; however, the change was not statistically significant.

Many QIP submissions during the review period were new QIP proposal submissions and resubmissions. HSAG identified that plans had some challenges with defining their QIP study indicators. Identifying these issues at the onset of the project, during the QIP proposal planning phase, allows discussion between HSAG and the plan to improve and streamline the overall project design, which increases the plan's likelihood for producing valid and reliable data. Plans should become more proficient with QIP study design as they gain experience with conducting new QIPs and benefit from ongoing technical assistance.

HSAG noted that many plans still require resubmissions from their annual QIP submissions. Plans have an opportunity to improve their rate of achieving an overall *Met* validation status with their first QIP submission.

Recommendations

Based on the validation activities and findings during the review period, HSAG recommends the following:

- ◆ Plans need to focus greater attention on documenting the data collection process, especially for manual data collection. Plans should refer to the *Quality Improvement Assessment Guide for Plans* to ensure that they are documenting all required components within the QIP. The guide is available at <http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx>
- ◆ Plans need to apply prior validation feedback to future QIP submissions to improve the rate of initial QIP submissions achieving a *Met* validation status.

Organization of Report

This report has six sections:

- ◆ **Executive Summary**—Outlines the scope of external quality review activities, provides the status of plan submissions and overall validation findings for the review period, and presents recommendations.
- ◆ **Introduction**—Provides an overview of QIP requirements and HSAG’s QIP validation process.
- ◆ **Quarterly QIP Activity**—Provides a table of all QIPs that HSAG validated during the review period, including evaluation element scores and the overall validation status by type of QIP.
- ◆ **Summary of QIP Validation Findings**—Summarizes validation findings across plans related to QIP study design, study implementation, quality outcomes achieved, strengths and opportunities for improvement, and recommendations by type of QIP.
- ◆ **Appendix A**—Includes a listing of all active QIPs and their status.
- ◆ **Appendix B**—Provides detailed scoring tables for each evaluation element within the 10 QIP activities for the statewide collaborative (SWC) QIPs, small-group collaborative (SGC) QIPs, and internal QIPs (IQIPs).

QIP Requirements

QIPs are a federal requirement. The Code of Federal Regulations (CFR) at 42 CFR 438.240³ requires that all states operating a Medicaid managed care program ensure that their contracted plans conduct QIPs.

QIPs are a contract requirement for Medi-Cal managed care plans. The DHCS requires each of its contracted Medi-Cal managed care plans to conduct two DHCS-approved QIPs in accordance with federal requirements. Plans must always maintain two active QIPs. For full-scope plans, the statewide Medi-Cal managed care collaborative project serves as one of the two required QIPs. The second QIP can be either an IQIP or an SGC QIP involving at least three Medi-Cal managed care plans.

³ Federal Register/Vol. 67, No. 115, June 14, 2002, 2002/Rules and Regulations, p. 41109.

Description of the QIP Validation Process

The primary objective of QIP validation is to determine each plan's compliance with federal requirements, which include:

- ◆ *Measuring* performance using objective quality indicators.
- ◆ *Implementing* systematic interventions to achieve improvement in quality.
- ◆ *Evaluating* the effectiveness of the interventions.
- ◆ *Planning* and *initiating* activities to increase or sustain improvement.

Federal regulations also require that plans conduct and that an EQRO validate QIPs in a manner consistent with the CMS protocols for conducting and validating QIPs.⁴

The CMS protocol for validating QIPs focuses on two major areas:

- ◆ Assessing the plan's methodology for conducting the QIP.
- ◆ Evaluating the overall validity and reliability of study results.

QIP validation ensures that:

- ◆ Plans design, implement, and report QIPs in a methodologically sound manner.
- ◆ Real improvement in quality of care and services is achievable.
- ◆ Documentation complies with the CMS protocol for conducting QIPs.
- ◆ Stakeholders can have confidence in the reported improvements.

Evaluating the Overall Validity and Reliability of Study Results

A QIP that accurately documents CMS protocol requirements has high validity and reliability. *Validity* is the extent to which the data collected for a QIP measure its intent. *Reliability* is the extent to which an individual can reproduce the study results. For each completed QIP, HSAG assesses threats to the validity and reliability of QIP findings and determines when a QIP is no longer credible. Using its QIP Validation Tool and standardized scoring, HSAG reports the overall validity and reliability of the findings as one of the following categories:

- ◆ **Met** = High confidence/confidence in the reported study findings.
- ◆ **Partially Met** = Low confidence in the reported study findings.
- ◆ **Not Met** = Reported study findings that are not credible.

⁴ U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Conducting Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, Final Protocol, Version 1.0, May 2002, and *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, Final Protocol, Version 1.0, May 2002.

QIP Validation Activities

HSAG reviewed 12 QIPs for the period of April 1, 2010, through June 30, 2010. *Table 3.1—Medi-Cal Managed Care Program Quarterly Quality Improvement Program Validation Activity* on page 9 lists the QIPs by plan and subject. The majority of submissions were resubmissions, either annual resubmissions or proposal resubmissions. Of the 12 submissions, 1 was an annual submission, 4 were annual resubmissions, 1 was an annual second resubmission, 2 were proposals, 3 were proposal resubmissions, and 1 was a proposal second resubmission.

Six of the 12 QIPs validated received an overall *Met* validation status, 4 received an overall *Partially Met* validation status, and 2 received an overall *Not Met* validation status. For new QIP proposals, HSAG makes a recommendation to the DHCS that plans forego a resubmission of a *Partially Met* QIP if the structure of the QIP is sufficient for the plan to move forward with collecting baseline data. HSAG made this recommendation for one of the QIP proposal resubmissions during this review period.

As of June 30, 2010, one project remained with a *Partially Met* status, requiring a resubmission to address *Partially Met* and *Not Met* areas within the QIP. HSAG will report the results of this resubmission in the next QIPs Status Report covering the period of July 1, 2010 through September 30, 2010.

From April 1, 2010, through June 30, 2010, HSAG provided technical assistance to plans requesting additional QIP training and guidance. HSAG provided three plans with QIP technical assistance on annual submissions and proposals, which included discussion related to validation feedback, documentation needed to improve compliance, and assistance with disparities and improvement strategies. Additionally, HSAG provided ongoing, intensive technical assistance to Family Mosaic Project, a specialty plan, with the development of its first QIP proposal due to the DHCS by July 15, 2010, to comply with contractual requirements.

During the review period, HSAG proposed to the DHCS a validation scoring methodology change for a critical element designation within the data analysis activity. This change would ensure that plans appropriately calculated QIP reported rates before the QIP received an overall *Met* validation status. This includes verification of QIP reported rates against HSAG audited performance measure validation rates. HSAG made this recommendation because as plans have improved their compliance with the QIP study design and implementation phase, greater emphasis is being placed on the QIP outcomes. This validation methodology change

will enhance HSAG's validation process to ensure valid and reliable QIP outcome data. HSAG recommended the methodology change become effective for QIP submissions beginning July 1, 2010.

Table 3.1 summarizes QIPs validated during the review period with the overall validation status of *Met*, *Partially Met*, or *Not Met*. In addition, Table 3.1 displays the percentage score of evaluation elements that received a *Met* score, as well as the percentage score of critical elements that received a *Met* score. Critical elements are those within the validation tool that HSAG has identified as essential for producing a valid and reliable QIP. All critical elements must receive a *Met* score for a QIP to receive an overall validation status of *Met*.

**Table 3.1—Medi-Cal Managed Care Program Quarterly Quality Improvement Program Validation Activity
April 1, 2010, through June 30, 2010**

| Plan Name and County | Name of Project/Study | Type of Review ¹ | Percentage Score of Evaluation Elements Met ² | Percentage Score of Critical Elements Met ³ | Overall Validation Status ⁴ |
|--|--|-----------------------------|--|--|--|
| Internal QIPs | | | | | |
| AHF Healthcare Centers—Los Angeles | <i>Controlling High Blood Pressure</i> | Annual Resubmission 1 | 70% | 100% | <i>Partially Met</i> |
| AHF Healthcare Centers—Los Angeles | <i>Reducing Adverse Reactions to Coumadin for Patients With HIV/AIDS</i> | Annual Resubmission 1 | 77% | 100% | <i>Partially Met</i> |
| Central California Alliance for Health—Monterey/Santa Cruz | <i>Improving Effective Case Management</i> | Annual Resubmission 2 | 86% | 100% | <i>Met</i> |
| Contra Costa Health Plan—Contra Costa | <i>Reducing Health Disparities—Childhood Obesity</i> | Proposal Resubmission 2 | 100% | 100% | <i>Met</i> |
| Health Plan of San Mateo—San Mateo | <i>Increasing Timeliness of Prenatal Care</i> | Proposal Resubmission 1 | 100% | 100% | <i>Met</i> |
| Kaiser Permanente South—San Diego | <i>Postpartum Care</i> | Proposal | 47% | 50% | <i>Not Met</i> |
| Kaiser Permanente South—San Diego | <i>Postpartum Care</i> | Proposal Resubmission 1 | 100% | 100% | <i>Met</i> |
| San Francisco Health Plan—San Francisco | <i>Improving the Patient Experience</i> | Proposal | 73% | 63% | <i>Partially Met</i> |
| San Francisco Health Plan—San Francisco | <i>Improving the Patient Experience</i> | Proposal Resubmission 1 | 73% | 63% | <i>Partially Met</i> |
| Santa Clara Family Health Plan—Santa Clara | <i>Adolescent Health and Obesity Prevention</i> | Annual Resubmission 1 | 98% | 100% | <i>Met</i> |
| SCAN Health Plan—Los Angeles/San Bernardino/Riverside | <i>Prevention of Stroke and Transient Ischemic Attack</i> | Annual Submission | 81% | 80% | <i>Not Met</i> |
| SCAN Health Plan—Los Angeles/San Bernardino/Riverside | <i>Prevention of Stroke and Transient Ischemic Attack</i> | Annual Resubmission 1 | 94% | 100% | <i>Met</i> |

¹**Type of Review**—Designates the QIP review as a new proposal, annual submission, or resubmission. A resubmission means the plan was required to resubmit the QIP with updated documentation because it did not meet HSAG’s validation criteria to receive an overall *Met* validation status.

²**Percentage Score of Evaluation Elements Met**—The percentage score is calculated by dividing the total elements *Met* (critical and noncritical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).

³**Percentage Score of Critical Elements Met**—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

⁴**Overall Validation Status**—The overall validation status is populated from the QIP Validation Tool and is based on the percentage scores and whether critical elements were *Met*, *Partially Met*, or *Not Met*.

The CMS protocol for conducting a QIP specifies ten core activities. Rather than assessing them separately, HSAG categorizes them into three main stages to examine strengths and opportunities for improvement across key areas. For each of the three types of QIPs—SWCs, SGCs, and IQIPs—HSAG presents validation findings according to these three main stages:

Study Design—CMS Protocol Activities I–IV

- ◆ Selecting an appropriate study topic(s).
- ◆ Presenting a clearly defined, answerable study question(s).
- ◆ Documenting a clearly defined study indicator(s).
- ◆ Stating a correctly identified study population.

Study Implementation—CMS Protocol Activities V–VII

- ◆ Presenting a valid sampling technique (if sampling was used).
- ◆ Specifying accurate/complete data collection procedures.
- ◆ Designing/documenting appropriate improvement strategies.

Quality Outcomes Achieved—CMS Protocol Activities VIII–X

- ◆ Presenting sufficient data analysis and interpretation.
- ◆ Reporting evidence of real improvement achieved.
- ◆ Documenting data for sustained improvement achieved.

This section provides specific findings for each of the three QIP types and discusses strengths, opportunities for improvement, and recommendations. At the end of the section, HSAG also provides conclusions across all QIPs.

Findings Specific to the DHCS Statewide Collaborative

There were no statewide collaborative QIP submissions for validation during the review period, April 1, 2010, through June 30, 2010. All plans will submit their *Reducing Avoidable Emergency Room Visits* collaborative QIPs for validation in October 2010, which will include Remeasurement 2 data.

While there was no validation activity during the review period, collaborative activities continued. In May 2010, the collaborative finalized a member survey to help evaluate the effectiveness of its campaign, “Not Sure It’s An Emergency?” The survey targeted the parents of members 1 to 19 years of age who saw their primary care physician between May 2009 and January 2010, during campaign implementation. The survey measured whether members saw the campaign materials, whether their provider discussed the materials with them, and if members were more likely to contact their provider or nurse advice line if they were not sure if they needed to go to the emergency room (ER). Plans will continue to collect survey responses through August 23, 2010.

The DHCS hosted the ER statewide collaborative annual meeting in Sacramento May 11, 2010. Participants included representatives from the DHCS, Medi-Cal managed care plans, and HSAG. The DHCS presented an overview of 2008 collaborative data and provider campaign survey results. HSAG presented collaborative QIP validation results from 2008 along with recommendations. Five plans presented on their plan-specific provider and member intervention strategies implemented to decrease avoidable ER visits.

The DHCS released the *Statewide Collaborative Quality Improvement Project – Reducing Avoidable Emergency Room Visits 2008–2009 Interim Report* in June 2010. The report described collaborative activities conducted since the baseline report and included collaborative background information, the status of statewide collaborative interventions, initial findings from QIP validation, 2007 calendar year data, collaborative successes and challenges, and recommendations for the future. The report is available at http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/EQRO_QIPs/CA2008-9_QIP_Collab_ER_Rpt.pdf.

Findings Specific to Small-Group Collaboratives

No small-group collaborative QIPs were due for validation during the review period, April 1, 2010, through June 30, 2010.

Health Net, which participated with other Medi-Cal managed care plans in the *Appropriate Treatment for Children With URI* small-group collaborative QIP, submitted its project to the Agency for Healthcare Research and Quality's (AHRQ's) Health Care Innovations Exchange. AHRQ published the plan's submission—*Medicaid Managed Care Plan Provides Reports, Guidelines, and Education Materials to Physicians, Reducing Inappropriate Prescribing of Antibiotics to Children and Adolescents*—in the May 26, 2010, issue of the AHRQ Health Care Innovations Exchange at www.innovations.ahrq.gov. Health Net, as well as the other Medi-Cal managed care plans participating in the upper respiratory infection (URI) small-group collaborative, demonstrated statistically significant and sustained improvement for their QIPs.

Findings Specific to Internal Quality Improvement Projects

Plans submitted 12 internal QIPs (IQIPs) for validation from April 1, 2010, through June 30, 2010. Of the 12 submissions, 1 was an annual submission, 4 were annual resubmissions, 1 was an annual second resubmission, 2 were proposals, 3 were proposal resubmissions, and 1 was a proposal second resubmission.

Six of the 12 QIPs validated received an overall *Met* validation status, 4 received an overall *Partially Met* validation status, and 2 received an overall *Not Met* validation status. As of June 30, 2010, one project remained with a *Partially Met* status, requiring a resubmission to address *Partially Met* and *Not Met* areas within the QIP. HSAG will report the results of this resubmission in the next QIPs Status Report.

Table 4.1 provides average rates for each activity within the CMS protocols. Appendix B includes a table of scores for each evaluation element within the activities.

**Table 4.1—Internal QIP Activity Average Rates* (N = 12 Submissions)
April 1, 2010, through June 30, 2010**

| QIP Stages | Activity | Met Elements | Partially Met Elements | Not Met Elements |
|---|---|--------------|------------------------|------------------|
| Study Design | I: Appropriate Study Topic | 87% | 6% | 7% |
| | II: Clearly Defined, Answerable Study Question(s) | 100% | 0% | 0% |
| | III: Clearly Defined Study Indicator(s) | 84% | 16% | 0% |
| | IV: Correctly Identified Study Population | 91% | 6% | 3% |
| Study Implementation | V: Valid Sampling Techniques | 100% | 0% | 0% |
| | VI: Accurate/Complete Data Collection | 69% | 21% | 10% |
| | VII: Appropriate Improvement Strategies | 84% | 5% | 11% |
| Quality Outcomes Achieved | VIII: Sufficient Data Analysis and Interpretation | 92% | 8% | 0% |
| | IX: Real Improvement Achieved | 58% | 38% | 4% |
| | X: Sustained Improvement Achieved | 50% | 50% | 0% |
| * The activity average rate represents the average percentage of applicable elements with a <i>Met</i> , <i>Partially Met</i> , or <i>Not Met</i> finding across all the evaluation elements for a particular activity. See Appendix B for the number and a description of evaluation elements. | | | | |

Study Design

IQIP validation findings for Activities I through IV include the following:

Activity I. Appropriate Study Topic

Activity Summary: Overall, plans met the criteria for the evaluation elements within Activity I; however, plans have an opportunity to improve documentation to demonstrate that they did not exclude members with special health care needs from the project.

Most QIPs met the criteria of all evaluation elements for selecting an appropriate study topic. San Francisco Health Plan selected a QIP topic that addressed the patient experience and quality of service delivery, while all other projects addressed aspects of quality of care. All projects had the potential to affect member health, functional status, or satisfaction.

The lowest-scoring evaluation element with this activity resulted from QIP submissions that did not discuss the inclusion or exclusion of members with special health care needs. Plans need to explicitly state that no members with special health care needs were excluded from the study or provide supporting documentation as to the reason for the exclusion.

Three QIP submissions did not meet requirements for including all eligible populations that met the study criteria. AHF Healthcare Centers' *Controlling Blood Pressure* QIP resubmission did not include a discussion of the eligible populations. The QIP proposal for Kaiser Permanente—South (San Diego) did not provide enough documentation to support the inclusion of all eligible populations. SCAN Health Plan's annual QIP submission referenced only Medicare recipients as its eligible population, although the QIP was required specifically for its dual-eligible Medicaid managed care population. Both Kaiser Permanente—South (San Diego) and SCAN Health Plan achieved a *Met* status upon QIP resubmission.

Kaiser Permanente—South's (San Diego) QIP lacked documentation to support the selection of the study topic as either a high-volume or high-risk condition or service. AHF Healthcare Centers did not include plan-specific data to support the selection of the study topic for its *Controlling Blood Pressure* QIP. This data could have included, for example, how many of the plan's members had blood pressure greater than 140/90.

Activity II. Clearly Defined, Answerable Study Question(s)

Activity Summary: All QIPs had a clearly defined and answerable study question.

Plans' QIP submissions during the review period achieved 100 percent for having a clearly defined and answerable study question. Plans continued to demonstrate a high rate of compliance with the Activity II evaluation elements.

Activity III. Clearly Defined Study Indicator(s)

Activity Summary: QIP submissions had mixed results for clearly defined study indicators, with both strengths and opportunities for improvement.

QIPs validated during the review period showed strength from plans in basing their study indicators on evidence-based practice guidelines, peer-reviewed literature, or consensus expert panels. Additionally, all QIPs scored 100 percent on using nationally recognized measures when appropriate or including the basis for which indicators were adopted for internally developed indicators.

HSAG noted opportunities for plans to improve the definition of QIP study indicators in initial QIP proposal submissions. The *Postpartum Care* QIP for Kaiser Permanente—South (San Diego) had multiple study indicators; however, only one indicator appeared to accurately reflect the plan's population and, therefore, was the only valid indicator. HSAG recommended that the nonvalid indicators used by the plan for internal monitoring of its overall population be removed from the QIP as formal study indicators for clarity. In another QIP proposal, San Francisco Health Plan's *Improving the Patient Experience* had one study indicator that was not completely defined; therefore, it did not appear to link to an overall rating item on the proposed member survey. Additionally, San Francisco Health Plan had some challenges with the survey data collection process, including: accounting for the possibility that patients may see a provider at a clinic more than once during the measurement period; documenting what would be measured between measurement periods, given initial pilot sites with roll-out to additional sites in subsequent years of the QIP; and clarifying the measurement period spans for reporting rates. Some of these challenges resulted from the plan's participation in an innovative pilot project that did not easily fit into a format that would meet HSAG's QIP validation requirements without technical assistance.

HSAG found that Central California Alliance for Health's resubmission of its *Improving Effective Case Management* QIP, which HSAG validated during this review period, addressed

previous validation concerns from the prior review period of January 1, 2010, through March 31, 2010. HSAG identified concerns with the plan's QIP study indicators for a project aimed at members with congestive heart failure (CHF) and diabetes in which the plan originally included its entire population in the denominator and not only those with CHF and/or diabetes. HSAG pointed out that this could lead to a change in rates that could be attributed to members being added to or subtracted from the health plan, and those changes in membership could negate improvement achieved. Additionally, the study indicators included members who would never be eligible to be included in the numerator. The plan has since revised its QIP to include only those with CHF and/or diabetes, which has strengthened the project and will provide meaningful results.

Activity IV. Correctly Identified Study Population

Activity Summary: Overall, QIP submissions correctly identified the study population.

Except for the QIP proposal of Kaiser Permanente—South (San Diego), all QIP submissions had documentation that accurately and completely defined the study population. This QIP submission did not meet all evaluation elements within this activity because the plan did not cite the HEDIS specifications and procedure codes used to define the study population. Additionally, this QIP lacked requirements for length of enrollment. Kaiser Permanente—South (San Diego) fully addressed both issues as part of its QIP proposal resubmission.

Study Implementation

Of the 12 QIPs validated during the review period, 6 progressed to the point of presenting baseline results and included study implementation documentation.

Activity V. Valid Sampling Techniques

Activity Summary: All QIPs using sampling demonstrated valid sampling techniques.

Three plans had QIP submissions validated during the review period that used sampling: Contra Costa Health Plan, Health Plan of San Mateo, and Santa Clara Family Health Plan. All QIPs had valid sampling techniques and met the criteria for identifying the sample size, specifying the confidence interval, specifying the acceptable margin of error, ensuring a representative sample of the eligible population, and using generally accepted principles of research design and statistical analysis.

Activity VI. Accurate/Complete Data Collection

Activity Summary: Overall, plans have an opportunity to improve documentation of some evaluation elements within this activity; especially plans that use a manual data collection process.

HSAG validated the six QIP submissions that had progressed to the point of providing documentation for data collection: *Controlling High Blood Pressure*, *Reducing Adverse Reactions to Coumadin for Patients With HIV/AIDS*, *Prevention of Stroke and Transient Ischemic Attack* (annual submission and resubmission), *Improving Effective Case Management*, and *Adolescent Health and Obesity Prevention*. Of these, all QIP submissions appropriately identified the source of data, and nearly all identified the data elements to be collected and provided an estimated degree of data completeness.

Plans can improve compliance with this activity by including administrative data collection algorithms/flow charts that show activities in the production of the indicators. Three of the six QIPs lacked this documentation: *Controlling High Blood Pressure*, submitted by AHF Healthcare Centers; *Reducing Adverse Reactions to Coumadin for Patients With HIV/AIDS*, submitted by AHF Healthcare Centers; and *Prevention of Stroke and Transient Ischemic Attack*, submitted by SCAN Health Plan. Additionally, both of AHF Healthcare Centers' QIP resubmissions lacked a timeline for the collection of baseline and remeasurement data.

Two plans used a manual data collection process: AHF Healthcare Centers for its *Controlling High Blood Pressure* QIP and Santa Clara Family Health Plan for its *Adolescent Health and Obesity Prevention* QIP. AHF Healthcare Centers had opportunities to improve documentation of the manual data collection process. QIPs with manual data collection need to include a manual data collection tool that specifies the qualifications, training, and experience of the data collection staff; a description of the interrater reliability process; and clear and concise written instructions for the manual data collection tool that includes an overview of the study.

Activity VII. Appropriate Improvement Strategies

Activity Summary: QIPs included appropriate improvement strategies, but plans have the opportunity to include documentation that they revised interventions that were not successful, or standardized and monitored interventions that were successful.

All but one QIP submission—SCAN Health Plan's annual submission of its *Prevention of Stroke and Transient Ischemic Attack* QIP—included a causal/barrier analysis and targeted improvement strategies that related to the barriers. SCAN Health Plan included additional documentation

within its resubmission to comply with this evaluation element. All QIPs documented system interventions that were likely to induce permanent change.

Central California Alliance for Health's *Improving Effective Case Management* QIP had an increase for one of its study indicators and a decrease for its second study indicator. The plan needs to document revisions to the existing interventions or the addition of new interventions to address the lack of improvement in the second study indicator to achieve compliance.

Plans need to document how the successful interventions were standardized and monitored. While AHF Healthcare Centers' *Controlling Blood Pressure* QIP demonstrated improvement, the QIP submission lacked this documentation.

Quality Outcomes Achieved

Of the 12 QIP submissions validated during the review period, 6 progressed to a remeasurement period. The other six QIP submissions were QIP proposals or QIP proposal resubmissions that did not reach the point of remeasurement; therefore, HSAG did not assess these QIP proposals for quality outcomes. HSAG assesses QIP quality outcomes within Activities VIII, IX, and X by reviewing the plan's data analysis and interpretation of results, statistical significance testing between periods, and analysis of whether the project achieved sustained improvement over multiple periods of remeasurement.

Activity VIII. Sufficient Data Analysis and Interpretation

Activity Summary: Overall, QIP submission provided sufficient data analysis and interpretation.

For this activity, HSAG assessed whether the plan had sufficient data analysis and interpretation of results between remeasurement periods. The overall activity average rate for Activity VIII was 92 percent. This represented an increase over the rate of 70 percent for the prior review period, January 1, 2010, through March 31, 2010.

Plans demonstrated improvement with conducting the data analysis and interpretation according to the data analysis plan and including an interpretation of the findings that compares the results to the previous period and goal.

The greatest improvement opportunity for plans within this activity related to documenting factors that threaten the internal or external validity of the findings.

Activity IX. Real Improvement Achieved

Activity Summary: Five of the six projects assessed for real improvement achieved *Partially Met* scores for statistical significance, one QIP did not achieve statistical significance, and no QIP achieved statistical significance for all study indicators.

Six QIP submissions—AHF’s *Controlling High Blood Pressure, Reducing Adverse Reactions to Coumadin for Patients With HIV/AIDS*, SCAN’s *Prevention of Stroke and Transient Ischemic Attack* (annual submission and resubmission), CCAH’s *Improving Effective Case Management*, and SCHFP’s *Adolescent Health and Obesity Prevention*—progressed to a remeasurement period. The six submissions represented five studies, as SCAN Health Plan submitted both an annual submission and resubmission during the review period.

None of the six QIPs validated achieved statistical significance for all study indicators; however, five achieved statistical significance with at least one of the study indicators. Only one QIP did not achieve statistically significant improvement: AHF Healthcare Centers’ *Reducing Adverse Reactions to Coumadin for Patients With HIV/AIDS*. Three of the projects with statistically significant improvement (*Controlling High Blood Pressure, Improving Effective Case Management, and Adolescent Health and Obesity Prevention*) were resubmissions from the prior review period, and outcomes remained consistent with findings from the prior validation review period, January 1, 2010, through March 31, 2010.

AHF, a specialty plan that provides health care services to Medi-Cal managed care members diagnosed with HIV/AIDS in Los Angeles County, achieved improvement of its study indicators for its QIP resubmission, which focused on controlling blood pressure. The QIP targeted reducing both systolic blood pressure of less than 140 mm/Hg and diastolic blood pressure of less than 90 mm/Hg for members diagnosed with hypertension. The plan had statistically significant improvement, from 66.5 percent to 78.8 percent, for reducing systolic blood pressure between baseline and the first remeasurement, but the plan did not have an increase between Remeasurement 1 and Remeasurement 2. AHF did not have an increase between baseline and the first remeasurement for reducing diastolic blood pressure, but the plan had a statistically significant increase between Remeasurement 1 and Remeasurement 2, from 71.4 percent to 79.8 percent.

AHF resubmitted its second QIP, *Reducing Adverse Reactions to Coumadin for Patients With HIV/AIDS*, which sought to decrease Coumadin-related complications for members on the drug by improving the frequency of INR-level monitoring, increasing the number of INR values less than 4.0, and reducing the hospital admission rate. The plan’s rate increased for the first study indicator, which measured the proportion of patients on continuous Coumadin with seven or more INR results, from a baseline rate of 40.1 percent to 47.4 percent. This

change was not significant. The plan's rate decreased below the baseline rate at the second remeasurement. For Study Indicator 2, AHF had a statistically significant improvement for the proportion of members with INR values of less than 4.0, increasing from a baseline rate of 86.4 percent to 95.1 percent. At Remeasurement 2, the plan's rate was 91.5 percent. Study Indicator 3, which measured the rate of hospital admissions, decreased from 85.7/1,000 to zero for both remeasurement periods, although the change was not statistically significant.

SCAN Health Plan was the only new annual QIP submission during the review period. The plan's QIP, *Prevention of Stroke and Transient Ischemic Attack*, focused on decreasing the percentage of new stroke incidence among high-risk members with a diagnosis of diabetes, hypertension, and dyslipidemia and/or atrial fibrillation. Under the Medi-Cal managed care contract, the plan serves members that are dual eligible for Medicare and Medicaid. The plan demonstrated a statistically significant decrease in stroke incidence for two cohorts that represented its total membership. While the plan had a decrease in stroke incidence for its third cohort, which represented its Medi-Cal managed care membership, the change was not statistically significant.

Central California Alliance for Health initiated an IQIP to improve effective case management to reduce the rate of admissions for its Medi-Cal managed care members with uncontrolled diabetes and for members with congestive heart failure (CHF). At Remeasurement 1, the plan had not reduced the rate of hospital admissions for members with uncontrolled diabetes; however, the rate of admissions for members with CHF had a statistically significant decrease from a baseline rate of 71.11 percent to 39.80 percent.

Santa Clara Family Health Plan targeted adolescent health and obesity prevention for its IQIP. The QIP resubmission progressed to the first remeasurement period, for which the plan had statistically significant improvement for one of its two study indicators. The plan was successful with increasing the rate of documentation of body mass index (BMI) by a primary care provider or obstetrician/gynecologist as either a BMI percentile or BMI percentile plotted on an age-growth chart. The plan improved its baseline rate from 23.4 percent to 33.0 percent upon remeasurement. The plan's second study indicator measured documentation in the medical record of counseling for nutrition and physical activity for members with a documented BMI. While the plan had a slight increase from its baseline rate of 33.6 percent to 35.5 percent at Remeasurement 2, the change was not statistically significant.

Activity X. Sustained Improvement Achieved

Activity Summary: Two QIPs progressed to the point of assessment for sustained improvement. One achieved sustained improvement and the other achieved sustained improvement for one of its study indicators.

Unlike Activity IX, which measured for statistically significant improvement, Activity X assessed for sustained improvement over comparable time periods or determined that a decline in improvement was not statistically significant.

Both of AHF's projects progressed to a second remeasurement period in which HSAG could assess for sustained improvement. Further, both projects were resubmissions from the prior measurement period, January 1, 2010, through March 31, 2010. The results were consistent with those reported in the previous validation and did not change outcomes. AHF's controlling high blood pressure QIP achieved sustained improvement for both of its study indicators. The plan successfully decreased both systolic and diastolic blood pressure measurements for its members with a diagnosis of hypertension.

For AHF's QIP targeting the reduction of adverse reactions to Coumadin for patients with HIV/AIDS, the plan achieved sustained improvement for reducing the proportion of patients with INR values of less than 4.0. The plan did not demonstrate sustained improvement for its other two indicators. AHF did reduce hospitalizations from three at its baseline measurement to zero at both remeasurements. While this change was not statistically significant, the reduction demonstrated meaningful improvement.

Although AHF received an overall *Partially Met* validation score for both QIP resubmissions during the review period, HSAG recommended that the DHCS allow the plan to terminate the projects as formal QIPs and initiate new project proposals. HSAG made this recommendation because there were no outstanding structural issues with the QIPs, and due to plan staffing changes, additional historical data needed to improve QIP scores were not available. The DHCS agreed with HSAG's recommendation for final close-out and an overall *Partially Met* validation status for both projects.

Internal QIP Strengths and Opportunities for Improvement

Plans demonstrated continued proficiency with IQIP study design and study implementation as evidenced by high average rates of *Met* evaluation elements for this review period, April 1, 2010, through June 30, 2010. Nearly all activity average rates were higher than the previous review period, except for Activity VI—Accurate/Complete Data Collection, which decreased slightly and continued to be an opportunity for improvement.

Many QIP submissions during the review period were new QIP proposal submissions and resubmissions. HSAG identified that plans had some challenges with defining QIP study indicators. Identifying these issues at the onset of the project allows discussion between HSAG and the plan to improve and streamline the overall project design, which increases the likelihood that a plan will produce valid and reliable data.

HSAG noted that many plans still require resubmissions from their annual QIP submissions. Plans have an opportunity to improve their rate of achieving an overall *Met* validation status with their first QIP submission.

Internal QIP Recommendations

Plans need to focus greater attention on the data collection process, especially for manual data collection. Plans should refer to their QIA Guide for Plans and QIP Completion Instructions to ensure that they are documenting all required components in the QIP.

Conclusions—Overall QIP Validation Findings

The 12 QIPs validated between April 1, 2010, and June 30, 2010, showed ongoing improvement of plan documentation to increase compliance with CMS' protocol for conducting QIPs.

The two QIPs resubmitted by AHF demonstrated sustained improvement for controlling high blood pressure for members with hypertension and sustained improvement for reducing INR levels for members on Coumadin. The plan showed meaningful improvement by having no hospitalizations for adverse reactions to Coumadin for its members during both remeasurement periods. These results indicate that the plan is able to provide targeted, quality care to its specialty population of members diagnosed with HIV/AIDS.

Appendix A presents the status of the following types of active QIPs:

- ◆ The DHCS Statewide Collaborative QIP
- ◆ Small-Group Collaborative QIPs
- ◆ Internal QIPs

**Table A.1—The DHCS Statewide Collaborative QIPs
April 1, 2010, through June 30, 2010**
(*See page A-9 for grid category explanations.)

| Plan Name and County | Plan Model Type* | Clinical/ Nonclinical* | QIP Description* | Level of QIP Progress* | |
|--|------------------|------------------------|---|------------------------|-------------------------|
| | | | | Steps Validated* | Measurement Completion* |
| Name of Project/Study: Reducing Avoidable Emergency Room Visits | | | | | |
| Alameda Alliance for Health—Alameda | LI | Clinical | Reduce the number of members 1 year of age and older who use the emergency room for a visit that could have been more appropriately managed in an office or a clinic setting. | I – IX | Remeasurement 1 |
| Anthem Blue Cross— Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara Sacramento Stanislaus, Tulare | CP GMC LI | | | I – IX | Remeasurement 1 |
| CalOptima—Orange | COHS | | | I – IX | Remeasurement 1 |
| Care 1st Partner Plan—San Diego | GMC | | | I – IX | Remeasurement 1 |
| CenCal Health Plan—Santa Barbara | COHS | | | I – IX | Remeasurement 1 |
| Central California Alliance for Health Monterey, Santa Cruz | COHS | | | I – IX | Remeasurement 1 |
| Community Health Group—San Diego | GMC | | | I – IX | Remeasurement 1 |
| Contra Costa Health Plan—Contra Costa | LI | | | I – IX | Remeasurement 1 |
| Health Net— Fresno, Kern, Los Angeles, Stanislaus, Tulare Sacramento, San Diego | CP GMC | | | I – IX | Remeasurement 1 |
| Health Plan of San Joaquin—San Joaquin | LI | | | I – IX | Remeasurement 1 |
| Health Plan of San Mateo—San Mateo | COHS | | | I – IX | Remeasurement 1 |
| Inland Empire Health Plan—Riverside, San Bernardino | LI | | | I – IX | Remeasurement 1 |

Table A.1—The DHCS Statewide Collaborative QIPs
April 1, 2010, through June 30, 2010
 (*See page A-9 for grid category explanations.)

| Plan Name and County | Plan Model Type* | Clinical/ Nonclinical* | QIP Description* | Level of QIP Progress* | |
|--|------------------|------------------------|---|------------------------|-------------------------|
| | | | | Steps Validated* | Measurement Completion* |
| Name of Project/Study: Reducing Avoidable Emergency Room Visits | | | | | |
| Kaiser Permanente (North)—Sacramento | GMC | Clinical | Reduce the number of members 1 year of age and older who use the emergency room for a visit that could have been more appropriately managed in an office or a clinic setting. | I – IX | Remeasurement 1 |
| Kaiser Permanente (South)—San Diego | GMC | | | I – IX | Remeasurement 1 |
| Kern Family Health Care—Kern | LI | | | I – IX | Remeasurement 1 |
| L A Care Health Plan—Los Angeles | LI | | | I – IX | Remeasurement 1 |
| Molina Healthcare— Riverside, San Bernardino | CP | | | I – IX | Remeasurement 1 |
| Sacramento, San Diego | GMC | | | I – IX | Remeasurement 1 |
| Partnership Health Plan—Napa, Solano, Yolo | COHS | | | I – IX | Remeasurement 1 |
| San Francisco Health Plan—San Francisco | LI | | | I – IX | Remeasurement 1 |
| Santa Clara Family Health Plan—Santa Clara | LI | | | I – IX | Remeasurement 1 |

Table A.2—Small-Group Collaborative QIPs
April 1, 2010, through June 30, 2010
 (*See page A-9 for grid category explanations.)

| Plan Name and County | Plan Model Type* | Name of Project/Study | Clinical/ Nonclinical* | QIP Description* | Level of QIP Progress* | |
|----------------------------------|------------------|---|------------------------|---|------------------------|-------------------------|
| | | | | | Steps Validated* | Measurement Completion* |
| CalOptima—Orange | COHS | Appropriate Treatment for Children With Upper Respiratory Infection | Clinical | Decrease inappropriate use of antibiotics in children 3 months–18 years of age. | I – X | Remeasurement 2 |
| Care 1st Partner Plan—San Diego | GMC | | | | I – VIII | Remeasurement 1 |
| Community Health Group—San Diego | GMC | Improving Treatment of Chronic Obstructive Pulmonary Disease (COPD) | Clinical | Improve treatment for adults 40 years of age and older with COPD. | I – IX | Remeasurement 1 |

Table A.3—Internal QIPs
April 1, 2010, through June 30, 2010
 (*See page A-9 for grid category explanations.)

| Plan Name and County | Plan Model Type* | Name of Project/Study | Clinical/ Nonclinical* | QIP Description* | Level of QIP Progress* | |
|--|-------------------------|---|------------------------|--|------------------------|-------------------------|
| | | | | | Steps Validated* | Measurement Completion* |
| AHF Healthcare Centers— Los Angeles | SP | Reducing Adverse Reactions to Coumadin for Patients With HIV/AIDS | Clinical | Reduce the number of hospitalizations for members on Coumadin therapy as a result of adverse reactions. | I – X Closed | Remeasurement 2 |
| AHF Healthcare Centers— Los Angeles | SP | Controlling High Blood Pressure | Clinical | Increase the percentage of cases of controlled blood pressure among adults diagnosed with hypertension. | I – X Closed | Remeasurement 2 |
| Alameda Alliance for Health— Alameda | LI | Decrease Return Emergency Room Visits for Asthmatic Exacerbations in Children | Clinical | Reduce the number of children 2–18 years of age who visit the ER with asthma and return to the ER with additional asthmatic events. | I – IX | Remeasurement 1 |
| Anthem Blue Cross— Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara Sacramento Stanislaus, Tulare | CP GMC LI | Improving HEDIS Postpartum Care Rates | Clinical | Improve the rate of postpartum care visits for female Medi-Cal members. | I – IV | Proposal |
| CenCal Health Plan— Santa Barbara, San Luis Obispo | COHS | Weight Assessment and Counseling Nutrition and Physical Activity for Children/Adolescents | Clinical | Increase body mass index (BMI) documentation for child/adolescent members (ages 3–17) and referrals to counseling for nutrition education and physical activity. | I – VIII | Proposal |

Table A.3—Internal QIPs
April 1, 2010, through June 30, 2010
 (*See page A-9 for grid category explanations.)

| Plan Name and County | Plan Model Type* | Name of Project/Study | Clinical/ Nonclinical* | QIP Description* | Level of QIP Progress* | |
|---|------------------|---|------------------------|---|------------------------|-------------------------|
| | | | | | Steps Validated* | Measurement Completion* |
| Central California Alliance for Health—Monterey, Santa Cruz | COHS | Improving Effective Case Management | Clinical | Increase the effectiveness of case management to reduce hospitalizations related to diabetes and congestive heart failure among adults 21 years of age and older. | I – X | Remeasurement 2 |
| Community Health Group—San Diego | GMC | Increasing Follow-up to Positive Postpartum Screens | Clinical | Increase the percentage of women receiving a postpartum visit within six months of delivery. | I – IX | Remeasurement 1 |
| Contra Costa Health Plan—Contra Costa | LI | Reducing Health Disparities in Pediatric Obesity | Clinical | Reduce health disparities in childhood obesity among children 3–11 years of age. | I – V | Proposal |
| Family Mosaic Project—San Francisco | SP | <i>Project pending – 7/15/2010</i> | | | | |
| Family Mosaic Project—San Francisco | SP | <i>Project pending – 12/31/2010</i> | | | | |
| Health Net— Fresno, Kern, Los Angeles, Stanislaus, Tulare Sacramento, San Diego | CP GMC | Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities | Clinical | Improve cervical cancer screening among female seniors and persons with disabilities 21 through 64 years of age. | I – VIII | Proposal |
| Health Plan of San Joaquin—San Joaquin | LI | Chlamydia Screening | Clinical | Increase the rate of chlamydia screening in sexually active women 16–25 years of age. | I – IX | Remeasurement 1 |
| Health Plan of San Mateo—San Mateo | COHS | Increasing Timeliness of Prenatal Care | Clinical | Increase the rate of prenatal visits during the first trimester of pregnancy. | I – VIII | Proposal |

Table A.3—Internal QIPs
April 1, 2010, through June 30, 2010
 (*See page A-9 for grid category explanations.)

| Plan Name and County | Plan Model Type* | Name of Project/Study | Clinical/ Nonclinical* | QIP Description* | Level of QIP Progress* | |
|---|------------------|--|------------------------|---|------------------------|-------------------------|
| | | | | | Steps Validated* | Measurement Completion* |
| Inland Empire Health Plan—Riverside, San Bernardino | LI | Attention Deficit Hyperactivity Disorder (ADHD) Management | Clinical | Provide appropriate management for ADHD-identified child members 6–12 years of age. | I – IV | Proposal |
| Kaiser Permanente (North)—Sacramento | GMC | Childhood/Adolescent Obesity | Clinical | Increase the percentage of members 3–17 years of age who have a documented body mass index and received counseling for nutrition and physical activity. | I – IV | Proposal |
| Kaiser Permanente (South)—San Diego | GMC | Postpartum Care | Clinical | Improve the rate of postpartum care. | I – IV | Proposal |
| Kaiser PHP—Marin, Sonoma | PHP | Cervical Cancer Screening | Clinical | Increase cervical cancer screening among women 18–64 years of age. | I – X | Remeasurement 3 |
| Kaiser PHP—Marin, Sonoma | PHP | Smoking Prevention | Clinical | Increase the percentage of members 18 years of age and older receiving advice to quit smoking. | I – X | Remeasurement 4 |
| Kern Family Health Care—Kern | LI | Comprehensive Diabetes Care | Clinical | Improve case management of members with diabetes 18–75 years of age by increasing the percentage of members receiving an HbA1c test, LDL-C screening, and retinal eye exams. | I – V | Proposal |
| L A Care Health Plan—Los Angeles | LI | Improving HbA1c and Diabetic Retinal Exam Screening Rates | Clinical | Improving care and reducing complications for diabetic members 18–75 years of age by increasing the percentage of members who receive screening with HbA1c testing and retinal exams. | I – V | Proposal |

Table A.3—Internal QIPs
April 1, 2010, through June 30, 2010
 (*See page A-9 for grid category explanations.)

| Plan Name and County | Plan Model Type* | Name of Project/Study | Clinical/ Nonclinical* | QIP Description* | Level of QIP Progress* | |
|--|------------------|---|------------------------|---|------------------------|-------------------------|
| | | | | | Steps Validated* | Measurement Completion* |
| Molina Healthcare— Riverside, San Bernardino Sacramento, San Diego | CP GMC | Improving Hypertension Control | Clinical | Increase the percentage of members with hypertension ages 18–85 years of age who have controlled blood pressure (systolic blood pressure of <140 mm Hg and diastolic blood pressure of < 90 mm Hg). | I – V | Proposal |
| Partnership Health Plan—Napa, Solano, Yolo | COHS | Improving Care and Reducing Acute Readmissions for People With COPD | Clinical | Reducing acute readmissions for people with COPD. | I – VII | Proposal |
| San Francisco Health Plan—San Francisco | LI | Improving the Patient Experience | Nonclinical | Increase the percentage of members selecting the top response for the communication composite on a patient satisfaction survey. | I – IV | Proposal |
| Santa Clara Family Health Plan— Santa Clara | LI | Adolescent Obesity Prevention | Clinical | Increase screening for adolescent obesity and timeliness of appropriate health education intervention. | I – IX | Remeasurement 1 |
| SCAN Health Plan—Los Angeles, Riverside, San Bernardino | SP | Chronic Obstructive Pulmonary Disease (COPD) | Clinical | Improve treatment for adults 40 years of age and older with COPD. | I – VIII | Remeasurement 1 |

**Table A.3—Internal QIPs
April 1, 2010, through June 30, 2010**

| Plan Name and County | Plan Model Type* | Name of Project/Study | Clinical/ Nonclinical* | QIP Description* | Level of QIP Progress* | |
|---|------------------|--|------------------------|--|------------------------|-------------------------|
| | | | | | Steps Validated* | Measurement Completion* |
| SCAN Health Plan—Los Angeles, Riverside, San Bernardino | SP | Prevention of Stroke and Transient Ischemic Attack (TIA) | Clinical | Reduce the risk and recurrence of stroke or TIA. | I – VIII | Remeasurement 1 |

*Grid category explanations:

Plan Model Type—designated plan model type:

- ◆ County-Organized Health System (COHS) plan
- ◆ Geographic-Managed Care (GMC) plan
- ◆ Two-Plan Model
 - Local initiative plan (LI)
 - Commercial plan (CP)
- ◆ Specialty plan (SP)

Clinical/Nonclinical—designates if the QIP addresses a clinical or nonclinical area of study.

QIP Description—provides a brief description of the QIP and the study population.

Level of QIP Progress—provides the status of each QIP as shown through *Steps Validated* and *Measurement Completion*:

- ◆ *Steps Validated*—provides the number of CMS activities/steps completed through Step X.
- ◆ *Measurement Completion*—indicates the QIP status as proposal, baseline assessment, Remeasurement 1, Remeasurement 2, etc.

**Table B.1—Internal QIP Activities I to IV Ratings (N = 12 Submissions)
April 1, 2010, through June 30, 2010**

| | Evaluation Elements | Met | Partially Met | Not Met |
|---|--|---------------------|----------------------|------------------|
| Activity I: Appropriate Study Topic | | | | |
| | 1. Reflects high-volume or high-risk conditions (or was selected by the State). | 90% (9/10) | 10% (1/10) | 0% (0/10) |
| | 2. Is selected following collection and analysis of data (or was selected by the State). | 92% (11/12) | 8% (1/12) | 0% (0/12) |
| | 3. Addresses a broad spectrum of care and services (or was selected by the State). | 100% (12/12) | 0% (0/12) | 0% (0/12) |
| | 4. Includes all eligible populations that meet the study criteria. | 75% (9/12) | 17% (2/12) | 8% (1/12) |
| | 5. Does not exclude members with special health care needs. | 67% (8/12) | 0% (0/12) | 33% (4/12) |
| C* | 6. Has the potential to affect member health, functional status, or satisfaction. | 100% (12/12) | 0% (0/12) | 0% (0/12) |
| | Activity Average Rates** | 87% (61/70) | 6% (4/70) | 7% (5/70) |
| Activity II: Clearly Defined, Answerable Study Question(s) | | | | |
| C* | 1. States the problem to be studied in simple terms. | 100% (12/12) | 0% (0/12) | 0% (0/12) |
| C* | 2. Is answerable. | 100% (12/12) | 0% (0/12) | 0% (0/12) |
| | Activity Average Rates** | 100% (24/24) | 0% (0/24) | 0% (0/24) |
| Activity III: Clearly Defined Study Indicator(s) | | | | |
| C* | 1. Are well-defined, objective, and measurable. | 75% (9/12) | 25% (3/12) | 0% (0/12) |
| | 2. Are based on current, evidence-based practice guidelines, pertinent peer review literature, or consensus expert panels. | 100% (9/9) | 0% (0/9) | 0% (0/9) |
| C* | 3. Allow for the study questions to be answered. | 75% (9/12) | 25% (3/12) | 0% (0/12) |
| | 4. Measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives. | 75% (9/12) | 25% (3/12) | 0% (0/12) |
| C* | 5. Have available data that can be collected on each indicator. | 83% (10/12) | 17% (2/12) | 0% (0/12) |
| | 6. Are nationally recognized measures such as HEDIS specifications, when appropriate. | 100% (5/5) | 0% (0/5) | 0% (0/5) |
| | 7. Includes the basis on which each indicator was adopted, if internally developed. | 100% (6/6) | 0% (0/6) | 0% (0/6) |
| | Activity Average Rates** | 84% (57/68) | 16% (11/68) | 0% (0/68) |
| Activity IV: Correctly Identified Study Population | | | | |
| C* | 1. Is accurately and completely defined. | 92% (11/12) | 8% (1/12) | 0% (0/12) |
| | 2. Includes requirements for the length of a member's enrollment in the plan. | 90% (9/10) | 0% (0/10) | 10% (1/10) |
| C* | 3. Captures all members to whom the study question applies. | 92% (11/12) | 8% (1/12) | 0% (0/12) |
| | Activity Average Rates** | 91% (31/34) | 6% (2/34) | 3% (1/34) |
| <p>Note: Activity evaluation element columns represent the average percentage for <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i> elements. All <i>Not Applicable</i> and <i>Not Assessed</i> elements are excluded.</p> <p>*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a <i>Met</i> score for these elements for a QIP to receive a <i>Met</i> validation status.</p> <p>**The activity average rate represents the average percentage of elements with a <i>Met</i>, <i>Partially Met</i>, or <i>Not Met</i> finding across all the evaluation elements for a particular activity. All <i>Not Applicable</i> or <i>Not Assessed</i> findings are excluded.</p> | | | | |

**Table B.2—Internal QIP Activities V to VII Ratings (N = 12 Submissions)
April 1, 2010, through June 30, 2010**

| | Evaluation Elements | Met | Partially Met | Not Met |
|---|---|---------------------|----------------------|-------------------|
| Activity V: Valid Sampling Techniques | | | | |
| | 1. Consider and specify the true or estimated frequency of occurrence. | 100% (3/3) | 0% (0/3) | 0% (0/3) |
| | 2. Identify the sample size. | 100% (3/3) | 0% (0/3) | 0% (0/3) |
| | 3. Specify the confidence level. | 100% (3/3) | 0% (0/3) | 0% (0/3) |
| | 4. Specify the acceptable margin of error. | 100% (3/3) | 0% (0/3) | 0% (0/3) |
| C* | 5. Ensure a representative sample of the eligible population. | 100% (3/3) | 0% (0/3) | 0% (0/3) |
| | 6. Are in accordance with generally accepted principles of research design and statistical analysis. | 100% (3/3) | 0% (0/3) | 0% (0/3) |
| | Activity Average Rates** | 100% (18/18) | 0% (0/18) | 0% (0/18) |
| Activity VI: Accurate/Complete Data Collection | | | | |
| | 1. The identification of data elements to be collected. | 83% (5/6) | 17% (1/6) | 0% (0/6) |
| | 2. The identification of specified sources of data. | 100% (6/6) | 0% (0/6) | 0% (0/6) |
| | 3. A defined and systematic process for collecting baseline and remeasurement data. | 50% (1/2) | 50% (1/2) | 0% (0/2) |
| | 4. A timeline for the collection of baseline and remeasurement data. | 67% (4/6) | 33% (2/6) | 0% (0/6) |
| | 5. Qualified staff and personnel to abstract manual data. | 50% (1/2) | 0% (0/2) | 50% (1/2) |
| C* | 6. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications. | 50% (1/2) | 50% (1/2) | 0% (0/2) |
| | 7. A manual data collection tool that supports interrater reliability. | 50% (1/2) | 0% (0/2) | 50% (1/2) |
| | 8. Clear and concise written instructions for completing the manual data collection tool. | 50% (1/2) | 0% (0/2) | 50% (1/2) |
| | 9. An overview of the study in written instructions. | 50% (1/2) | 0% (0/2) | 50% (1/2) |
| | 10. Administrative data collection algorithms/flowcharts that show activities in the production of indicators. | 50% (3/6) | 50% (3/6) | 0% (0/6) |
| | 11. An estimated degree of automated data completeness. | 83% (5/6) | 17% (1/6) | 0% (0/6) |
| | Activity Average Rates** | 69% (29/42) | 21% (9/42) | 10% (4/42) |
| Activity VII: Appropriate Improvement Strategies | | | | |
| C* | 1. Related to causes/barriers identified through data analysis and quality improvement processes. | 83% (5/6) | 0% (0/6) | 17% (1/6) |
| | 2. System changes that are likely to induce permanent change. | 100% (6/6) | 0% (0/6) | 0% (0/6) |
| | 3. Revised if original interventions are not successful. | 67% (2/3) | 0% (0/3) | 33% (1/3) |
| | 4. Standardized and monitored if interventions were successful. | 75% (3/4) | 25% (1/4) | 0% (0/4) |
| | Activity Average Rates** | 84% (16/19) | 5% (1/19) | 11% (2/19) |
| <p>Note: Activity evaluation element columns represent the average percentage for <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i> elements. All <i>Not Applicable</i> and <i>Not Assessed</i> elements are excluded.</p> <p>*“C” in this column denotes a critical element in HSAG’s validation protocol. Plans must receive a <i>Met</i> score for these elements for a QIP to receive a <i>Met</i> validation status.</p> <p>**The activity average rate represents the average percentage of elements with a <i>Met</i>, <i>Partially Met</i>, or <i>Not Met</i> finding across all the evaluation elements for a particular activity. All <i>Not Applicable</i> or <i>Not Assessed</i> findings are excluded.</p> | | | | |

**Table B.3—Internal QIP Activities VIII to X Ratings (N = 12 Submissions)
April 1, 2010, through June 30, 2010**

| | Evaluation Elements | Met | Partially Met | Not Met |
|---|---|--------------------|----------------------|------------------|
| Activity VIII: Sufficient Data Analysis and Interpretation | | | | |
| C* | 1. Is conducted according to the data analysis plan in the study design. | 83% (5/6) | 17% (1/6) | 0% (0/6) |
| C* | 2. Allows for the generalization of the results to the study population if a sample was selected. | 100% (1/1) | 0% (0/1) | 0% (0/1) |
| | 3. Identifies factors that threaten the internal or external validity of the findings. | 67% (4/6) | 33% (2/6) | 0% (0/6) |
| | 4. Includes an interpretation of the findings. | 83% (5/6) | 17% (1/6) | 0% (0/6) |
| | 5. Is presented in a way that provides accurate, clear, and easily understood information. | 100% (6/6) | 0% (0/6) | 0% (0/6) |
| | 6. Identifies initial measurement and remeasurement of study indicators. | 100% (6/6) | 0% (0/6) | 0% (0/6) |
| | 7. Identifies statistical differences between initial measurement and remeasurement. | 100% (6/6) | 0% (0/6) | 0% (0/6) |
| | 8. Identifies factors that affect the ability to compare the initial measurement with remeasurement. | 100% (6/6) | 0% (0/6) | 0% (0/6) |
| | 9. Includes interpretation of the extent to which the study was successful. | 100% (6/6) | 0% (0/6) | 0% (0/6) |
| | Activity Average Rates** | 92% (45/49) | 8% (4/49) | 0% (0/49) |
| Activity IX: Real Improvement Achieved | | | | |
| | 1. Remeasurement methodology is the same as baseline methodology. | 100% (6/6) | 0% (0/6) | 0% (0/6) |
| | 2. There is documented improvement in processes or outcomes of care. | 67% (4/6) | 33% (2/6) | 0% (0/6) |
| | 3. The improvement appears to be the result of planned intervention(s). | 67% (4/6) | 33% (2/6) | 0% (0/6) |
| | 4. There is statistical evidence that observed improvement is true improvement. | 0% (0/6) | 83% (5/6) | 17% (1/6) |
| | Activity Average Rates** | 58% (14/24) | 38% (9/24) | 4% (1/24) |
| Activity X: Sustained Improvement Achieved | | | | |
| | 1. Repeated measurements over comparable time periods demonstrate sustained improvement, or that a decline in improvement is not statistically significant. | 50% (1/2) | 50% (1/2) | 0% (0/2) |
| | Activity Average Rates** | 50% (1/2) | 50% (1/2) | 0% (0/2) |
| <p>Note: Activity evaluation element columns represent the average percentage for <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i> elements. All <i>Not Applicable</i> and <i>Not Assessed</i> elements are excluded.</p> <p>*“C” in this column denotes a critical element in HSAG’s validation protocol. Plans must receive a <i>Met</i> score for these elements for a QIP to receive a <i>Met</i> validation status.</p> <p>**The activity average rate represents the average percentage of elements with a <i>Met</i>, <i>Partially Met</i>, or <i>Not Met</i> finding across all the evaluation elements for a particular activity. All <i>Not Applicable</i> or <i>Not Assessed</i> findings are excluded.</p> | | | | |