

Medi-Cal Managed Care Program
Quality Improvement Projects Status Report
April 1, 2011 – June 30, 2011

Medi-Cal Managed Care Division
California Department of
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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, 2011, through June 30, 2011, 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, 2011, through June 30, 2011, HSAG reviewed 11 QIP submissions. All 11 of the QIP submissions were internal QIPs (IQIPs) and were project proposals, annual submissions, or resubmissions. The QIP submissions covered a range of different topics that included cervical cancer screening in women, case management, school attendance, blood sugar (HbA1c) testing for members with diabetes, member satisfaction, adolescent health, and stroke prevention.

Three of the QIP submissions were new proposals, two were proposal resubmissions, three were resubmissions, including one from the previous reporting period January 1, 2011, through March 31, 2011, and the remaining three QIPs were annual submissions.

Six of the 11 QIP submissions that were validated received an overall *Met* validation status, two received an overall *Partially Met* validation status and three received a *Not Met* status. One QIP submission remained with a *Partially Met* validation status at the end of this reporting period, June 30, 2011, and will require a resubmission during the next review period. HSAG will report the results of this resubmission in the next QIPs Status Report covering the period of July 1, 2011, through September 30, 2011.

Summary of Overall QIP Outcomes

Three internal QIPs 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 measurement periods.

These three internal QIPs submitted and validated during the report period included Central California Alliance for Health—Monterey and Santa Cruz counties; Santa Clara Family Health Plan—Santa Clara County; and SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties. None of the QIPs demonstrated statistically significant improvement from Remeasurement 1 to Remeasurement 2.

In addition to assessing for statistically significant improvement, HSAG also assessed QIPs for sustained improvement over comparable time periods. Of the three internal QIPs, all three demonstrated sustained improvement from baseline to Remeasurement 2 for at least one study indicator.

Central California Alliance for Health—Monterey and Santa Cruz counties' QIP, *Improving Effective Case Management*, achieved sustained improvement for one of its study indicators, reducing the number of hospitalizations due to congestive heart failure. The plan did not achieve sustained improvement for its second study indicator aimed at reducing the number of hospitalizations for members due to uncontrolled diabetes.

Santa Clara Family Health Plan—Santa Clara County's QIP, *Adolescent Health and Obesity Prevention*, achieved sustained improvement for its study indicators aimed at increasing providers' documentation of body mass index and counseling and/or referrals for nutrition, physical activity, and/or weight management for members aged 12 to 21 years.

SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties' QIP, *Prevention of Strokes and Transient Ischemic Attack*, achieved sustained improvement in reducing the transient ischemic attacks in its population.

Conclusions and Recommendations

QIPs validated during the review period of April 1, 2011, through June 30, 2011, showed that overall plans continued to demonstrate strength in the design and implementation phases of the QIPs, while plans could improve in the areas of sampling techniques, data analysis and interpretation, and achieving real, statistically significant improvement.

Based on the validation and QIP outcome results, HSAG provides the following recommendations:

- ◆ Plans need to ensure that they are incorporating HSAG's previous validation recommendations prior to resubmitting a QIP.
- ◆ Plans should submit QIPs that have more comprehensive, targeted interventions versus one-time interventions to help increase the likelihood of success.
- ◆ Plans should evaluate the effectiveness of interventions and, based on the results, develop interventions targeted to any subpopulation identified with suboptimal outcome rates.

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 11 QIPs for the period of April 1, 2011, through June 30, 2011.

Table 3.1—Medi-Cal Managed Care Program Quarterly Quality Improvement Program Validation Activity on page 8 lists the QIPs by plan and subject.

During the review period, HSAG continued to provide technical assistance to Family Mosaic Project—San Francisco County related to its QIP proposal. The plan will resubmit its QIP proposal and HSAG will conduct validation of the project proposal resubmission during the next review period, July 1, 2011, through September 30, 2011.

Table 3.1 summarizes the QIPs HSAG validated during the review period with an 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 QIP Activity
April 1, 2011, through June 30, 2011

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					
CalOptima—Orange	Improving the Rates of Cervical Cancer Screening Among Women	Proposal	64%	77%	<i>Not Met</i>
		Resubmission	100%	100%	<i>Met</i>
Central California Alliance for Health—Monterey/Santa Cruz	<i>Improving Effective Case Management</i>	Resubmission 2	84%	90%	<i>Partially Met</i>
		Resubmission 3	87%	100%	<i>Met</i>
Family Mosaic Project—San Francisco	<i>Increasing the Rate of School Attendance</i>	Proposal	24%	11%	<i>Not Met</i>
Health Plan of San Joaquin—San Joaquin	<i>Improving the Percentage Rate of HbA1c Testing</i>	Proposal	86%	90%	<i>Partially Met</i>
		Resubmission	88%	100%	<i>Met</i>
San Francisco Health Plan—San Francisco	<i>Improving the Patient Experience II</i>	Annual Submission	89%	100%	<i>Met</i>
Santa Clara Family Health Plan—Santa Clara	<i>Adolescent Health and Obesity Prevention</i>	Annual Submission	98%	100%	<i>Met</i>
SCAN Health Plan—Los Angeles, Riverside, and San Bernardino	<i>Prevention of Stroke and Transient Ischemic Attack (TIA)</i>	Annual Submission	56%	45%	<i>Not Met</i>
		Resubmission	97%	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 <i>Met</i> validation status.					
² Percentage Score of Evaluation Elements Met —The percentage score is calculated by dividing the total elements <i>Met</i> (critical and non-critical) by the sum of the total elements of all categories (<i>Met</i> , <i>Partially Met</i> , and <i>Not Met</i>).					
³ Percentage Score of Critical Elements Met —The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i> , <i>Partially Met</i> , and <i>Not Met</i> .					
⁴ Overall Validation Status —Populated from the QIP Validation Tool and based on the percentage scores and whether critical elements were <i>Met</i> , <i>Partially Met</i> , or <i>Not Met</i> .					
*Not Applicable—Percentage scores were not applied for a small number of QIPs still in the process of final QIP submission/closeout, for which a new scoring methodology had not yet been implemented.					

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 study stages:

1. 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.

2. 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.

3. Outcomes—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 Quality Improvement Project

No plans submitted statewide collaborative QIPs during the review period. The DHCS requires all plans to submit their final *Reducing Avoidable Emergency Room (ER) Visits* collaborative QIPs for validation in October 2011.

Findings Specific to Small-Group Collaborative Quality Improvement Projects

No plans were required to submit small-group collaborative QIPs during the review period.

Findings Specific to Internal Quality Improvement Projects

For the period of April 1, 2011, through June 30, 2011, HSAG reviewed 11 QIP submissions. Five the QIP submissions were new proposals or proposal resubmissions, three were resubmissions, including one from the period January 1, 2011, through March 31, 2011. The remaining three QIP submissions were annual submissions.

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 = 11 Submissions)
April 1, 2011, through June 30, 2011**

QIP Study Stages	Activity	Met Elements	Partially Met Elements	Not Met Elements
Design	I: Appropriate Study Topic [†]	94%	2%	5%
	II: Clearly Defined, Answerable Study Question(s)	77%	18%	5%
	III: Clearly Defined Study Indicator(s) [†]	88%	11%	2%
	IV: Correctly Identified Study Population	91%	9%	0%
Implementation	V: Valid Sampling Techniques	60%	2%	38%
	VI: Accurate/Complete Data Collection	80%	12%	8%
	VII: Appropriate Improvement Strategies	92%	8%	0%
Outcomes	VIII: Sufficient Data Analysis and Interpretation	80%	15%	5%
	IX: Real Improvement Achieved	55%	20%	25%
	X: Sustained Improvement Achieved	60%	40%	0%

* The activity average rate represents the average percentage of applicable elements with a *Met*, *Partially Met*, or *Not Met* finding across all the evaluation elements for a particular activity. See Appendix B for the number and a description of evaluation elements.

[†]The sum may not equal 100 percent due to rounding.

Design

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

Activity I. Appropriate Study Topic

Activity Summary: Overall, the plans met the criteria for the evaluation elements within Activity I.

All IQIPs met the criteria of the following evaluation elements: high volume/high risk condition, collection and analysis of data, broad spectrum of care and services, and potential to affect member health or satisfaction.

The lowest-scoring evaluation elements in this activity resulted from QIP submissions that did not discuss the eligible population and 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 regarding the reason for the exclusion.

CalOptima—Orange County’s *Improving the Rates of Cervical Cancer Screening Among Women* QIP submission and Family Mosaic Project—San Francisco County’s *Increasing the Rate of School Attendance* QIP lacked the required documentation for the eligible population element on their original submissions, although CalOptima—Orange County achieved a *Met* on its QIP resubmission. SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties did not clearly document the eligible population or whether the plan included or excluded members with special health care needs. However, the plan’s QIP resubmission achieved a *Met* score for both of these elements.

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

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

Eight out of the 11 QIP submissions scored a *Met* on Activity II.

Central California Alliance for Health—Monterey and Santa Cruz counties did not properly define one of the study questions in its *Improving Effective Case Management* QIP submission, which was the second resubmission by the plan. Upon validation of the third QIP resubmission, the plan made the necessary correction and achieved a *Met* on its resubmission. Neither Family Mosaic Health Plan—San Francisco County nor SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties met the requirements for Activity II on their

initial submissions. Family Mosaic Health Plan—San Francisco County did not document a study question that could be answered using the reported study indicators. SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties did not include the correct study question from last year’s submission; however, upon resubmittal, the plan corrected the question and scored a *Met* on Activity II.

Activity III. Clearly Defined Study Indicator(s)

Activity Summary: Overall, QIP submissions met the evaluation elements for clearly defined study indicators.

All QIPs scored 100 percent on the elements that assessed whether the study indicators were based on current, evidence-based guidelines and used nationally recognized measures when appropriate. There were two other high-scoring elements. These were the ability to measure change in health status and having the necessary data to calculate the study indicators.

Three plans (Central California Alliance for Health—Monterey and Santa Cruz counties, Health Plan of San Joaquin—San Joaquin County, and Santa Clara Family Health Plan—Santa Clara County) all received *Met* scores for Activity III on their initial submissions.

CalOptima—Orange County; Family Mosaic Project—San Francisco County; San Francisco Health Plan—San Francisco County; and SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties did not initially meet the requirements for well-defined, objective, and measureable study indicators. Deficiencies included not providing the narrative description of the study indicator and incorrectly defining numerators and denominators according to HEDIS specifications.

The second most common omission across the plans was not allowing the study question to be answered because the plans did not clearly define the study indicators. Plans that scored lower on this element included Family Mosaic Project—San Francisco County; San Francisco Health Plan—San Francisco County; and SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties.

All plans not receiving a *Met* score on the elements in their initial QIP submission were able to improve their scores and subsequently receive a *Met* score on their resubmissions.

Activity IV. Correctly Identified Study Population

Activity Summary: Overall, QIP submissions had correctly identified study populations.

All health plans achieved a *Met* score for all three of the elements for Activity IV with the exception of Family Mosaic Project—San Francisco County. Family Mosaic Project scored a *Partially Met* for all three elements. For Family Mosaic Project—San Francisco County’s *Increase the Rate of School Attendance* QIP, the plan did not: specify the age range of the members, specify continuous enrollment, and define the study population.

Implementation

HSAG assessed all QIP submissions through Activity V. Since four of the 11 QIP submissions were QIP proposals or proposal resubmissions, these submissions did not progress beyond Activity VIII. One proposal, Family Mosaic Project—San Francisco County, only progressed through Activity V, since baseline results were not available. HSAG only assessed these projects for the activities completed.

Activity V. Valid Sampling Techniques

Activity Summary: QIPs using sampling demonstrated mixed success.

Two plans, Central California Alliance for Health—Monterey and Santa Cruz counties and Health Plan of San Joaquin—San Joaquin County, both received *Not Applicable (NA)* scores because they did not use sampling techniques in their respective studies.

Two plans, Family Mosaic Project—San Francisco County and SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties received a *Not Met* on all six of the elements for not clearly indicating whether sampling techniques would be used or whether the entire population would be included in the study. Upon resubmission, SCAN indicated that sampling would not be used and the activity was scored *NA*.

CalOptima—Orange County received all *Met* scores except for clearly defining the eligible population. San Francisco Health Plan—San Francisco County received a *Met* score on all elements.

Activity VI. Accurate/Complete Data Collection

Activity Summary: Overall, QIPs demonstrated accurate and completed data collection.

The average score for Activity VI was 80 percent. The only element that received a 100 percent score was identification of data elements to be collected. The two elements that scored the lowest were administrative data collection that shows the production of the study indicators and providing a timeline for the collection of baseline and remeasurement data.

Santa Clara Family Health Plan—Santa Clara County was the only plan to receive a *Met* score on all of the elements. CalOptima—Orange County; Central California Alliance for Health—Monterey and Santa Cruz counties; Health Plan of San Joaquin—San Joaquin County; and SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties all received a mix of *Met* and *Partially Met* scores on their original submissions and were able to improve their *Partially Met* scores on their resubmissions. Two plans still had *Partially Met* scores on their final submission: San Francisco Health Plan for inconsistent documentation of the measurement periods, and Health Plan of San Joaquin for not documenting the administrative data sources.

Activity VII. Appropriate Improvement Strategies

Activity Summary: Overall, QIP submissions demonstrated appropriate improvement strategies.

Two evaluation elements within this activity relate to modifying or revising interventions after the plan has evaluated remeasurement results. For interventions that did not result in outcome improvement, HSAG assessed whether the plan revised its interventions or implemented new interventions. For interventions that resulted in improvement, HSAG assessed whether the plan standardized and monitored its interventions. Plans that have multiple study indicators may need to provide a combination of modification and standardization.

Of the four elements pertaining to Activity VII, two (revised if original interventions are not successful and standardized if interventions were successful) scored 100 percent. The other two elements (related to causes through data analysis and system changes that are likely to induce permanent change) scored 90 percent.

Outcomes

Three QIPs validated during the review period progressed to a remeasurement period and were assessed for real and sustained improvement, including:

- ◆ Central California Alliance for Health—Monterey and Santa Cruz counties' *Improving Effective Case Management*
- ◆ Santa Clara Family Health Care—Santa Clara County's *Adolescent Health and Obesity Prevention*
- ◆ SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties' *Chronic Obstructive Pulmonary Disease (COPD)*

The other eight QIP submissions were proposals, proposal resubmissions, or annual submissions of baseline rates that did not reach the point of remeasurement; therefore, HSAG did not assess these QIP proposals for outcomes beyond applicable evaluation elements in Activity VIII.

Activity VIII. Sufficient Data Analysis and Interpretation

Activity Summary: QIP submissions had mixed results for providing sufficient data analysis and interpretation.

For this activity, HSAG assessed whether the plans had sufficient data analysis and interpretation of results between remeasurement periods. The overall average rate for this activity was 80 percent. Santa Clara Family Health—Santa Clara County was the only plan that received a *Met* for all nine of the elements in Activity VIII.

For five out of the nine elements, plans achieved 100 percent scores. The two lowest-scoring elements were due to plans not including a complete data analysis plan (60 percent) and not accurately and/or completely interpreting the findings (50 percent).

CalOptima—Orange County received two *Partially Met* scores because their *Cervical Cancer Screening among Women* QIP did not document the type of statistical test, and it did not identify factors that could threaten the validity of the study. The plan corrected both of these deficiencies in its resubmission. Central California Alliance for Health—Monterey and Santa Cruz counties received a *Partially Met* status for an incomplete interpretation of the baseline results. Upon resubmission, Central California Alliance for Health did not improve its *Partially Met* score because the QIP was still missing the percentage outcomes for some study indicators' measurement periods.

Health Plan of San Joaquin—San Joaquin County and SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties all received a combination of *Partially Met* and *Not Met* scores on their original submissions; however, the plans were able to achieve a *Met* status on their resubmissions.

Activity IX. Real Improvement Achieved

Activity Summary: None of the QIP submissions demonstrated real improvement between Remeasurement 1 and Remeasurement 2.

None of the three QIPs, Central California Alliance for Health—Monterey and Santa Cruz counties' *Improving Effective Case Management* QIP; Santa Clara Family Health Plan—Santa Clara County's *Adolescent Health and Obesity Prevention* QIP; or SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties' *Prevention of Stroke and Transient Ischemic Attack* QIP, achieved statistically significant improvement for any study indicator from the first to the second remeasurement period.

Activity X. Sustained Improvement Achieved

Activity Summary: Three QIP submissions progressed to the point of assessment for sustained improvement and all achieved sustained improvement for at least one study indicator.

Unlike Activity IX, which measured for statistically significant improvement between the last two measurement periods, Activity X assessed for sustained improvement from baseline to the final remeasurement period. Three QIPs, Central California Alliance for Health—Monterey and Santa Cruz counties' *Improving Effective Case Management*; Santa Clara Family Health Plan—Santa Clara County's *Adolescent Health and Obesity Prevention*; and SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties' *Prevention of Stroke and Transient Ischemic Attack*, reached the point of a second remeasurement period, which allowed HSAG to assess for sustained improvement.

Central California Alliance for Health—Monterey and Santa Cruz counties achieved sustained improvement from baseline to the second remeasurement period for one of the two study indicators for its *Improving Effective Case Management* QIP. The plan received a *Partially Met* score for Activity X, and the results of the QIP appear to be valid and reliable; therefore, no further action is required for this QIP.

Santa Clara Family Health Plan—Santa Clara County demonstrated sustained improvement for its *Adolescent Health and Obesity Prevention* QIP, as repeated measurements over comparable time periods demonstrated incremental improvement over the baseline rate. The QIP

received a *Met* status and the results of the QIP appear to be valid and reliable; therefore, no further action is required for this QIP.

SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties demonstrated sustained improvement from baseline to the second remeasurement period for one of the two indicators in its *Prevention of Stroke and Transient Ischemic Attack* QIP. SCAN will continue with the QIP and submit new results on August 31, 2011.

Internal QIP Strengths and Opportunities for Improvement

Plans demonstrated proficiency with the Design phase for QIPs, as evidenced by the high percentage of average rates of *Met* evaluation elements for this review period, April 1, 2011, through June 30, 2011. Additionally, the plans demonstrated high average rates of *Met* evaluation elements within activities for the Implementation phase. All three QIPs that documented their final submission achieved sustained improvement for at least one of their study indicator outcomes which resulted in a decrease in hospitalizations for members with congestive heart failure, improved documentation of body mass index and counseling and/or referrals for nutrition, physical activity, and/or weight management for members aged 12 to 21 years, and reduced transient ischemic attacks.

There were two main areas of opportunity relating to this review period's QIP summary results. These two activities had the largest percentage of *Not Met* scores: Activity V: Valid Sampling Techniques and Activity IX: Real Improvement Achieved, scored 38 and 25 percent, respectively. All six elements in Activity V provide an opportunity for improvement, while the element evaluating statistically significant improvement, accounted for 100 percent of the *Not Met* scores in Activity IX.

Internal QIP Recommendations

Many plans required a resubmission from their initial annual submissions, which could have been avoided by incorporating the recommendations provided in the prior year's QIP validation feedback. Plans do not always apply the knowledge gained from prior review periods as they relate to the requirements for the critical evaluation elements. Plans should focus on HSAG's previous recommendations prior to resubmitting their QIPs.

Additionally, while the plans have been able to achieve sustained improvement, with incremental improvement from baseline to the second remeasurement period, plans have struggled to achieve statistically significant improvement from one measurement period to the next.

Plans should evaluate the effectiveness of their interventions and, based on the results, develop interventions targeted to any subpopulation identified with suboptimal outcome rates. Barrier analysis and subgroup analysis should be completed annually at a minimum.

Appendix A presents the status of the active internal QIPs.

Table A.1—Internal QIPs
April 1, 2011, through June 30, 2011
 (*See page A-3 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	Improving the Rates of Cervical Cancer Screening Among Women	Clinical	Increase cervical cancer screening in women aged 21 to 64 years.	I – VIII	Baseline
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 Closed	Remeasurement 2
Family Mosaic Project—San Francisco	SP	Increasing the Rate of School Attendance	Nonclinical	Improve school attendance for members who were determined to need intervention.	I – V	Proposal
Health Plan of San Joaquin—San Joaquin	LI	Improving the Percentage Rate of HbA1c Testing	Clinical	Improve the percentage of HbA1c testing among the diabetic members.	I – VIII	Baseline
San Francisco Health Plan—San Francisco	LI	Improving the Patient Experience II	Clinical	Increase the percentage of members selecting the top rating for overall health care and personal doctor on a patient satisfaction survey.	I – VIII	Baseline
Santa Clara Family Health Plan—Santa Clara	LI	Adolescent Health and Obesity Prevention	Clinical	Increase screening for adolescent obesity and timeliness of appropriate health education intervention	I – X Closed	Remeasurement 2

Table A.1—Internal QIPs
April 1, 2011, through June 30, 2011
 (*See page A-3 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*
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 – X	Remeasurement 2
<p>*Grid category explanations:</p> <p><i>Plan Model Type</i>—designated plan model type:</p> <ul style="list-style-type: none"> ◆ County-Organized Health System (COHS) plan ◆ Geographic-Managed Care (GMC) plan ◆ Two-Plan Model <ul style="list-style-type: none"> ▪ Local initiative plan (LI) ▪ Commercial plan (CP) ◆ Specialty plan (SP) <p><i>Clinical/Nonclinical</i>—designates if the QIP addresses a clinical or nonclinical area of study.</p> <p><i>QIP Description</i>—provides a brief description of the QIP and the study population.</p> <p><i>Level of QIP Progress</i>—provides the status of each QIP as shown through <i>Steps Validated</i> and <i>Measurement Completion</i>:</p> <ul style="list-style-type: none"> ◆ <i>Steps Validated</i>—provides the number of CMS activities/steps completed through Step X. ◆ <i>Measurement Completion</i>—indicates the QIP status as proposal, baseline assessment, Remeasurement 1, Remeasurement 2, etc. 						

Table B.1—Internal QIP Activities I to IV Ratings (N = 11 Submissions)
April 1, 2011, through June 30, 2011

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).	100% (9/9)	0% (0/9)	0% (0/9)
	2. Is selected following collection and analysis of data (or was selected by the State).	100% (11/11)	0% (0/11)	0% (0/11)
	3. Addresses a broad spectrum of care and services (or was selected by the State).	100% (11/11)	0% (0/11)	0% (0/11)
	4. Includes all eligible populations that meet the study criteria.	73% (8/11)	9% (1/11)	18% (2/11)
	5. Does not exclude members with special health care needs.	91% (10/11)	0% (0/11)	9% (1/11)
C*	6. Has the potential to affect member health, functional status, or satisfaction.	100% (11/11)	0% (0/11)	0% (0/11)
Activity Average Rates**		94% (60/64)	2% (1/64)	5% (3/64)
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms.	73% (8/11)	27% (3/11)	0% (0/11)
C*	2. Is answerable.	82% (9/11)	9% (1/11)	9% (1/11)
Activity Average Rates**		77% (17/22)	18% (4/22)	5% (1/22)
Activity III: Clearly Defined Study Indicator(s)				
C*	1. Are well-defined, objective, and measurable.	73% (8/11)	27% (3/11)	0% (0/11)
	2. Are based on current, evidence-based practice guidelines, pertinent peer review literature, or consensus expert panels.	100% (8/8)	0% (0/8)	0% (0/8)
C*	3. Allow for the study questions to be answered.	82% (9/11)	9% (1/11)	9% (1/11)
	4. Measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	91% (10/11)	9% (1/11)	0% (0/11)
C*	5. Have available data that can be collected on each indicator.	91% (10/11)	9% (1/11)	0% (0/11)
	6. Are nationally recognized measures such as HEDIS specifications, when appropriate.	100% (7/7)	0% (0/7)	0% (0/7)
	7. Includes the basis on which each indicator was adopted, if internally developed.	83% (5/6)	17% (1/6)	0% (0/6)
Activity Average Rates**		88% (57/65)	11% (7/65)	2% (1/65)
Activity IV: Correctly Identified Study Population				
C*	1. Is accurately and completely defined.	91% (10/11)	9% (1/11)	0% (0/11)
	2. Includes requirements for the length of a member's enrollment in the plan.	91% (10/11)	9% (1/11)	0% (0/11)
C*	3. Captures all members to whom the study question applies.	91% (10/11)	9% (1/11)	0% (0/11)
Activity Average Rates**		91% (30/33)	9% (3/33)	0% (0/33)
<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 = 11 Submissions)
April 1, 2011, through June 30, 2011

Evaluation Elements		Met	Partially Met	Not Met
Activity V: Valid Sampling Techniques				
	1. Consider and specify the true or estimated frequency of occurrence.	57% (4/7)	0% (0/7)	43% (3/7)
	2. Identify the sample size.	71% (5/7)	0% (0/7)	29% (2/7)
	3. Specify the confidence level.	57% (4/7)	0% (0/7)	43% (3/7)
	4. Specify the acceptable margin of error.	57% (4/7)	0% (0/7)	43% (3/7)
C*	5. Ensure a representative sample of the eligible population.	57% (4/7)	14% (1/7)	29% (2/7)
	6. Are in accordance with generally accepted principles of research design and statistical analysis.	57% (4/7)	0% (0/7)	43% (3/7)
Activity Average Rates**		60% (25/42)	2% (1/42)	38% (16/42)
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	100% (10/10)	0% (0/10)	0% (0/10)
	2. The identification of specified sources of data.	80% (8/10)	20% (2/10)	0% (0/10)
	3. A defined and systematic process for collecting baseline and remeasurement data.	80% (4/5)	20% (1/5)	0% (0/5)
	4. A timeline for the collection of baseline and remeasurement data.	70% (7/10)	20% (2/10)	10% (1/10)
	5. Qualified staff and personnel to abstract manual data.	75% (3/4)	0% (0/4)	25% (1/4)
C*	6. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	80% (4/5)	0% (0/5)	20% (1/5)
	7. A manual data collection tool that supports interrater reliability.	75% (3/4)	0% (0/4)	25% (1/4)
	8. Clear and concise written instructions for completing the manual data collection tool.	80% (4/5)	0% (0/5)	20% (1/5)
	9. An overview of the study in written instructions.	75% (3/4)	0% (0/4)	25% (1/4)
	10. Administrative data collection algorithms/flowcharts that show activities in the production of indicators.	67% (6/9)	33% (3/9)	0% (0/9)
	11. An estimated degree of automated data completeness.	89% (8/9)	11% (1/9)	0% (0/9)
Activity Average Rates**		80% (60/75)	12% (9/75)	8% (6/75)
Activity VII: Appropriate Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	90% (9/10)	10% (1/10)	0% (0/10)
	2. System changes that are likely to induce permanent change.	90% (9/10)	10% (1/10)	0% (0/10)
	3. Revised if original interventions are not successful.	100% (3/3)	0% (0/3)	0% (0/3)
	4. Standardized and monitored if interventions were successful.	100% (3/3)	0% (0/3)	0% (0/3)
Activity Average Rates**		92% (24/26)	8% (2/26)	0% (0/26)
<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 = 11 Submissions)
April 1, 2011, through June 30, 2011

	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.	60% (6/10)	40% (4/10)	0% (0/10)
C*	2. Allows for the generalization of the results to the study population if a sample was selected.	100% (5/5)	0% (0/5)	0% (0/5)
	3. Identifies factors that threaten the internal or external validity of the findings.	70% (7/10)	10% (1/10)	20% (2/10)
	4. Includes an interpretation of the findings.	50% (5/10)	40% (4/10)	10% (1/10)
C*	5. Is presented in a way that provides accurate, clear, and easily understood information.	90% (9/10)	10% (1/10)	0% (0/10)
	6. Identifies initial measurement and remeasurement of study indicators.	100% (5/5)	0% (0/5)	0% (0/5)
	7. Identifies statistical differences between initial measurement and remeasurement.	100% (5/5)	0% (0/5)	0% (0/5)
	8. Identifies factors that affect the ability to compare the initial measurement with remeasurement.	100% (5/5)	0% (0/5)	0% (0/5)
	9. Includes interpretation of the extent to which the study was successful.	100% (5/5)	0% (0/5)	0% (0/5)
	Activity Average Rates**	80% (52/65)	15% (10/65)	5% (3/65)
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	100% (5/5)	0% (0/5)	0% (0/5)
	2. There is documented improvement in processes or outcomes of care.	60% (3/5)	40% (2/5)	0% (0/5)
	3. The improvement appears to be the result of planned intervention(s).	60% (3/5)	40% (2/5)	0% (0/5)
	4. There is statistical evidence that observed improvement is true improvement.	0% (0/5)	0% (0/5)	100% (5/5)
	Activity Average Rates**	55% (11/20)	20% (4/20)	25% (5/20)
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.	60% (3/5)	40% (2/5)	0% (0/5)
	Activity Average Rates**	60% (3/5)	40% (2/5)	0% (0/5)
<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>				