Medi-Cal Managed Care Program
Quality Improvement Projects Status Report
October 1, 2011 – December 31, 2011

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 October 1, 2011, through December 31, 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 QIPs[1] 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

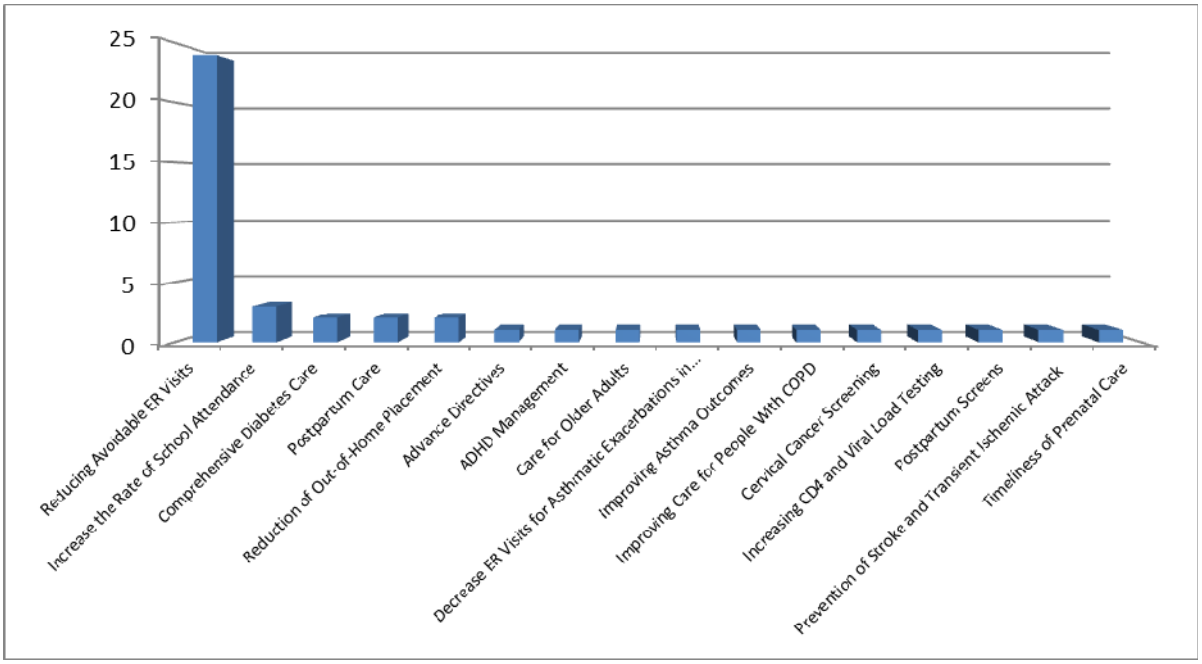
Summary of Overall Validation Findings

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 October 1, 2011, through December 31, 2011, HSAG reviewed 44 QIPS which included a combination of annual submissions and resubmissions. Of the 44 QIPs, 24 were submissions of the statewide collaborative QIP *Reducing Avoidable Emergency Room Visits*, and the remaining were internal QIPs. The figure below depicts the topics of all 44 QIPs from most frequent to least.

Figure 1-1—Medi-Cal Managed Care Program Quarterly QIP Activity
October 1, 2011, through December 31, 2011



Three submissions, all from Family Mosaic Project, aimed to increase the rate of school attendance. Comprehensive diabetes care and postpartum care had two submissions from different plans, and the reduction of out-of-home placement had two submissions from Family Mosaic Project. The remaining QIP topics all had one submission during the reporting period.

Table 1.1 shows the 44 QIPs broken down by type of submission.

Table 1.1—Medi-Cal Managed Care Program Quarterly QIP Activity
October 1, 2011, through December 31, 2011

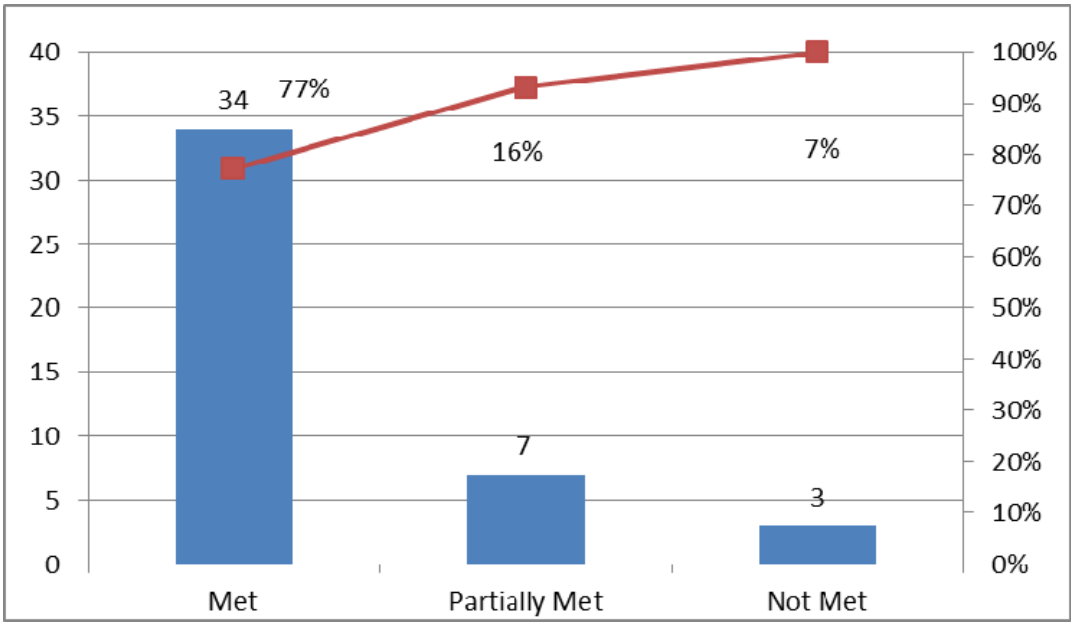
QIP Type	Count
Annual Submission	30
Resubmission	14

Table 1.2 reports the overall validation status of the 44 QIP submissions while Figure 1-2 represents the same submissions in a Pareto chart.

Table 1.2—Medi-Cal Managed Care Program Quarterly QIP Activity
October 1, 2011, through December 31, 2011

QIP Validation Status	Count
Met	34
Partially Met	7
Not Met	3

Figure 1-2—Medi-Cal Managed Care Program Quarterly QIP Activity
October 1, 2011, through December 31, 2011



Seventy-seven percent of all submissions received a *Met* validation status. Sixteen percent received a *Partially Met* status and seven percent received a *Not Met* status.

Summary of Overall QIP Outcomes

Of the 44 submissions, 39 QIPs validated during the review period progressed to a second remeasurement period and were assessed for real improvement. Statistically significant improvement is considered real improvement. Seventeen QIP submissions achieved real improvement for at least one study indicator outcome:

- Alameda Alliance for Health—Alameda County, *Reducing Avoidable Emergency Room Visits*
- Anthem Blue Cross Partnership Plan—Alameda, Contra Costa, Fresno, Sacramento, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare counties, *Reducing Avoidable Emergency Room Visits*
- CalOptima—Orange County, *Improving the Rates of Cervical Cancer Screening*
- CenCal Health Plan—Santa Barbara County, *Reducing Avoidable Emergency Room Visits*
- Central California Alliance for Health—Monterey and Santa Cruz counties, *Reducing Avoidable Emergency Room Visits*
- Community Health Group—San Diego County, *Increasing Follow-Up to Positive Postpartum Screens*
- Community Health Group—San Diego County, *Reducing Avoidable Emergency Room Visits*
- Contra Costa Health Plan—Contra Costa County, *Reducing Avoidable Emergency Room Visits*
- Health Net— Fresno, Kern, Los Angeles, Placer, Sacramento, San Diego, Stanislaus, and Tulare counties, *Reducing Avoidable Emergency Room Visits*
- Health Plan of San Joaquin—San Joaquin County, *Reducing Avoidable Emergency Room Visits*
- Inland Empire Health Plan—Riverside and San Bernardino counties, *Reducing Avoidable Emergency Room Visits*
- Kern Family Health Care—Kern County, *Reducing Avoidable Emergency Room Visits*
- LA Care Health Plan—Los Angeles County, *Reducing Avoidable Emergency Room Visits*
- Partnership Health Plan—Napa/Solano/Yolo counties, *Improving Care and Reducing Acute Readmissions for People With COPD*
- Partnership Health Plan—Napa/Solano/Yolo counties, , *Reducing Avoidable Emergency Room Visits*
- San Francisco Health Plan—San Francisco County, *Reducing Avoidable Emergency Room Visits*
- Santa Clara Family Health Plan —Santa Clara County, *Reducing Avoidable Emergency Room Visits*

Of the 39 QIPs that were assessed for real improvement, 30 were also assessed for sustained improvement. Sustained improvement is defined as improvement in performance over baseline, which is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period's results must reflect improvement when compared to the baseline results.

Of the 30 QIP submissions assessed for sustained improvement during the reporting period, 12 achieved sustained improvement:

- Alameda Alliance for Health—Alameda County, *Decrease Return Emergency Room Visits for Asthmatic Exacerbations in Children 2–18*
- Anthem Blue Cross Partnership Plan—Alameda, Contra Costa, Fresno, Sacramento, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare counties, *Reducing Avoidable Emergency Room Visits*
- Central California Alliance for Health—Monterey and Santa Cruz counties, *Reducing Avoidable Emergency Room Visits*
- Community Health Group—San Diego County, *Increasing Follow-Up to Positive Postpartum Screens*
- Community Health Group—San Diego County, *Reducing Avoidable Emergency Room Visits*
- Health Plan of San Joaquin—San Joaquin County, *Reducing Avoidable Emergency Room Visits*
- Inland Empire Health Plan—Riverside and San Bernardino counties, *Reducing Avoidable Emergency Room Visits*
- Kaiser Permanente—San Diego County, *Postpartum Care* (two submissions)
- Kern Family Health Care—Kern County, *Reducing Avoidable Emergency Room Visits*
- Partnership Health Plan—Napa/Solano/Yolo counties, *Improving Care and Reducing Acute Readmissions for People With COPD*
- SCAN Health Plan—Los Angeles County, *Prevention of Stroke and Transient Ischemic Attack (TIA)*

Conclusions and Recommendations

QIPs validated during the review period of October 1, 2011, through December 31, 2011, showed that plans continued to demonstrate strength in the design and implementation study stages as a majority (seventy-seven percent) of QIP submissions received an overall *Met* validation status.

The greatest areas of opportunity for improvement involve plans achieving real and sustained improvement within Activities IX and X of the QIP. Additionally, many plans required a resubmission from their initial QIP submission due to missing critical evaluation elements.

Based on a review of validation findings during the review period, HSAG provides the following recommendations:

- Plans should work with HSAG to obtain technical assistance on the QIP validation feedback prior to sending their resubmission to ensure a thorough understanding of the validation feedback.
- Plans should address all prior recommendations before resubmitting their QIPs.
- Plans should incorporate a method to evaluate the effectiveness of each intervention and, based on the results, revise current interventions or implement new interventions to increase the likelihood of achieving statistically significant and sustained improvement.
- Plans should use intervention evaluations to monitor and standardize all current and ongoing interventions.
- Plans should complete barrier analysis and subgroup analysis annually, at a minimum, and develop interventions targeted to any subpopulation identified with suboptimal outcome rates that impact the overall rate.
- Plans should ensure that the interpretation of the findings are accurate and complete, including the overall success of the study.
- Plans should continue to monitor emergency room usage data, conduct periodic review, identify and prioritize barriers, and develop strategies to reduce avoidable emergency room visits.

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 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 438.240[3] 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 44 QIP submissions for the period of October 1, 2011, through December 31, 2011. Table 3.1 lists the QIPs by plan and subject. Additionally, the table summarizes the QIPs HSAG validated during the review period with an overall validation status of *Met*, *Partially Met*, or *Not Met*. Table 3.1 also 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
October 1, 2011, through December 31, 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					
AHF Healthcare Centers—Los Angeles	Advance Directives	Resubmission	97%	100%	Met
AHF Healthcare Centers—Los Angeles	Increasing CD4 and Viral Load Testing	Annual Submission	89%	100%	Met
Alameda Alliance for Health—Alameda	Decrease Return Emergency Room Visits for Asthmatic Exacerbations in Children 2–18	Annual Submission	89%	100%	Met
CalOptima—Orange	Improving the Rates of Cervical Cancer Screening	Resubmission	98%	100%	Met
Care 1st—San Diego	Comprehensive Diabetes Care	Resubmission	85%	91%	Partially Met
Central California Alliance for Health—Monterey and Santa Cruz	Improving Asthma Health Outcomes	Annual Submission	70%	75%	Partially Met
Community Health Group—San Diego	Increasing Follow-Up to Positive Postpartum Screens	Resubmission	98%	100%	Met
Family Mosaic Project—San Francisco	Increase the Rate of School Attendance	Resubmission	77%	82%	Not Met
Family Mosaic Project—San Francisco	Increase the Rate of School Attendance	Resubmission	88%	90%	Not Met
Family Mosaic Project—San Francisco	Increase the Rate of School Attendance	Resubmission	88%	90%	Partially Met
Family Mosaic Project—San Francisco	Reduction of Out-of-Home Placement	Annual Submission	78%	70%	Partially Met
Family Mosaic Project—San Francisco	Reduction of Out-of-Home Placement	Resubmission	86%	70%	Partially Met
Health Plan of San Mateo—San Mateo	Timeliness of Prenatal Care	Resubmission	94%	100%	Met
Inland Empire health Plan—Riverside and San Bernardino	Attention Deficit Hyperactivity Disorder (ADHD) Management	Annual Submission	92%	100%	Met
Kaiser Permanente—San Diego	Postpartum Care	Resubmission	79%	100%	Partially Met
Kaiser Permanente—San Diego	Postpartum Care	Resubmission	82%	100%	Met
Kern Family Health Care—Kern	Comprehensive Diabetes Care	Resubmission	92%	100%	Met
Partnership Health Plan—Napa, Solano, and Yolo	Improving Care and Reducing Acute Readmissions for People With COPD	Resubmission	93%	100%	Met

Table 3.1—Medi-Cal Managed Care Program Quarterly QIP Activity
October 1, 2011, through December 31, 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]
SCAN Health Plan—Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura	Care for Older Adults	Resubmission	100%	100%	Met
SCAN Health Plan—Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura	Prevention of Stroke and Transient Ischemic Attack (TIA)	Annual Submission	95%	100%	Met
Statewide Collaborative QIPs					
Alameda Alliance for Health—Alameda	Reducing Avoidable Emergency Room Visits	Annual Submission	97%	100%	Met
Anthem Blue Cross—Alameda, Contra Costa, Fresno, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare	Reducing Avoidable Emergency Room Visits	Annual Submission	97%	100%	Met
CalOptima—Orange	Reducing Avoidable Emergency Room Visits	Annual Submission	89%	100%	Met
Care 1st—San Diego	Reducing Avoidable Emergency Room Visits	Annual Submission	76%	100%	Partially Met
CenCal Health Plan—San Luis Obispo	Reducing Avoidable Emergency Room Visits	Annual Submission	92%	100%	Met
CenCal Health Plan—Santa Barbara	Reducing Avoidable Emergency Room Visits	Annual Submission	97%	100%	Met
Central California Alliance for Health—Monterey and Santa Cruz	Reducing Avoidable Emergency Room Visits	Annual Submission	79%	90%	Not Met
Community Health Group—San Diego	Reducing Avoidable Emergency Room Visits	Annual Submission	97%	100%	Met
Contra Costa Health Plan—Contra Costa	Reducing Avoidable Emergency Room Visits	Annual Submission	92%	100%	Met
Health Net—Fresno, Kern, Los Angeles, Sacramento, San Diego, Stanislaus, and Tulare	Reducing Avoidable Emergency Room Visits	Annual Submission	97%	100%	Met
Health Plan of San Joaquin—San Joaquin	Reducing Avoidable Emergency Room Visits	Annual Submission	100%	100%	Met
Health Plan of San Mateo—San Mateo	Reducing Avoidable Emergency Room Visits	Annual Submission	84%	100%	Met

Table 3.1—Medi-Cal Managed Care Program Quarterly QIP Activity
October 1, 2011, through December 31, 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]
Inland Empire health Plan—Riverside and San Bernardino	Reducing Avoidable Emergency Room Visits	Annual Submission	95%	100%	Met
Kaiser Permanente—Sacramento	Reducing Avoidable Emergency Room Visits	Annual Submission	87%	100%	Met
Kaiser Permanente—San Diego	Reducing Avoidable Emergency Room Visits	Annual Submission	85%	100%	Met
Kern Family Health Care—Kern	Reducing Avoidable Emergency Room Visits	Annual Submission	95%	100%	Met
LA Care Health Plan—Los Angeles	Reducing Avoidable Emergency Room Visits	Annual Submission	97%	100%	Met
Molina Healthcare—Riverside	Reducing Avoidable Emergency Room Visits	Annual Submission	89%	100%	Met
Molina Healthcare—Sacramento	Reducing Avoidable Emergency Room Visits	Annual Submission	95%	100%	Met
Molina Healthcare—San Bernardino	Reducing Avoidable Emergency Room Visits	Annual Submission	89%	100%	Met
Molina Healthcare—San Diego	Reducing Avoidable Emergency Room Visits	Annual Submission	89%	100%	Met
Partnership Health Plan—Napa, Solano, and Yolo	Reducing Avoidable Emergency Room Visits	Annual Submission	87%	100%	Met
San Francisco Health Plan—San Francisco	Reducing Avoidable Emergency Room Visits	Annual Submission	92%	100%	Met
Santa Clara Family Health Plan—Santa Clara	Reducing Avoidable Emergency Room Visits	Annual Submission	95%	100%	Met

[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 non-critical) 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**—Populated from the QIP Validation Tool and based on the percentage scores and whether critical elements were *Met*, *Partially Met*, or *Not Met*.

*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

The measurement period of October 1, 2011, through December 31, 2011, was the last annual submission for the statewide collaborative QIP, *Reducing Avoidable Emergency Room (ER) Visits*. The objective of the statewide ER collaborative was to reduce ER visits that could have been more appropriately managed by and/or referred to a primary care provider in an office or clinic setting among members 12 months of age and older.

HSAG received 24 statewide collaborative QIP submissions for validation. Of the 24 submissions all 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—Statewide Collaborative QIP Activity Average Rates*
(N = 24 Submission)
October 1, 2011, through December 31, 2011

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	I: Appropriate Study Topic†	99% (142/144)	1% (1/144)	1% (1/144)
	II: Clearly Defined, Answerable Study Question(s)	100% (48/48)	0% (0/48)	0% (0/48)
	III: Clearly Defined Study Indicator(s)	100% (168/168)	0% (0/168)	0% (0/168)
	IV: Correctly Identified Study Population	100% (48/48)	0% (0/48)	0% (0/48)
Implementation	V: Valid Sampling Techniques	0% (0/1)	0% (0/1)	100% (1/1)
	VI: Accurate/Complete Data Collection	93% (112/120)	3% (3/120)	4% (5/120)
	VII: Appropriate Improvement Strategies	95% (80/84)	5% (4/84)	0% (0/84)
Outcomes	VIII: Sufficient Data Analysis and Interpretation	89% (170/192)	6% (12/192)	5% (10/192)
	IX: Real Improvement Achieved	75% (71/95)	0% (0/95)	25% (24/95)
	X: Sustained Improvement Achieved	26% (6/23)	0% (0/23)	74% (17/23)

* 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

QIPs submitted during this review period demonstrated excellent study design, with Activities I through IV receiving a very high percentage of evaluation elements scored *Met*. Most QIP submissions received 100 percent scores for all activities in the design phase.

Two QIPs received *Partially Met* and *Not Met* scores for at least one evaluation element in Activity I. Health Plan of San Mateo—San Mateo County received a *Not Met* score for not discussing whether members with special health care needs were included or excluded. Partnership Health Plan—Napa/Solano/Yolo counties received a *Partially Met* score for not including the exclusion criteria for the second study indicator. HSAG has notified the plan of this deficiency over the last two reporting periods.

QIP submissions all received perfect scores for Activities II through IV.

Implementation

Similar to the design stage, many QIPs received *Met* scores for all evaluation elements in Activities V through VII.

Activity V. Valid Sampling Techniques

Activity Summary: Overall, QIPs were appropriately documented to show that sampling was not applicable.

While the statewide collaborative did not use sampling, one plan, Central California Alliance for Health, did not appropriately document that sampling was not used; therefore, this QIP was scored down to a *Not Met* score because the plan did not address HSAG's prior recommendations.

Activity VI. Accurate/Complete Data Collection

Activity Summary: Overall, plans documented accurate and complete data collection.

Plans met most of the evaluation element criteria for accurate and complete data collection with 93 percent of the evaluation elements scored *Met*. Only two of the 11 elements comprising this activity were scored down. Seven plans received a *Partially Met* or *Not Met* score for one of these two evaluation elements.

- These QIPs did not display a timeline for the collection of baseline and remeasurement data.
  - Anthem Blue Cross—Alameda, Contra Costa, Fresno, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare counties
  - Central California Alliance for Health—Monterey and Santa Cruz counties
  - Inland Empire Health Plan—Riverside and San Bernardino counties
  - Kaiser Permanente—San Diego County
  - Partnership Health Plan—Napa/Solano/Yolo counties
- These QIPs did not demonstrate administrative data collection algorithms/flow charts that show activities in the production of indicators.
  - Care 1st—San Diego County
  - Central California Alliance for Health—Monterey and Santa Cruz counties

Activity VII. Appropriate Improvement Strategies

Activity Summary: Overall, QIP demonstrated appropriate improvement strategies

Ninety-five percent of evaluation elements for Activity VII received a *Met* score. There were only four submissions that received a *Partially Met* score. The four *Partially Met* scores were all associated with not documenting how successful interventions would be standardized and monitored.

The four submissions that were scored down were Central California Alliance for Health—Monterey and Santa Cruz counties, Community Health Group—San Diego County, Kaiser Permanente—San Diego, and Partnership Health Plan—Napa/Solano/Yolo counties.

Outcomes

All QIP submissions validated during the review period progressed to a third remeasurement period with the exception of CenCal Health in San Luis Obispo County. The second remeasurement period data was reported for San Luis County because the plan expanded into this county after the collaborative QIP had begun. With the exception of this QIP, HSAG assessed Activities VIII through X to for the remainder of the submissions to determine whether the plans achieved the intended quality outcome of reducing avoidable ER visits.

Activity VIII. Sufficient Data Analysis and Interpretation

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

For this activity, HSAG assessed whether the plans had sufficient data analysis and interpretation of results between remeasurement periods. Overall, plans documented adequate data analysis and interpretation with 89 percent of the elements scored as *Met*.

However, there were eleven submissions that received either a *Partially Met* or *Not Met* for at least one element in Activity VIII. The lowest scoring evaluation element under this activity related to plans providing an inaccurate or incomplete interpretation of the study findings. Care 1st—San Diego County and Central CA Alliance for Health—Monterey and Santa Cruz counties accumulated the most *Partially Met* and *Not Met* scores out of all of the submissions with four each.

Activity IX. Real Improvement Achieved

Activity Summary: Overall, plans had average performance relating to real improvement between measurement periods.

For this activity, HSAG assessed whether the plans' most recent measurement period of the quality indicators had meaningful change in performance relative to the performance observed during the prior measurement period.

Fourteen QIP submissions received a *Met* score for achieving statistically significant improvement in Activity IX, which demonstrated that the plans were able to reduce their avoidable ER visits. While ten submissions received a *Not Met* score for not showing statistical evidence that the observed improvement was true improvement, their improvement may have been due to chance and not due to any of the plans' efforts.

Activity X. Sustained Improvement Achieved

Activity Summary: Approximately twenty-six percent of QIP submissions plans achieved the desired goal of achieving sustained improvement.

Unlike Activity IX, which measured for statistically significant improvement compared to the prior measurement period, Activity X assessed for sustained improvement from baseline to the most recent measurement period.

Six submissions were able to achieve sustained improvement: Anthem Blue Cross Partnership Plan, Central California Alliance for Health, Community Health Group, Health Plan of San Joaquin, Inland Empire Health Plan, and Kern Family Health Care. For these plans, there had been a decrease in avoidable ER visits from baseline to the most recent measurement period; however, 17 QIP submissions were not able to achieve sustained improvement.

Statewide Collaborative QIP Strengths and Opportunities for Improvement

The DHCS recognized that growing emergency room utilization has been a considerable concern for the increasing cost of health care. The avoidable visits to ERs have been extremely costly and care could be provided in a more appropriate setting. When possible, members should be treated by their primary care provider for non-emergency conditions in order to promote consistent, quality care.

The statewide collaborative QIP submissions demonstrated high validation scores for both the study design and study implementation phases. This suggests that plans followed the statewide collaborative QIP methodology to produce valid and reliable rates.

Health plans play an important piece in the process of member health and clinical outcomes. It must be noted that the plans' role is limited in the ER visits process and that the member, provider, and hospital all play major roles in the process and must work cohesively to have an impact on reducing avoidable ER visits.

Plan QIPs scored lowest in the study outcomes phase. The plans' greatest challenge was achieving real and sustained improvement. Fifty-eight percent of the QIPs demonstrated statistically significant improvement between the two most recent remeasurement years and reduced the percentage of avoidable ER visits.

As a whole, the statewide collaborative QIP did not yield the intended result of sustained improvement across all of the participating plans; however, six plans were able to achieve

sustained improvement and positively impact their members' ER visits by emphasizing a patient-centered medical home.

Statewide Collaborative QIP Recommendations

As this was the last measurement period for the QIP, the QIP is now closed. HSAG recommends that plans continue to focus improvement strategies on reducing avoidable ER visits through system, provider, and member interventions. Although the DHCS and HSAG will not be tracking this measure in the future as part of the formal QIP process, HSAG recommends that the plans continue to do the following:

- Monitor ER usage data.
- Conduct quarterly data reviews.
- Identify and prioritize barriers.
- Continue to work with hospitals, providers and members to develop strategies to reduce avoidable ER visits.

Findings Specific to Small-Group Collaborative Quality Improvement Projects

There were no small group collaborative QIPs validated during the measurement period.

Findings Specific to Internal Quality Improvement Projects

For the period of October 1, 2011, through December 31, 2011, HSAG reviewed 20 IQIP submissions. Fourteen were resubmissions and six were annual submissions.

Table 4.2 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 4.2—Internal QIP Activity Average Rates* (N = 20 Submission)
October 1, 2011, through December 31, 2011

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	I: Appropriate Study Topic	99% (115/116)	0% (0/116)	1% (1/116)
	II: Clearly Defined, Answerable Study Question(s)	95% (38/40)	5% (2/40)	0% (0/40)
	III: Clearly Defined Study Indicator(s)	98% (117/119)	2% (2/119)	0% (0/119)
	IV: Correctly Identified Study Population†	92% (55/60)	7% (4/60)	2% (1/60)
Implementation	V: Valid Sampling Techniques	100% (30/30)	0% (0/30)	0% (0/30)
	VI: Accurate/Complete Data Collection	92% (129/140)	4% (5/140)	4% (6/140)
	VII: Appropriate Improvement Strategies	96% (54/56)	2% (1/56)	2% (1/56)
Outcomes	VIII: Sufficient Data Analysis and Interpretation	75% (96/128)	16% (20/128)	9% (12/128)
	IX: Real Improvement Achieved	56% (29/52)	13% (7/52)	31% (16/52)
	X: Sustained Improvement Achieved	86% (6/7)	0% (0/7)	14% (1/7)

* 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.

Thirteen of the 20 IQIP submissions validated during the review period progressed to a first remeasurement period and were assessed for real (statistically significant) improvement. Of those 13 QIP submissions, seven submissions progressed to at least a second remeasurement period and were assessed for sustained improvement. These included:

- Alameda Alliance for Health—Alameda County, *Decrease Return Emergency Room Visits for Asthmatic Exacerbations in Children 2–18*
- Community Health Group—San Diego County, *Increase Follow-up to Positive Postpartum Screens*
- Kaiser Permanente—San Diego County, *Postpartum Care* (2 submissions)
- Kern Family Health Care—Kern County, *Comprehensive Diabetes Care*
- Partnership Health Plan—Napa/Solano/Yolo counties, *Improving Care and Reducing Acute Readmissions for People With COPD*
- SCAN Health Plan—Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura counties, *Prevention of Stroke and Transient Ischemic Attack (TIA)*

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.

Only one submission, Central California Alliance for Health—Monterey and Santa Cruz counties, *Improving Asthma Health Outcomes* QIP received a *Not Met* score for not discussing the eligible population in its submission.

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

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

Ninety-five percent of the evaluation elements in Activity II received a *Met* score. No QIP submissions scored a *Not Met* for either of the elements in Activity II, showing that plans were able to submit clearly defined and answerable study questions.

Only two submissions (both were Family Mosaic Project—San Francisco County, *Reduction of Out of Home Placement*) received a *Partially Met* for not stating the study question(s) in simple terms.

Activity III. Clearly Defined Study Indicator(s)

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

Just as in Activity II, QIPs scored well on Activity III and there were no elements that were scored less than *Partially Met*. Only two submissions (both Family Mosaic Project—San Francisco County, *Reduction of Out-of-Home Placement*) received a *Partially Met* for not having well-defined, objective, and measureable study indicator(s).

Activity IV. Correctly Identified Study Population

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

Ninety-two percent of the applicable elements for Activity IV received a *Met* score, which demonstrates that plans are able to correctly identify and document the QIP study population. Three elements comprised Activity IV:

- Study population is accurately and completely defined.
- QIP includes requirements for the length of a member's enrollment.
- Study population captures all members to whom the study question applies.

Three submissions (Central California Alliance for Health—Monterey and Santa Cruz counties, *Improving Asthma Health Outcomes* and two submissions for Family Mosaic Project—San Francisco County, *Reduction of Out-of-Home Placement*) did not receive a *Met* score for at least one of the three elements. The most commonly scored-down element was due to an inaccurate or incomplete study population definition.

Implementation

HSAG assessed all but one (Central California Alliance for Health—Monterey and Santa Cruz counties, *Improving Asthma Health Outcomes*) IQIP submissions through Activity VII.

Activity V. Valid Sampling Techniques

Activity Summary: QIPs using sampling demonstrated excellent results.

For a majority of QIPs, sampling techniques were not used in the study; however, for the five submissions where sampling was applicable; all scored 100 percent *Met* for all six elements in Activity V. The five QIPs were:

- Cal Optima—Orange County, *Improve the Rates of Cervical Cancer Screening*
- Community Health Group—San Diego County, *Increasing Follow-Up to Positive Postpartum Screens*
- Health Plan of San Mateo—San Mateo County, *Timeliness of Prenatal Care*
- Kern Family Health Care—Kern County, *Comprehensive Diabetes Care*
- SCAN Health Plan—Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura counties, *Prevention of Stroke and Transient Ischemic Attack (TIA)*

Activity VI. Accurate/Complete Data Collection

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

As a whole, IQIP submissions were able to produce accurate and complete data as 92 percent of the elements were scored *Met*. However, eight percent of the elements were scored either *Partially Met* or *Not Met*, which means that the submissions did show some deficiencies in the data collection.

Four QIP submissions received a *Partially Met* or *Not Met* score for not including a complete timeline for the collection of baseline and remeasurement data.

Activity VII. Appropriate Improvement Strategies

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

Ninety-six percent of the elements for Activity VII received a *Met* score, revealing that QIP submissions documented effective improvement strategies. Of the four elements on Activity VII, only two submissions received a *Partially Met* or *Not Met* score for one element each.

Alameda Alliance for Health—Alameda County, *Decrease Return Emergency Room Visits for Asthmatic Exacerbations in Children 2–18* received a *Not Met* for not revising its improvement strategy after the original strategy proved to be unsuccessful.

SCAN Health Plan—Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego and Ventura counties, *Prevention of Stroke and Transient Ischemic Attack (TIA)* received a *Partially Met* score for the lack of sufficient documentation to show how the plan's successful interventions were standardized and monitored.

Outcomes

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. Four QIP submissions received a *Met* score for all nine of the elements in Activity VIII:

- Cal Optima—Orange County, *Improve the Rates of Cervical Cancer Screening*
- Community Health Group—San Diego County, *Increase Follow-Up to Positive Postpartum Screens*
- Health Plan of San Mateo—San Mateo County, *Timeliness of Prenatal Care*
- Kern Family Health Care—Kern County, *Comprehensive Diabetes Care*

The remaining submissions all had at least one element receive a *Partially Met* or *Not Met* score. Family Mosaic Project and Kaiser Permanente—San Diego County both had two submissions for the same QIP during the reporting period. Each plan's second submission had several elements that remained *Partially Met* or *Not Met* showing that these plans were unable or unwilling to address the deficiencies identified in the first submission. Seven submissions did not include an accurate and/or complete interpretation of the findings.

Activity IX. Real Improvement Achieved

Activity Summary: Fifty-six percent of IQIP submissions demonstrated statistically significant improvement between measurement periods.

A total of 13 QIP submissions were evaluated through Activity IX. Of those 13 submissions, none earned a *Met* score on all four elements in Activity IX. Ten plans reported improvement for at least one of their study indicator outcomes; however, the improvement was potentially due to chance. Only three plans demonstrated statistically significant improvement for at least one study indicator outcome. Statistically significant improvement is considered true improvement and reflects a positive effect on the members' care.

Activity X. Sustained Improvement Achieved

Activity Summary: Seven IQIP submissions progressed to the point of assessment for sustained improvement and six submissions received a *Met* score.

Unlike Activity IX, which measured for statistically significant improvement between the two most recent measurement periods, Activity X assessed for sustained improvement from baseline to the final remeasurement period. Sustained improvement is defined as improvement in performance over baseline, which is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period's results must reflect improvement when compared to the baseline results.

Of the seven QIP submissions assessed for sustained improvement, six submissions achieved sustained improvement. Overall, the progression of these QIPs has led to improved health outcomes for the targeted study populations:

- Reduction in the ER visits for Alameda Alliance for Health—Alameda County children with asthmatic exacerbations.
- An increase in follow-up to postpartum depression screens for members of Community Health Group in San Diego County.
- Increased rate of postpartum care within the first 21–56 days after delivery for Kaiser Permanente—San Diego County (two submissions).
- An increase in members with COPD who received appropriate spirometry testing, and a reduction in the number of hospital discharges and emergency room visits for Partnership—Napa/Solano/Yolo counties.

- An increase in the prevention of stroke/TIA among SCAN Health Plan—Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura counties high-risk members.

The only submission that received a *Not Met* score was Kern Family Health Care—Kern County, *Comprehensive Diabetes Care,* as sustained improvement was not achieved for any of the three indicator outcomes in its QIP.

Internal QIP Strengths and Opportunities for Improvement

Similar to the last reporting period, plans demonstrated aptitude with the design and implementation phases for QIPs, as evidenced by the high percentage of *Met* evaluation elements for this review period, October 1, 2011, through December 31, 2011. The percentages of QIPs achieving a *Met* score for sustained improvement increased by eleven percentage points from the last measurement period.

The two main opportunities for improvement were related to QIP outcomes. In general, QIPs lacked accurate and complete interpretation of findings and had low performance as related to achieving real improvement.

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.

Barrier analysis and subgroup analysis should be completed annually, at a minimum. Plans should prioritize barriers and address the barriers affecting the highest proportion of the study population. Plans should develop interventions targeted to any subpopulation identified with a suboptimal outcome affecting the overall rates.

Plans should incorporate a method to evaluate the effectiveness of each intervention and, based on the results, revise current interventions or implement new interventions.

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
October 1, 2011, through December 31, 2011
(*See page A-10 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 – X Closed	Remeasurement 3
Anthem Blue Cross—				I – X Closed	Remeasurement 3
Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara	CP				
Sacramento	GMC				
Stanislaus, Tulare	LI				
CalOptima—Orange	COHS			I – X Closed	Remeasurement 3
Care 1st Partner Plan—San Diego	GMC			I – X Closed	Remeasurement 3
CenCal Health Plan—Santa Barbara	COHS			I – X Closed	Remeasurement 3
CenCal Health Plan—San Luis Obispo	COHS			I – IX	Remeasurement 2
Central California Alliance for Health— Monterey, Santa Cruz	COHS			I – X Closed	Remeasurement 3
Community Health Group—San Diego	GMC			I – X Closed	Remeasurement 3
Contra Costa Health Plan—Contra Costa	LI			I – X Closed	Remeasurement 3
Health Net—				I – X Closed	Remeasurement 3
Fresno, Kern, Los Angeles, Stanislaus, Tulare	CP				
Sacramento, San Diego	GMC				

Table A.1––The DHCS Statewide Collaborative QIPs
October 1, 2011, through December 31, 2011
(*See page A-10 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					
Health Plan of San Joaquin—San Joaquin	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 – X Closed	Remeasurement 3
Health Plan of San Mateo—San Mateo	COHS			I – X Closed	Remeasurement 3
Inland Empire Health Plan—Riverside, San Bernardino	LI			I – X Closed	Remeasurement 3
Kaiser Permanente—Sacramento	GMC			I – X Closed	Remeasurement 3
Kaiser Permanente—San Diego	GMC			I – X Closed	Remeasurement 3
Kern Family Health Care—Kern	LI			I – X Closed	Remeasurement 3
L A Care Health Plan—Los Angeles	LI			I – X Closed	Remeasurement 3
Molina Healthcare— Riverside, San Bernardino Sacramento, San Diego	 CP GMC			I – X Closed	Remeasurement 3
Partnership Health Plan—Napa, Solano, Yolo	COHS			I – X Closed	Remeasurement 3
San Francisco Health Plan—San Francisco	LI			I – X Closed	Remeasurement 3
Santa Clara Family Health Plan—Santa Clara	LI			I – X Closed	Remeasurement 3

Table A.2––Small-Group Collaborative QIPs
October 1, 2011, through December 31, 2011
(*See page A-10 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
NA	NA	NA	NA	NA	NA	

Table A.3––Internal QIPs
October 1, 2011, through December 31, 2011
(*See page A-10 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	Advance Directives	Nonclinical	Improve the rate of members who have an advance directive document or documented discussion of advance directives	VIII	Remeasurement 1
AHF Healthcare Centers—Los Angeles	SP	Increasing CD4 and Viral Load Testing	Clinical	Increase the percentage of members who receive CD4 and Viral Load tests	IX	Remeasurement 1
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 – X Closed	Remeasurement 3
Anthem Blue Cross Partnership Plan—Alameda	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—Fresno	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—Sacramento	GMC	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—San Francisco	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—San Joaquin	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—Santa Clara	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1

Table A.3––Internal QIPs
October 1, 2011, through December 31, 2011
(*See page A-10 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
Anthem Blue Cross Partnership Plan—Stanislaus	LI	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—Tulare	LI	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
CalOptima—Orange	COHS	Improving the Rates of Cervical Cancer Screening	Clinical	Improve the rate of cervical cancer screening	IX	Remeasurement 1
Care 1st—San Diego	GMC	Comprehensive Diabetes Care	Clinical	Improve the rate of comprehensive diabetes care	VIII	Proposal
CenCal Health Plan—San Luis Obispo	COHS	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Clinical	Increase the documentation rates of BMI percentile, counseling or referral for nutrition education and physical activity	IX	Remeasurement 1
CenCal Health Plan—Santa Barbara	COHS	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Clinical	Increase the documentation rates of BMI percentile, counseling or referral for nutrition education and physical activity	X	Remeasurement 2
Central California Alliance for Health—Monterey, Santa Cruz	COHS	Improving Asthma Health Outcomes	Clinical	Decrease the rate of ER admissions for members with persistent asthma	VI	Proposal
Community Health Group—San Diego	GMC	Postpartum Care	Clinical	Increase the percentage of women being screened for postpartum depression	X	Remeasurement 3
Contra Costa Health Plan—Contra Costa	LI	Reducing Health Disparities - Childhood Obesity	Clinical	Increase rates of provider documentation of BMI percentiles, counseling for nutrition, and counseling for physical activity for children	IX	Remeasurement 1

Table A.3––Internal QIPs
October 1, 2011, through December 31, 2011
(*See page A-10 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
Family Mosaic Project—San Francisco	SP	Increase the Rate of School Attendance	Nonclinical	Increase the rate of school attendance	VIII	Baseline
Family Mosaic Project—San Francisco	SP	Reduction of Out of Home Placement	Clinical	Reduce the occurrences of out of home placement	IX	Remeasurement 1
Health Net—Fresno	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 1
Health Net—Kern	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 1
Health Net—Los Angeles	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 1
Health Net—Sacramento	GMC	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 1
Health Net—San Diego	GMC	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 1
Health Net—Stanislaus	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 1

Table A.3––Internal QIPs
October 1, 2011, through December 31, 2011
(*See page A-10 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
Health Net—Tulare	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 1
Health Plan of San Joaquin—San Joaquin	LI	Improving the Percentage Rate of HbA1c Testing	Clinical	Improve the percentage rate of HbA1c testing	VIII	Baseline
Health Plan of San Mateo—San Mateo	COHS	Timeliness of Prenatal Care	Clinical	Increase the rate of first prenatal visits occurring within the first trimester of pregnancy	IX	Remeasurement 1
Inland Empire Health Plan—Riverside, San Bernardino	LI	Attention Deficit Hyperactivity Disorder (ADHD) Management	Clinical	Improve the percentage of follow-up visits for members who are prescribed ADHD medications	IX	Remeasurement 1
Kaiser Permanente—Sacramento	GMC	Childhood Obesity	Clinical	Increase the documentation rates of BMI percentile, counseling or referral for nutrition education and physical activity for children	IX	Remeasurement 1
Kaiser Permanente—San Diego	GMC	Postpartum Care	Clinical	Increase the rate of postpartum care within the first 21–56 days after delivery	IX	Remeasurement 1
Kern Family Health Care—Kern	LI	Comprehensive Diabetes Care	Clinical	Increase compliance with the American Diabetes Association (ADA) preventive care tests/screenings guidelines, specifically related to HbA1c testing, LDL-C screening, and retinal eye exams	X Closed	Remeasurement 2

Table A.3––Internal QIPs
October 1, 2011, through December 31, 2011
(*See page A-10 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
LA Care Health Plan—Los Angeles	LI	Improving HbA1c and Diabetic Retinal Exam Screening Rates	Clinical	Improve HbA1C and diabetic retinal exam screening rates	IX	Remeasurement 1
Molina Healthcare—Riverside/San Bernardino	CP	Improving Hypertension Control	Clinical	Increase the percentages of controlled blood pressure	IX	Remeasurement 1
Molina Healthcare—Sacramento	GMC	Improving Hypertension Control	Clinical	Increase the percentages of controlled blood pressure	IX	Remeasurement 1
Molina Healthcare—San Diego	GMC	Improving Hypertension Control	Clinical	Increase the percentages of controlled blood pressure	IX	Remeasurement 1
Partnership Health Plan—Napa/Solano/Yolo	COHS	Improving Care and Reducing Acute Readmissions for People With COPD	Clinical	Improve care and reduce acute readmissions for people with COPD	X	Remeasurement 2
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	Childhood Obesity Partnership and Education	Clinical	Increase the percentage of members with at least one BMI calculated and documented by a primary care practitioner	VI	Proposal
SCAN Health Plan—Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura	SP	Prevention of Stroke and Transient Ischemic Attack (TIA)	Clinical	Decrease new incidence of stroke/TIA for members at high risk for stroke—those with hypertension, diabetes, dyslipidemia, all three conditions, and/or atrial fibrillation	I – X Closed	Remeasurement 2

Table A.3––Internal QIPs
October 1, 2011, through December 31, 2011

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—Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura	SP	Care for Older Adults	Clinical	Improve rates for all submeasures (HEDIS and other) in care for older adults	VII	Proposal

*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—Statewide Collaborative QIP Activities I to IV Ratings (N = 24 Submissions)
October 1, 2011, through December 31, 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% (24/24)	0% (0/24)	0% (0/24)
	2. Is selected following collection and analysis of data (or was selected by the State).	100% (24/24)	0% (0/24)	0% (0/24)
	3. Addresses a broad spectrum of care and services (or was selected by the State).	100% (24/24)	0% (0/24)	0% (0/24)
	4. Includes all eligible populations that meet the study criteria.	96% (23/24)	4% (1/24)	0% (0/24)
	5. Does not exclude members with special health care needs.	96% (23/24)	0% (0/24)	4% (1/24)
C*	6. Has the potential to affect member health, functional status, or satisfaction.	100% (24/24)	0% (0/24)	0% (0/24)
	Activity Average Rates**	**99% (142/144)**	**1% (1/144)**	**1% (1/144)**
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms.	100% (24/24)	0% (0/24)	0% (0/24)
C*	2. Is answerable.	100% (24/24)	0% (0/24)	0% (0/24)
	Activity Average Rates**	**100% (48/48)**	**0% (0/48)**	**0% (0/48)**
Activity III: Clearly Defined Study Indicator(s)				
C*	1. Are well-defined, objective, and measurable.	100% (24/24)	0% (0/24)	0% (0/24)
	2. Are based on current, evidence-based practice guidelines, pertinent peer review literature, or consensus expert panels.	100% (24/24)	0% (0/24)	0% (0/24)
C*	3. Allow for the study questions to be answered.	100% (24/24)	0% (0/24)	0% (0/24)
	4. Measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	100% (24/24)	0% (0/24)	0% (0/24)
C*	5. Have available data that can be collected on each indicator.	100% (24/24)	0% (0/24)	0% (0/24)
	6. Are nationally recognized measures such as HEDIS specifications, when appropriate.	100% (24/24)	0% (0/24)	0% (0/24)
	7. Includes the basis on which each indicator was adopted, if internally developed.	100% (24/24)	0% (0/24)	0% (0/24)
	Activity Average Rates**	**100% (168/168)**	**0% (0/168)**	**0% (0/168)**
Activity IV: Correctly Identified Study Population				
C*	1. Is accurately and completely defined.	100% (24/24)	0% (0/24)	0% (0/24)
	2. Includes requirements for the length of a member's enrollment in the plan.	Not applicable	Not applicable	Not applicable
C*	3. Captures all members to whom the study question applies.	100% (24/24)	0% (0/24)	0% (0/24)
	Activity Average Rates**	**100% (48/48)**	**0% (0/48)**	**0% (0/48)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *Not Applicable* and *Not Assessed* elements are excluded.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met*, *Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.

Table B.2—Statewide Collaborative QIP Activities I to IV Ratings (N = 24 Submissions)
October 1, 2011, through December 31, 2011

	Evaluation Elements	Met	Partially Met	Not Met
Activity V: Valid Sampling Techniques				
	1. Consider and specify the true or estimated frequency of occurrence.	0% (0/1)	0% (0/1)	100% (1/1)
	2. Identify the sample size.	Not applicable	Not applicable	Not applicable
	3. Specify the confidence level.	Not applicable	Not applicable	Not applicable
	4. Specify the acceptable margin of error.	Not applicable	Not applicable	Not applicable
C*	5. Ensure a representative sample of the eligible population.	Not applicable	Not applicable	Not applicable
	6. Are in accordance with generally accepted principles of research design and statistical analysis.	Not applicable	Not applicable	Not applicable
	Activity Average Rates**	**0% (0/1)**	**0% (0/1)**	**100% (1/1)**
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	100% (24/24)	0% (0/24)	0% (0/24)
	2. The identification of specified sources of data.	100% (24/24)	0% (0/24)	0% (0/24)
	3. A defined and systematic process for collecting baseline and remeasurement data.	Not applicable	Not applicable	Not applicable
	4. A timeline for the collection of baseline and remeasurement data.	75% (18/24)	4% (1/24)	21% (5/24)
	5. Qualified staff and personnel to abstract manual data.	Not applicable	Not applicable	Not applicable
C*	6. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	Not applicable	Not applicable	Not applicable
	7. A manual data collection tool that supports interrater reliability.	Not applicable	Not applicable	Not applicable
	8. Clear and concise written instructions for completing the manual data collection tool.	Not applicable	Not applicable	Not applicable
	9. An overview of the study in written instructions.	Not applicable	Not applicable	Not applicable
	10. Administrative data collection algorithms/flowcharts that show activities in the production of indicators.	92% (22/24)	8% (2/24)	0% (0/24)
	11. An estimated degree of automated data completeness.	100% (24/24)	0% (0/24)	0% (0/24)
	Activity Average Rates**	**93% (112/120)**	**3% (3/120)**	**4% (5/120)**
Activity VII: Appropriate Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	100% (24/24)	0% (0/24)	0% (0/24)
	2. System changes that are likely to induce permanent change.	100% (24/24)	0% (0/24)	0% (0/24)
	3. Revised if original interventions are not successful.	100% (20/20)	0% (0/20)	0% (0/20)
	4. Standardized and monitored if interventions were successful.	75% (12/16)	25% (4/16)	0% (0/16)
	Activity Average Rates**	**95% (80/84)**	**5% (4/84)**	**0% (0/84)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *Not Applicable* and *Not Assessed* elements are excluded.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met*, *Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.

Table B.3—Statewide Collaborative QIP Activities I to IV Ratings (N = 24 Submissions)
October 1, 2011, through December 31, 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.	100% (24/24)	0% (0/24)	0% (0/24)
C*	2. Allows for the generalization of the results to the study population if a sample was selected.	Not applicable	Not applicable	Not applicable
	3. Identifies factors that threaten the internal or external validity of the findings.	88% (21/24)	0% (0/24)	13% (3/24)
	4. Includes an interpretation of the findings.	71% (17/24)	25% (6/24)	4% (1/24)
	5. Is presented in a way that provides accurate, clear, and easily understood information.	96% (23/24)	0% (0/24)	4% (1/24)
	6. Identifies initial measurement and remeasurement of study indicators.	100% (24/24)	0% (0/24)	0% (0/24)
	7. Identifies statistical differences between initial measurement and remeasurement.	79% (19/24)	17% (4/24)	4% (1/24)
	8. Identifies factors that affect the ability to compare the initial measurement with remeasurement.	79% (19/24)	4% (1/24)	17% (4/24)
	9. Includes interpretation of the extent to which the study was successful.	96% (23/24)	4% (1/24)	0% (0/24)
	Activity Average Rates**	**89% (170/192)**	**6% (12/192)**	**5% (10/192)**
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	100% (24/24)	0% (0/24)	0% (0/24)
	2. There is documented improvement in processes or outcomes of care.	71% (17/24)	0% (0/24)	29% (7/24)
	3. The improvement appears to be the result of planned intervention(s).	70% (16/23)	0% (0/23)	30% (7/23)
	4. There is statistical evidence that observed improvement is true improvement.	58% (14/24)	0% (0/24)	42% (10/24)
	Activity Average Rates**	**75% (71/95)**	**0% (0/95)**	**25% (24/95)**
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.	26% (6/23)	0% (0/23)	74% (17/23)
	Activity Average Rates**	**26% (6/23)**	**0% (0/23)**	**74% (17/23)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *Not Applicable* and *Not Assessed* elements are excluded.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met*, *Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.

Table B.4—Internal QIP Activities I to IV Ratings (N = 20 Submissions)
October 1, 2011, through December 31, 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% (16/16)	0% (0/16)	0% (0/16)
	2. Is selected following collection and analysis of data (or was selected by the State).	100% (20/20)	0% (0/20)	0% (0/20)
	3. Addresses a broad spectrum of care and services (or was selected by the State).	100% (20/20)	0% (0/20)	0% (0/20)
	4. Includes all eligible populations that meet the study criteria.	95% (19/20)	0% (0/20)	5% (1/20)
	5. Does not exclude members with special health care needs.	100% (20/20)	0% (0/20)	0% (0/20)
C*	6. Has the potential to affect member health, functional status, or satisfaction.	100% (20/20)	0% (0/20)	0% (0/20)
	Activity Average Rates**	**99% (115/116)**	**0% (0/116)**	**1% (1/116)**
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms.	90% (18/20)	10% (2/20)	0% (0/20)
C*	2. Is answerable.	100% (20/20)	0% (0/20)	0% (0/20)
	Activity Average Rates**	**95% (38/40)**	**5% (2/40)**	**0% (0/40)**
Activity III: Clearly Defined Study Indicator(s)				
C*	1. Are well-defined, objective, and measurable.	90% (18/20)	10% (2/20)	0% (0/20)
	2. Are based on current, evidence-based practice guidelines, pertinent peer review literature, or consensus expert panels.	100% (15/15)	0% (0/15)	0% (0/15)
C*	3. Allow for the study questions to be answered.	100% (20/20)	0% (0/20)	0% (0/20)
	4. Measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	100% (20/20)	0% (0/20)	0% (0/20)
C*	5. Have available data that can be collected on each indicator.	100% (20/20)	0% (0/20)	0% (0/20)
	6. Are nationally recognized measures such as HEDIS specifications, when appropriate.	100% (11/11)	0% (0/11)	0% (0/11)
	7. Includes the basis on which each indicator was adopted, if internally developed.	100% (13/13)	0% (0/13)	0% (0/13)
	Activity Average Rates**	**98% (117/119)**	**2% (2/119)**	**0% (0/119)**
Activity IV: Correctly Identified Study Population				
C*	1. Is accurately and completely defined.	85% (17/20)	15% (3/20)	0% (0/20)
	2. Includes requirements for the length of a member's enrollment in the plan.	95% (19/20)	0% (0/20)	5% (1/20)
C*	3. Captures all members to whom the study question applies.	95% (19/20)	5% (1/20)	0% (0/20)
	Activity Average Rates**	**92% (55/60)**	**7% (4/60)**	**2% (1/60)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *Not Applicable* and *Not Assessed* elements are excluded.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met*, *Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.

Table B.5—Internal QIP Activities V to VII Ratings (N = 20 Submissions)
October 1, 2011, through December 31, 2011

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity V: Valid Sampling Techniques				
	1. Consider and specify the true or estimated frequency of occurrence.	100% (5/5)	0% (0/5)	0% (0/5)
	2. Identify the sample size.	100% (5/5)	0% (0/5)	0% (0/5)
	3. Specify the confidence level.	100% (5/5)	0% (0/5)	0% (0/5)
	4. Specify the acceptable margin of error.	100% (5/5)	0% (0/5)	0% (0/5)
C*	5. Ensure a representative sample of the eligible population.	100% (5/5)	0% (0/5)	0% (0/5)
	6. Are in accordance with generally accepted principles of research design and statistical analysis.	100% (5/5)	0% (0/5)	0% (0/5)
	Activity Average Rates**	**100% (30/30)**	**0% (0/30)**	**0% (0/30)**
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	100% (20/20)	0% (0/20)	0% (0/20)
	2. The identification of specified sources of data.	95% (19/20)	5% (1/20)	0% (0/20)
	3. A defined and systematic process for collecting baseline and remeasurement data.	100% (8/8)	0% (0/8)	0% (0/8)
	4. A timeline for the collection of baseline and remeasurement data.	80% (16/20)	10% (2/20)	10% (2/20)
	5. Qualified staff and personnel to abstract manual data.	100% (8/8)	0% (0/8)	0% (0/8)
C*	6. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	88% (7/8)	0% (0/8)	13% (1/8)
	7. A manual data collection tool that supports interrater reliability.	88% (7/8)	0% (0/8)	13% (1/8)
	8. Clear and concise written instructions for completing the manual data collection tool.	88% (7/8)	0% (0/8)	13% (1/8)
	9. An overview of the study in written instructions.	88% (7/8)	0% (0/8)	13% (1/8)
	10. Administrative data collection algorithms/flowcharts that show activities in the production of indicators.	88% (15/17)	12% (2/17)	0% (0/17)
	11. An estimated degree of automated data completeness.	100% (15/15)	0% (0/15)	0% (0/15)
	Activity Average Rates**	**92% (129/140)**	**4% (5/140)**	**4% (6/140)**
Activity VII: Appropriate Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	100% (19/19)	0% (0/19)	0% (0/19)
	2. System changes that are likely to induce permanent change.	100% (19/19)	0% (0/19)	0% (0/19)
	3. Revised if original interventions are not successful.	88% (7/8)	0% (0/8)	13% (1/8)
	4. Standardized and monitored if interventions were successful.	90% (9/10)	10% (1/10)	0% (0/10)
	Activity Average Rates**	**96% (54/56)**	**2% (1/56)**	**2% (1/56)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *Not Applicable* and *Not Assessed* elements are excluded.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met, Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.

Table B.6—Internal QIP Activities VIII to X Ratings (N = 20 Submissions)
October 1, 2011, through December 31, 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.	72% (13/18)	22% (4/18)	6% (1/18)
C*	2. Allows for the generalization of the results to the study population if a sample was selected.	100% (4/4)	0% (0/4)	0% (0/4)
	3. Identifies factors that threaten the internal or external validity of the findings.	72% (13/18)	17% (3/18)	11% (2/18)
	4. Includes an interpretation of the findings.	61% (11/18)	22% (4/18)	17% (3/18)
	5. Is presented in a way that provides accurate, clear, and easily understood information.	78% (14/18)	11% (2/18)	11% (2/18)
	6. Identifies initial measurement and remeasurement of study indicators.	85% (11/13)	0% (0/13)	15% (2/13)
	7. Identifies statistical differences between initial measurement and remeasurement.	77% (10/13)	23% (3/13)	0% (0/13)
	8. Identifies factors that affect the ability to compare the initial measurement with remeasurement.	62% (8/13)	23% (3/13)	15% (2/13)
	9. Includes interpretation of the extent to which the study was successful.	92% (12/13)	8% (1/13)	0% (0/13)
	Activity Average Rates**	**75% (96/128)**	**16% (20/128)**	**9% (12/128)**
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	100% (13/13)	0% (0/13)	0% (0/13)
	2. There is documented improvement in processes or outcomes of care.	62% (8/13)	15% (2/13)	23% (3/13)
	3. The improvement appears to be the result of planned intervention(s).	62% (8/13)	15% (2/13)	23% (3/13)
	4. There is statistical evidence that observed improvement is true improvement.	0% (0/13)	23% (3/13)	77% (10/13)
	Activity Average Rates**	**56% (29/52)**	**13% (7/52)**	**31% (16/52)**
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.	86% (6/7)	0% (0/7)	14% (1/7)
	Activity Average Rates**	**86% (6/7)**	**0% (0/7)**	**14% (1/7)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *Not Applicable* and *Not Assessed* elements are excluded.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met*, *Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.