Medi-Cal Managed Care Program
Quality Improvement Projects Status Report
July 1, 2011 – September 30, 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 July 1, 2011, through September 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 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

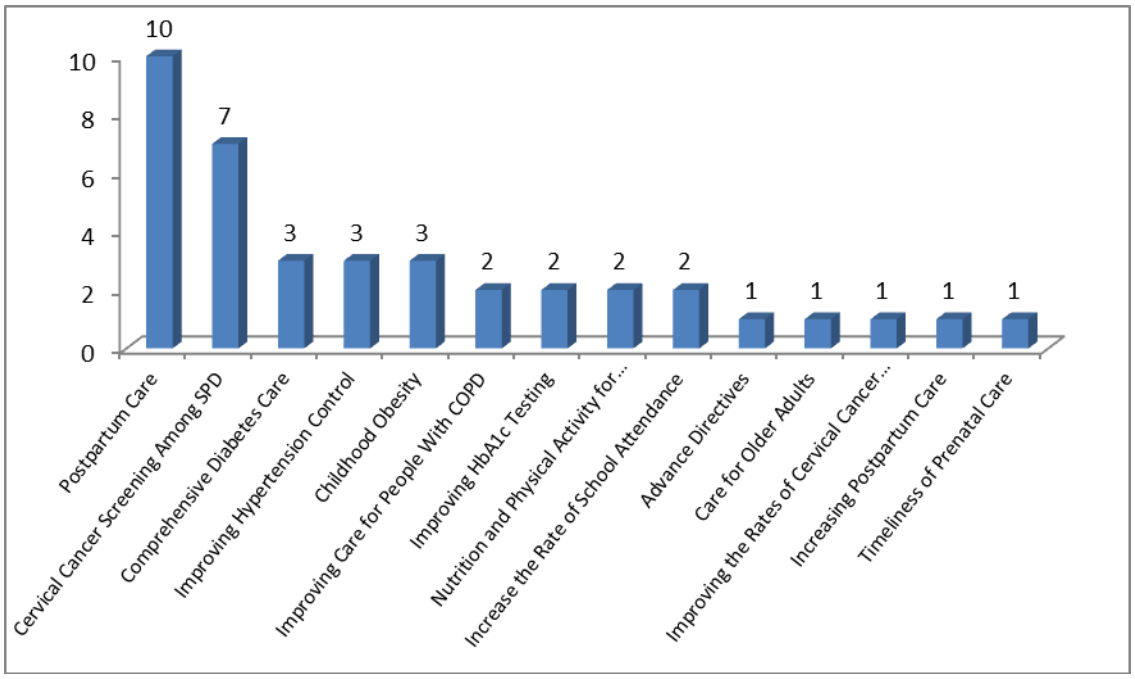
Summary of Overall Validation Findings

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 July 1, 2011, through September 30, 2011, HSAG reviewed 39 QIPS which included a combination of annual submissions, proposals, and proposal resubmissions. One QIP was a small-group collaborative project, and the remaining projects were internal QIPs (IQIPs) from 18 different plans. The figure below depicts the topics of all 39 QIPs from most to least frequently submitted.

Figure 1-1—Medi-Cal Managed Care Program Quarterly QIP Activity
July 1, 2011, through September 30, 2011



Ten submissions focused on improving postpartum care. Seven submissions related to cervical cancer screening in women, and three submissions focused on comprehensive diabetes care, hypertension control, and improving childhood obesity documentation. Improving care for people with COPD, improving HbA1c testing, increasing the percentage of children and adolescent members who receive weight assessment and counseling for nutrition and physical activity, and increasing the rate of school attendance had two submissions. The remaining QIP topics all had one submission for the reporting period.

Table 1.1 shows the thirty-nine QIPs broken down into the type of submission that was received.

Table 1.1—Medi-Cal Managed Care Program Quarterly QIP Activity (by Submission Type)
July 1, 2011, through September 30, 2011

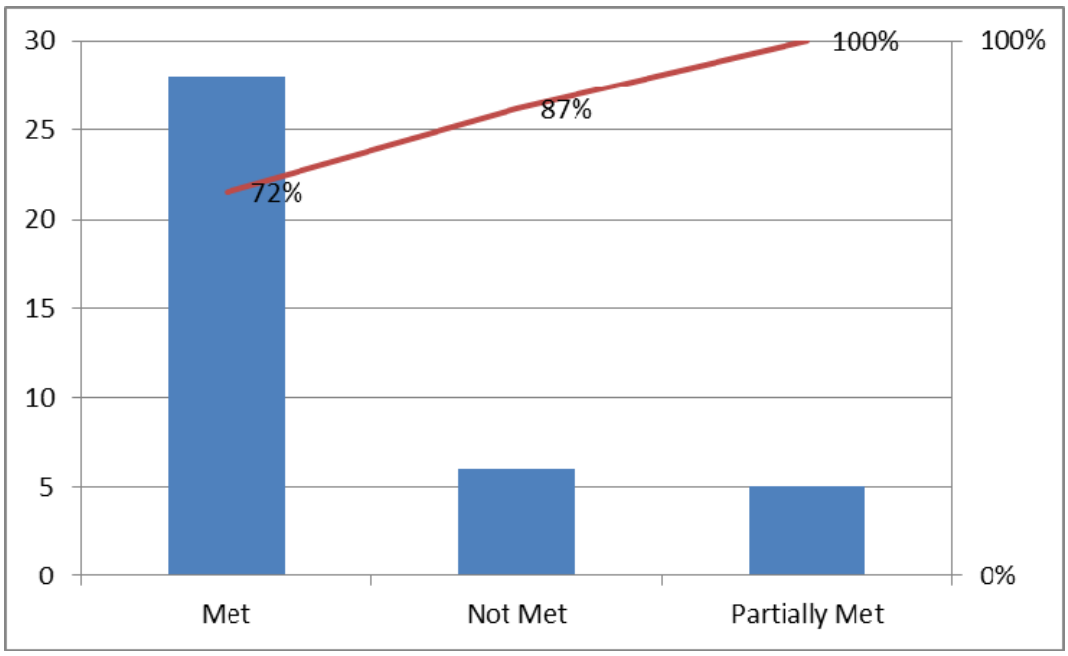
QIP Type	Count
Annual Submission	34
Proposal	3
Proposal Resubmission	2

Table 1.2 shows the status the thirty-nine QIP submissions and Figure 1-2 shows a Pareto chart of the thirty-nine QIP submissions.

Table 1.2—Medi-Cal Managed Care Program Quarterly QIP Activity (by Status)
July 1, 2011, through September 30, 2011

QIP Status	Count
Met	28
Not Met	6
Partially Met	5

Figure 1-2—Medi-Cal Managed Care Program Quarterly QIP Activity (Pareto Chart)
July 1, 2011, through September 30, 2011



Seventy-two percent of all submissions received a *Met* status. Fifteen percent received a *Not Met* status and 13 percent received a *Partially Met* status.

Summary of Overall QIP Outcomes

Of the 39 submissions, 30 QIPs validated during the review period progressed to a second remeasurement period. This allowed HSAG to assess for statistically significant improvement, which is considered real improvement. Thirteen of the 30 QIPs had statistically significant improvement for at least one study indicator. The following four plans had statistically significant improvement for all study indicators:

- CenCal Health—San Luis Obispo, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- Contra Costa Health Plan—Contra Costa County, *Reducing Health Disparities—Childhood Obesity*
- Health Net—Fresno County, *Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities*
- Kaiser Permanente—Sacramento County, *Childhood Obesity*

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.

The five QIPs submitted and validated for sustained improvement during the report period included:

- CenCal Health—Santa Barbara County, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- Community Health Group—San Diego County, *Improving Treatment of Chronic Obstructive Pulmonary Disease (COPD)*
- Community Health Group—San Diego County, *Increasing Follow-up to Positive Postpartum Screens*
- Kern Family Health Care—Kern County, *Comprehensive Diabetes Care*
- Partnership Health Plan—Napa, Solano and Yolo counties, *Improving Care and Reducing Acute Readmissions for People With COPD*

Of the five QIPs assessed for sustained improvement, four demonstrated sustained improvement from baseline to the last measurement period for at least one study indicator. Kern Family Health Care—Kern County, *Comprehensive Diabetes Care* QIP was the only submission without sustained improvement.

QIPs achieving sustained improvement for at least one study indicator resulted in the following health outcomes:

- An increase in physical activity and nutrition awareness among CenCal Health's adolescent members in Santa Barbara County.
- Improved treatment and reduction of admissions for Partnership Health Plan members with COPD in Napa, Solano, and Yolo counties.
- An increase in follow-up to postpartum screens for members of Community Health Group in San Diego County.
- An increase in Community Health Group—San Diego County members with COPD who received appropriate spirometry testing, and a reduction in the number of hospital discharges and emergency room visits.

Conclusions and Recommendations

QIPs validated during the review period of July 1, 2011, through September 30, 2011, showed that plans continued to demonstrate strength in the study design and study implementation, as a majority of QIP submissions received a *Met* 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 use the QIP Summary Form Completion Instructions when documenting their QIP to ensure that they are documenting all of the required elements for validation.
- 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 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 complete barrier analysis and subgroup analysis annually, at a minimum, and 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 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 39 QIPs for the period of July 1, 2011, through September 30, 2011. Table 3.1 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 and to Care 1st—San Diego County related to its proposal. HSAG will conduct validation of the project submission during the next review period, October 1, 2011, through December 31, 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
July 1, 2011, through September 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					
AHF HealthCare Centers—Los Angeles	*Advance Directives*	Annual Submission	77%	82%	*Partially Met*
Anthem Blue Cross Partnership Plan—Alameda	*Postpartum Care*	Annual Submission	92%	100%	*Met*
Anthem Blue Cross Partnership Plan—Contra Costa	*Postpartum Care*	Annual Submission	91%	100%	*Met*
Anthem Blue Cross Partnership Plan—Fresno	*Postpartum Care*	Annual Submission	86%	100%	*Met*
Anthem Blue Cross Partnership Plan—Sacramento	*Postpartum Care*	Annual Submission	86%	100%	*Met*
Anthem Blue Cross Partnership Plan—San Francisco	*Postpartum Care*	Annual Submission	84%	100%	*Met*
Anthem Blue Cross Partnership Plan—San Joaquin	*Postpartum Care*	Annual Submission	90%	100%	*Met*
Anthem Blue Cross Partnership Plan—Santa Clara	*Postpartum Care*	Annual Submission	92%	100%	*Met*
Anthem Blue Cross Partnership Plan—Stanislaus	*Postpartum Care*	Annual Submission	88%	100%	*Met*
Anthem Blue Cross Partnership Plan—Tulare	*Postpartum Care*	Annual Submission	92%	100%	*Met*
CalOptima—Orange	*Improving the Rates of Cervical Cancer Screening*	Annual Submission	88%	92%	*Not Met*
Care 1st—San Diego	*Comprehensive Diabetes Care*	Proposal	28%	18%	*Not Met*
Care 1st—San Diego	*Comprehensive Diabetes Care*	Proposal Resubmission	68%	77%	*Not Met*
CenCal Health Plan—San Luis Obispo	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*	Annual Submission	100%	100%	*Met*

Table 3.1—Medi-Cal Managed Care Program Quarterly QIP Activity
July 1, 2011, through September 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]
CenCal Health Plan—Santa Barbara	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*	Annual Submission	98%	100%	*Met*
Community Health Group—San Diego	*Improving Treatment of Chronic Obstructive Pulmonary Disease (COPD)*	Annual Submission	92%	100%	*Met*
Community Health Group—San Diego	*Increasing Follow-up to Positive Postpartum Screens*	Annual Submission	92%	92%	*Partially Met*
Contra Costa Health Plan—Contra Costa	*Reducing Health Disparities—Childhood Obesity*	Annual Submission	96%	100%	*Met*
Family Mosaic Project—San Francisco	*Increase the Rate of School Attendance*	Proposal Resubmission	100%	100%	*Met*
Family Mosaic Project—San Francisco	*Increase the Rate of School Attendance*	Annual Submission	58%	73%	*Not Met*
Health Net—Fresno	*Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities*	Annual Submission	97%	100%	*Met*
Health Net—Kern	*Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities*	Annual Submission	95%	100%	*Met*
Health Net—Los Angeles	*Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities*	Annual Submission	89%	100%	*Met*
Health Net—Sacramento	*Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities*	Annual Submission	89%	100%	*Met*
Health Net—San Diego	*Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities*	Annual Submission	95%	100%	*Met*
Health Net—Stanislaus	*Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities*	Annual Submission	95%	100%	*Met*
Health Net—Tulare	*Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities*	Annual Submission	95%	100%	*Met*
Health Plan of San Joaquin—San Joaquin	*Improving the Percentage Rate of HbA1c Testing*	Annual Submission	98%	100%	*Met*

Table 3.1—Medi-Cal Managed Care Program Quarterly QIP Activity
July 1, 2011, through September 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]
Health Plan of San Mateo—San Mateo	*Timeliness of Prenatal Care*	Annual Submission	88%	92%	*Partially Met*
Kaiser Permanente—Sacramento	*Childhood Obesity*	Annual Submission	97%	100%	*Met*
Kaiser Permanente—San Diego	*Postpartum Care*	Annual Submission	32%	45%	*Not Met*
Kern Family Health Care—Kern	*Comprehensive Diabetes Care*	Annual Submission	80%	69%	*Partially Met*
LA Care Health Plan—Los Angeles	*Improving HbA1c and Diabetic Retinal Exam Screening Rates*	Annual Submission	94%	100%	*Met*
Molina Healthcare—Riverside/San Bernardino	*Improving Hypertension Control*	Annual Submission	94%	100%	*Met*
Molina Healthcare—Sacramento	*Improving Hypertension Control*	Annual Submission	94%	100%	*Met*
Molina Healthcare—San Diego	*Improving Hypertension Control*	Annual Submission	94%	100%	*Met*
Partnership Health Plan—Napa, Solano, Yolo	*Improving Care and Reducing Acute Readmissions for People With COPD*	Annual Submission	88%	90%	*Partially Met*
Santa Clara Family Health Plan—Santa Clara	*Childhood Obesity Partnership and Education*	Proposal	91%	100%	*Met*
SCAN Health Plan—Los Angeles, Riverside, San Bernardino	*Care for Older Adults*	Proposal	24%	18%	*Not 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

No plan submitted a statewide collaborative QIP 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

Community Health Group—San Diego County's QIP, *Improving Treatment of Chronic Obstructive Pulmonary Disease (COPD),* was the only small group collaborative QIP submitted during the review period.

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 = 1 Submission)
July 1, 2011, through September 30, 2011

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	I: Appropriate Study Topic	100%	0%	0%
	II: Clearly Defined, Answerable Study Question(s)	100%	0%	0%
	III: Clearly Defined Study Indicator(s)	100%	0%	0%
	IV: Correctly Identified Study Population	100%	0%	0%
Implementation	V: Valid Sampling Techniques	NA	NA	NA
	VI: Accurate/Complete Data Collection	100%	0%	0%
	VII: Appropriate Improvement Strategies	75%	25%	0%
Outcomes	VIII: Sufficient Data Analysis and Interpretation†	88%	13%	0%
	IX: Real Improvement Achieved	75%	25%	0%
	X: Sustained Improvement Achieved	100%	0%	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

The QIP submitted during this review period demonstrated sound study design, with Activities I through IV receiving a *Met* score for all applicable evaluation elements.

Implementation

The QIP did not use sampling; therefore, Activity V scores were not applicable (NA). Similar to the Design stage, the QIP received a *Met* score for all evaluation elements in Activity VI. In Activity VII, the plan was scored down for not documenting how it would standardize or monitor successful interventions.

Outcomes

The QIP submission validated during the review period progressed to a second remeasurement period; therefore, HSAG assessed Activities VIII through X to determine whether the plans achieved the intended quality outcomes.

Activity VIII. Sufficient Data Analysis and Interpretation

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

For this activity, HSAG assessed whether Care 1st's QIP had sufficient data analysis and interpretation of results between remeasurement periods. The plan's QIP included four study indicators for members with COPD: appropriate spirometry testing, reducing hospital discharges, reducing ER visits, and dispensing medications in the appropriate time frames.

The plan received a lower score for its incorrect interpretation of the study indicator measuring the percentage of members who had COPD exacerbations, an inpatient discharge or ED encounter, and were dispensed a corticosteroid within 14 days of the event (Study Indicator 4a) or a bronchodilator within 30 days of the event (Study Indicator 4b). The plan incorrectly reported the improved results as statistically significant.

Activity IX. Real Improvement Achieved

Activity Summary: The QIP submission adequately addressed most of the elements; however, statistical improvement was not achieved for three study indicators.

Activity IX was scored down because only two of the four study indicators demonstrated statistically significant improvement. These two indicators without real improvement related to the percentage of members who were diagnosed with newly active COPD and had appropriate spirometry testing (Study Indicator 1) and the percentage of members who had COPD exacerbations, an inpatient discharge or ED encounter, and were dispensed a corticosteroid within 14 days of the event (Study Indicator 4a) or a bronchodilator within 30 days of the event (Study Indicator 4b).

Activity X. Sustained Improvement Achieved

Activity Summary: The submission was able to achieve sustained improvement for most study indicators.

Activity X assessed for sustained improvement over baseline. 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. Three study indicators (appropriate spirometry testing, reducing hospital discharges, and reducing ER visits) achieved sustained improvement; the Remeasurement 2 results demonstrated improvement over the baseline results. The fourth study indicator was not assessed for sustained improvement. Study Indicator 4a (dispensed a corticosteroid within 14 days) demonstrated improvement for the first time and will require an additional measurement period. Study Indicator 4b (dispensed a bronchodilator within 30 days) has not yet achieved improvement over the baseline results.

Small-Group Collaborative Strengths and Opportunities for Improvement

Community Health Group—San Diego County's QIP, *Improving Treatment of Chronic Obstructive Pulmonary Disease (COPD),* achieved a high validation score and a *Met* status during this review period. The submission met one hundred percent of the critical elements in the scoring tool. Additionally, the plan demonstrated sustained improvement for members with COPD by increasing the members who received appropriate spirometry testing, reducing the number of hospital discharges, and reducing the number of emergency room visits.

The biggest opportunity for improvement for the plan is to identify the barriers specific to the study indicator that has not demonstrated statistically significant improvement. The plan should incorporate an evaluation for each intervention that it implements to determine which interventions to standardize and which interventions should be modified.

Small-Group Collaborative QIP Recommendations

HSAG recommends that Community Health Group—San Diego County's QIP, *Improving Treatment of Chronic Obstructive Pulmonary Disease (COPD),* continue until all study indicators can be assessed for sustained improvement.

Findings Specific to Internal Quality Improvement Projects

For the period of July 1, 2011, through September 30, 2011, HSAG reviewed 38 IQIP submissions. Three of the QIP submissions were new proposals, one was a proposal resubmission, and one was a proposal resubmission from the period April 1, 2011, through June 30, 2011. The remaining 33 QIP submissions 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 = 38 Submissions)
July 1, 2011, through September 30, 2011

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	I: Appropriate Study Topic	96%	2%	2%
	II: Clearly Defined, Answerable Study Question(s)	91%	9%	0%
	III: Clearly Defined Study Indicator(s)	95%	5%	0%
	IV: Correctly Identified Study Population	91%	8%	1%
Implementation	V: Valid Sampling Techniques	86%	5%	9%
	VI: Accurate/Complete Data Collection†	86%	4%	11%
	VII: Appropriate Improvement Strategies	86%	13%	1%
Outcomes	VIII: Sufficient Data Analysis and Interpretation	80%	7%	13%
	IX: Real Improvement Achieved	54%	10%	36%
	X: Sustained Improvement Achieved	75%	0%	25%

* 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.

Of the 38 IQIP submissions, 30 submissions progressed to a first remeasurement period and were assessed for real (statistically significant) improvement. Of those 30 QIP submissions, four submissions validated during the review period progressed to a second remeasurement period and were assessed for sustained improvement. These included:

- CenCal Health—Santa Barbara County, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- Community Health Group—San Diego County, *Increasing Follow-up to Positive Postpartum Screens*
- Kern Family Health Care—Kern County, *Comprehensive Diabetes Care*
- Partnership Health Plan—Napa, Solano and Yolo counties, *Improving Care and Reducing Acute Readmissions for People With COPD*

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.

The lowest-scoring evaluation elements within in this activity resulted from QIP submissions that omitted information on eligible populations and failed to document whether members with special health care needs were included or excluded. SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties' QIP, *Care for Older Adults,* and Kaiser Permanente—San Diego County's QIP, *Postpartum Care,* were marked down for both of the aforementioned elements. 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.

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

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

Health plans received a 91 percent *Met* score for Activity II, and there were no QIP submissions that 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.

Four QIPs received a *Partially Met* for not stating the study question(s) in simple terms:

- AIDS Healthcare Centers—Los Angeles County, *Advance Directives*
- Care 1st—San Diego County, *Comprehensive Diabetes Care*
- Kern Family Health Care—Kern County, *Comprehensive Diabetes Care*
- SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties, *Care for Older Adults*

Three QIPs received a *Partially Met* for not providing an answerable study question:

- AIDS Healthcare Centers—Los Angeles County, *Advance Directives*
- Care 1st—San Diego County, *Comprehensive Diabetes Care*
- SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties, *Care for Older Adults*

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, the QIPs scored well on Activity III, and there were no elements that were scored less than *Partially Met*. Seven submissions received a *Partially Met* score for not having well-defined, objective, and measureable study indicator(s).

Two submissions received a *Partially Met* score due to the deficiency listed above and also because their study indicators did not answer the study question and did not demonstrate the ability to measure change in health status: Care 1st—San Diego County, *Comprehensive Diabetes Care,* and SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties, *Care for Older Adults.*

Activity IV. Correctly Identified Study Population

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

Ninety-one percent of the applicable elements for Activity IV received a *Met* score, which showed that plans were able to correctly identify 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.

Again, two submissions (Care 1st—San Diego County, *Comprehensive Diabetes Care,* and SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties, *Care for Older Adults)* did not receive a *Met* score for all three elements.

Implementation

HSAG assessed all IQIP submissions through Activity VI, except for Family Mosaic Project—San Francisco County's QIP *Increase the Rate of School Attendance,* which was assessed through Activity V. Since four of the 38 QIP submissions were QIP proposals or proposal resubmissions, these submissions did not progress beyond Activity VII; therefore, HSAG did not assess these projects for Activity VIII through Activity X.

Activity V. Valid Sampling Techniques

Activity Summary: QIPs using sampling demonstrated mixed success.

In general, plans were able to demonstrate valid sampling techniques for their respective QIPs, as 86 percent of the applicable elements were scored *Met.* Two submissions, (Care 1st—San Diego County, *Comprehensive Diabetes Care,* and SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties, *Care for Older Adults)* accounted for 12 of the 13 elements that did not meet QIP standards. These submissions demonstrated deficiencies in all Activity V elements. In general, these plans' sampling techniques did not:

- Consider and specify the true or estimated frequency of occurrence.
- Identify the sample size.
- Specify the confidence level.
- Specify the acceptable margin of error.
- Ensure a representative sample of the eligible population.
- Comply with generally accepted principles of research design and statistical analysis.

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 completed data as 86 percent of the elements were scored *Met.* However, approximately 15 percent of the elements were scored either *Partially Met* or *Not Met*, which means that plans did show some weaknesses in data collection.

Eleven elements comprise Activity IV, and two QIPs received a *Partially Met* or *Not Met* score for all 11 elements. In fact, five submissions scored *Partially Met* or *Not Met* for five elements and six submissions scored *Partially Met* or *Not Met* for six elements.

The lowest performing elements were:

- Use of qualified staff and personnel to abstract manual data.
- Use of a manual collection tool that ensures consistent and accurate data collection.
- Use of a manual collection tool that supports interrater reliability.
- Clear and concise written instructions for completing the manual collection tool.
- An overview of the study in written instructions.

Care 1st—San Diego County's QIP, *Comprehensive Diabetes Care;* SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties' QIP, *Care for Older Adults;* Kaiser Permanente—San Diego County QIP, *Postpartum Care;* and *Family Mosaic Project*—San Francisco County's QIP, *Increase the Rate of School Attendance,* all received a *Partially Met* or *Not Met* score on at least eight of the eleven elements.

Activity VII. Appropriate Improvement Strategies

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

Eighty-six percent of the elements for Activity VII received a *Met* score, while thirteen percent received a P*artially Met* score. This shows that some plans struggled to show that appropriate improvement strategies were used in their respective QIPs.

Of the four elements that comprise Activity VII, two elements scored significantly lower than the other two elements. Four submissions (Anthem Blue Cross—Fresno, Sacramento, and San Francisco counties' *Postpartum Care* QIP, and Kern Family Health Care—Kern County's, *Comprehensive Diabetes Care QIP)* received *Partially Met* scores for not revising their interventions or implementing new interventions if the study indicators did not show improvement.

Similarly, eight submissions (Anthem Blue Cross—Alameda, Contra Costa, San Joaquin, Santa Clara and Tulare counties' *Postpartum Care* QIP; Community Health Group—San Diego County's *Increasing Follow-up to Positive Postpartum Screens* QIP, and Kaiser Permanente—Sacramento and San Diego County's *Childhood Obesity* and *Postpartum Care* QIPs) received a P*artially Met* score for not documenting how successful interventions were standardized or 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. Seven QIP submissions received a *Met* for all nine of the elements in Activity VIII.

- CenCal Health—San Luis Obispo County, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- CenCal Health—Santa Barbara County, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- Kern Family Health Care—Kern County, *Comprehensive Diabetes Care*
- LA Care Health Plan—Los Angeles County, *Improving HbA1c and Diabetic Retinal Exam Screening Rates*
- Molina Healthcare—Riverside/San Bernardino counties, *Improving Hypertension Control*
- Molina Healthcare—Sacramento County, *Improving Hypertension Control*
- Molina Healthcare—San Diego County, *Improving Hypertension Control*

The remaining plans struggled, particularly with three of Activity VIII's elements. Twelve QIP submissions received either a *Partially Met* or *Not Met* score for not identifying whether there were factors that threatened the internal or external validity of the findings. Additionally, 12 submissions received either a *Partially Met* or *Not Met* score for not accurately or completely interpreting the results. Eighteen submissions did not identify factors that could affect the ability to compare measurement periods and received either *Partially Met* or *Not Met* scores.

Activity IX. Real Improvement Achieved

Activity Summary: Overall, 40 percent of IQIP submissions demonstrated statistically significant improvement between measurement periods.

A total of thirty QIP submissions were evaluated through Activity IX. Thirty-six percent of the QIP submissions were scored as *Not Met* since none of the QIPs' study indicators

demonstrated statistically significant improvement. Conversely, 13 out of 30 submissions demonstrated statistically significant improvement for at least one study indicator. Four plans received a *Met* score for all of the elements in Activity IX and achieved statistically significant improvement for all study indicators:

- CenCal Health—San Luis Obispo, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- Contra Costa Health Plan—Contra Costa County, *Reducing Health Disparities—Childhood Obesity*
- Health Net—Fresno County, *Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities*
- Kaiser Permanente—Sacramento County, *Childhood Obesity*

Activity X. Sustained Improvement Achieved

Activity Summary: Four IQIP submissions progressed to the point of assessment for sustained improvement, and three out of the four submissions received a *Met* score.

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. 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.

Three of the four submissions received a *Met* score. 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 indicators in its QIP. Because of the lengthy time frame and gap that occurred prior to implementing interventions, the existing QIP was closed; however, the plan will work with the DHCS and HSAG to continue the QIP topic under a new QIP.

The following plans demonstrated sustained improvement: CenCal Health—Santa Barbara County, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents;* Community Health Group—San Diego County, *Increasing Follow-up to Positive Postpartum Screens;* and Partnership Health Plan—Napa, Solano and Yolo counties, *Improving Care and Reducing Acute Readmissions for People With COPD.*

Internal QIP Strengths and Opportunities for Improvement

Similar to the last measurement period, plans demonstrated proficiency with the Design phase for QIPs, as evidenced by the high percentage of average rates of *Met* evaluation elements for the July 1, 2011, through September 30, 2011, review period. Additionally, the plans received *Met* scores for 86 percent of the evaluation elements within the activities for the Implementation phase.

Three of the four QIPs that documented their final submission achieved sustained improvement for at least one study indicator outcome which resulted in (1) an increase in physical activity and nutrition awareness among adolescents in Santa Barbara County, (2) improved treatment and reduction of admissions for people with COPD in Napa, Solano, and Yolo counties, and (3) an increase in follow-up to postpartum screens in San Diego County.

There were two main areas of opportunity relating to this review period's QIP summary results. Activity IX: Real Improvement Achieved and Activity X: Sustained Improvement Achieved had the largest percentage of *Not Met* scores; these activities scored thirty-six and twenty-five percent, respectively.

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 incorporate a method to evaluate the effectiveness of each intervention and based on the results, revise current interventions or implement new interventions. Barrier analysis and subgroup analysis should be completed annually, at a minimum, and plans should develop interventions targeted to any subpopulation identified with suboptimal outcome rates.

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
July 1, 2011, through September 30, 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	Remeasurement 2
Anthem Blue Cross—				I – X	Remeasurement 2
Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara	CP				
Sacramento	GMC				
Stanislaus, Tulare	LI				
CalOptima—Orange	COHS			I – X	Remeasurement 2
Care 1st Partner Plan—San Diego	GMC			I – X	Remeasurement 2
CenCal Health Plan—Santa Barbara	COHS			I – X	Remeasurement 2
CenCal Health Plan—San Luis Obispo	COHS			I – IX	Remeasurement 1
Central California Alliance for Health Monterey, Santa Cruz	COHS			I – X	Remeasurement 2
Community Health Group—San Diego	GMC			I – X	Remeasurement 2
Contra Costa Health Plan—Contra Costa	LI			I – X	Remeasurement 2
Health Net—				I – X	Remeasurement 2
Fresno, Kern, Los Angeles, Stanislaus, Tulare	CP				
Sacramento, San Diego	GMC				
Health Plan of San Joaquin—San Joaquin	LI			I – X	Remeasurement 2
Health Plan of San Mateo—San Mateo	COHS			I – X	Remeasurement 2
Inland Empire Health Plan—Riverside, San Bernardino	LI			I – X	Remeasurement 2

Table A.1––The DHCS Statewide Collaborative QIPs
July 1, 2011, through September 30, 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					
Kaiser Permanente (North)—Sacramento	GMC	Clinical	Reduce the number of members 1 year of age and older who use the emergency room for a visit that could have been more appropriately managed in an office or a clinic setting.	I – X	Remeasurement 2
Kaiser Permanente (South)—San Diego	GMC			I – X	Remeasurement 2
Kern Family Health Care—Kern	LI			I – X	Remeasurement 2
L A Care Health Plan—Los Angeles	LI			I – X	Remeasurement 2
Molina Healthcare— Riverside, San Bernardino Sacramento, San Diego	 CP GMC			I – X	Remeasurement 2
Partnership Health Plan—Napa, Solano, Yolo	COHS			I – X	Remeasurement 2
San Francisco Health Plan—San Francisco	LI			I – X	Remeasurement 2
Santa Clara Family Health Plan—Santa Clara	LI			I – X	Remeasurement 2

Table A.2––Small-Group Collaborative QIPs
July 1, 2011, through September 30, 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
Community Health Group—San Diego	GMC	Improving Treatment of Chronic Obstructive Pulmonary Disease (COPD)	Clinical	Improving care and reducing acute readmissions for people with COPD	X	Remeasurement 3

Table A.3––Internal QIPs
July 1, 2011, through September 30, 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 that have an advance directive document or documented discussion of advance directives	VIII	Baseline
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	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
July 1, 2011, through September 30, 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	VII	Proposal
Care 1st—San Diego	GMC	Comprehensive Diabetes Care	Clinical	Improve the rate of comprehensive diabetes care	VII	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 for children	X	Remeasurement 2
Central California Alliance for Health—Monterey, Santa Cruz	COHS	*Pending new project 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
July 1, 2011, through September 30, 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	VIII	Baseline
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
July 1, 2011, through September 30, 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	Improving 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	VIII	Baseline
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
July 1, 2011, through September 30, 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	Improving care and reducing 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

Table A.3––Internal QIPs
July 1, 2011, through September 30, 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—Small-Group Collaborative QIP Activities I to IV Ratings (N = 1 Submission)
July 1, 2011, through September 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% (1/1)	0% (0/1)	0% (0/1)
	2. Is selected following collection and analysis of data (or was selected by the State).	100% (1/1)	0% (0/1)	0% (0/1)
	3. Addresses a broad spectrum of care and services (or was selected by the State).	100% (1/1)	0% (0/1)	0% (0/1)
	4. Includes all eligible populations that meet the study criteria.	100% (1/1)	0% (0/1)	0% (0/1)
	5. Does not exclude members with special health care needs.	100% (1/1)	0% (0/1)	0% (0/1)
C*	6. Has the potential to affect member health, functional status, or satisfaction.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates**	**100% (6/6)**	**0% (0/6)**	**0% (0/6)**
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms.	100% (1/1)	0% (0/1)	0% (0/1)
C*	2. Is answerable.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates**	**100% (2/2)**	**0% (0/2)**	**0% (0/2)**
Activity III: Clearly Defined Study Indicator(s)				
C*	1. Are well-defined, objective, and measurable.	100% (1/1)	0% (0/1)	0% (0/1)
	2. Are based on current, evidence-based practice guidelines, pertinent peer review literature, or consensus expert panels.	100% (1/1)	0% (0/1)	0% (0/1)
C*	3. Allow for the study questions to be answered.	100% (1/1)	0% (0/1)	0% (0/1)
	4. Measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	100% (1/1)	0% (0/1)	0% (0/1)
C*	5. Have available data that can be collected on each indicator.	100% (1/1)	0% (0/1)	0% (0/1)
	6. Are nationally recognized measures such as HEDIS specifications, when appropriate.	100% (1/1)	0% (0/1)	0% (0/1)
	7. Includes the basis on which each indicator was adopted, if internally developed.	Not applicable	Not applicable	Not applicable
	Activity Average Rates**	**100% (6/6)**	**0% (0/6)**	**0% (0/6)**
Activity IV: Correctly Identified Study Population				
C*	1. Is accurately and completely defined.	100% (1/1)	0% (0/1)	0% (0/1)
	2. Includes requirements for the length of a member's enrollment in the plan.	100% (1/1)	0% (0/1)	0% (0/1)
C*	3. Captures all members to whom the study question applies.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates**	**100% (3/3)**	**0% (0/3)**	**0% (0/3)**

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 cross all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.

Table B.2—Small-Group Collaborative QIP Activities V to VII Ratings (N = 1 Submission)
July 1, 2011, through September 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.	Not applicable	Not applicable	Not applicable
	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**	**Not applicable**	**Not applicable**	**Not applicable**
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	100% (1/1)	0% (0/1)	0% (0/1)
	2. The identification of specified sources of data.	100% (1/1)	0% (0/1)	0% (0/1)
	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.	100% (1/1)	0% (0/1)	0% (0/1)
	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.	100% (1/1)	0% (0/1)	0% (0/1)
	11. An estimated degree of automated data completeness.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates**	**100% (5/5)**	**0% (0/5)**	**0% (0/5)**
Activity VII: Appropriate Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	100% (1/1)	0% (0/1)	0% (0/1)
	2. System changes that are likely to induce permanent change.	100% (1/1)	0% (0/1)	0% (0/1)
	3. Revised if original interventions are not successful.	100% (1/1)	0% (0/1)	0% (0/1)
	4. Standardized and monitored if interventions were successful.	0% (0/1)	100% (1/1)	0% (0/1)
	Activity Average Rates**	**75% (3/4)**	**25% (1/4)**	**0% (0/4)**

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—Small-Group Collaborative QIP Activities VIII to X Ratings (N = 1 Submission)
July 1, 2011, through September 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.	100% (1/1)	0% (0/1)	0% (0/1)
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.	100% (1/1)	0% (0/1)	0% (0/1)
	4. Includes an interpretation of the findings.	0% (0/1)	100% (1/1)	0% (0/1)
	5. Is presented in a way that provides accurate, clear, and easily understood information.	100% (1/1)	0% (0/1)	0% (0/1)
	6. Identifies initial measurement and remeasurement of study indicators.	100% (1/1)	0% (0/1)	0% (0/1)
	7. Identifies statistical differences between initial measurement and remeasurement.	100% (1/1)	0% (0/1)	0% (0/1)
	8. Identifies factors that affect the ability to compare the initial measurement with remeasurement.	100% (1/1)	0% (0/1)	0% (0/1)
	9. Includes interpretation of the extent to which the study was successful.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates**	**88% (7/8)**	**13% (1/8)**	**0% (0/8)**
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	100% (1/1)	0% (0/1)	0% (0/1)
	2. There is documented improvement in processes or outcomes of care.	100% (1/1)	0% (0/1)	0% (0/1)
	3. The improvement appears to be the result of planned intervention(s).	100% (1/1)	0% (0/1)	0% (0/1)
	4. There is statistical evidence that observed improvement is true improvement.	0% (0/1)	100% (1/1)	0% (0/1)
	Activity Average Rates**	**75% (3/4)**	**25% (1/4)**	**0% (0/4)**
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.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates**	**100% (1/1)**	**0% (0/1)**	**0% (0/1)**

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 = 38 Submissions)
July 1, 2011, through September 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% (35/35)	0% (0/35)	0% (0/35)
	2. Is selected following collection and analysis of data (or was selected by the State).	95% (36/38)	5% (2/38)	0% (0/38)
	3. Addresses a broad spectrum of care and services (or was selected by the State).	100% (38/38)	0% (0/38)	0% (0/38)
	4. Includes all eligible populations that meet the study criteria.	92% (35/38)	5% (2/38)	3% (1/38)
	5. Does not exclude members with special health care needs.	92% (35/38)	0% (0/38)	8% (3/38)
C*	6. Has the potential to affect member health, functional status, or satisfaction.	100% (38/38)	0% (0/38)	0% (0/38)
	Activity Average Rates**	**96% (217/225)**	**2% (4/225)**	**2% (4/225)**
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms.	89% (34/38)	11% (4/38)	0% (0/38)
C*	2. Is answerable.	92% (35/38)	8% (3/38)	0% (0/38)
	Activity Average Rates**	**91% (69/76)**	**9% (7/76)**	**0% (0/76)**
Activity III: Clearly Defined Study Indicator(s)				
C*	1. Are well-defined, objective, and measurable.	82% (31/38)	18% (7/38)	0% (0/38)
	2. Are based on current, evidence-based practice guidelines, pertinent peer review literature, or consensus expert panels.	100% (36/36)	0% (0/36)	0% (0/36)
C*	3. Allow for the study questions to be answered.	95% (36/38)	5% (2/38)	0% (0/38)
	4. Measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	95% (36/38)	5% (2/38)	0% (0/38)
C*	5. Have available data that can be collected on each indicator.	100% (38/38)	0% (0/38)	0% (0/38)
	6. Are nationally recognized measures such as HEDIS specifications, when appropriate.	100% (27/27)	0% (0/27)	0% (0/27)
	7. Includes the basis on which each indicator was adopted, if internally developed.	100% (14/14)	0% (0/14)	0% (0/14)
	Activity Average Rates**	**95% (218/229)**	**5% (11/229)**	**0% (0/229)**
Activity IV: Correctly Identified Study Population				
C*	1. Is accurately and completely defined.	89% (34/38)	11% (4/38)	0% (0/38)
	2. Includes requirements for the length of a member's enrollment in the plan.	95% (36/38)	3% (1/38)	3% (1/38)
C*	3. Captures all members to whom the study question applies.	89% (34/38)	11% (4/38)	0% (0/38)
	Activity Average Rates**	**91% (104/114)**	**8% (9/114)**	**1% (1/114)**

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 = 38 Submissions)
July 1, 2011, through September 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.	86% (19/22)	5% (1/22)	9% (2/22)
	2. Identify the sample size.	86% (19/22)	5% (1/22)	9% (2/22)
	3. Specify the confidence level.	86% (19/22)	5% (1/22)	9% (2/22)
	4. Specify the acceptable margin of error.	82% (18/22)	9% (2/22)	9% (2/22)
C*	5. Ensure a representative sample of the eligible population.	86% (19/22)	5% (1/22)	9% (2/22)
	6. Are in accordance with generally accepted principles of research design and statistical analysis.	86% (19/22)	5% (1/22)	9% (2/22)
	Activity Average Rates**	**86% (113/132)**	**5% (7/132)**	**9% (12/132)**
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	92% (34/37)	5% (2/37)	3% (1/37)
	2. The identification of specified sources of data.	95% (35/37)	5% (2/37)	0% (0/37)
	3. A defined and systematic process for collecting baseline and remeasurement data.	85% (23/27)	7% (2/27)	7% (2/27)
	4. A timeline for the collection of baseline and remeasurement data.	84% (31/37)	3% (1/37)	14% (5/37)
	5. Qualified staff and personnel to abstract manual data.	81% (22/27)	0% (0/27)	19% (5/27)
C*	6. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	81% (22/27)	0% (0/27)	19% (5/27)
	7. A manual data collection tool that supports interrater reliability.	81% (22/27)	0% (0/27)	19% (5/27)
	8. Clear and concise written instructions for completing the manual data collection tool.	81% (22/27)	0% (0/27)	19% (5/27)
	9. An overview of the study in written instructions.	81% (22/27)	0% (0/27)	19% (5/27)
	10. Administrative data collection algorithms/flowcharts that show activities in the production of indicators.	86% (30/35)	6% (2/35)	9% (3/35)
	11. An estimated degree of automated data completeness.	88% (30/34)	9% (3/34)	3% (1/34)
	Activity Average Rates**	**86% (293/342)**	**4% (12/342)**	**11% (37/342)**
Activity VII: Appropriate Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	92% (33/36)	6% (2/36)	3% (1/36)
	2. System changes that are likely to induce permanent change.	94% (34/36)	6% (2/36)	0% (0/36)
	3. Revised if original interventions are not successful.	86% (24/28)	14% (4/28)	0% (0/28)
	4. Standardized and monitored if interventions were successful.	58% (11/19)	42% (8/19)	0% (0/19)
	Activity Average Rates**	**86% (102/119)**	**13% (16/119)**	**1% (1/119)**

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 = 38 Submissions)
July 1, 2011, through September 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.	88% (30/34)	6% (2/34)	6% (2/34)
C*	2. Allows for the generalization of the results to the study population if a sample was selected.	95% (19/20)	0% (0/20)	5% (1/20)
	3. Identifies factors that threaten the internal or external validity of the findings.	65% (22/34)	3% (1/34)	32% (11/34)
	4. Includes an interpretation of the findings.	65% (22/34)	24% (8/34)	12% (4/34)
	5. Is presented in a way that provides accurate, clear, and easily understood information.	88% (30/34)	3% (1/34)	9% (3/34)
	6. Identifies initial measurement and remeasurement of study indicators.	97% (29/30)	0% (0/30)	3% (1/30)
	7. Identifies statistical differences between initial measurement and remeasurement.	97% (29/30)	0% (0/30)	3% (1/30)
	8. Identifies factors that affect the ability to compare the initial measurement with remeasurement.	40% (12/30)	23% (7/30)	37% (11/30)
	9. Includes interpretation of the extent to which the study was successful.	97% (29/30)	0% (0/30)	3% (1/30)
	Activity Average Rates**	**80% (222/276)**	**7% (19/276)**	**13% (35/276)**
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	97% (29/30)	0% (0/30)	3% (1/30)
	2. There is documented improvement in processes or outcomes of care.	53% (16/30)	7% (2/30)	40% (12/30)
	3. The improvement appears to be the result of planned intervention(s).	40% (12/30)	20% (6/30)	40% (12/30)
	4. There is statistical evidence that observed improvement is true improvement.	27% (8/30)	13% (4/30)	60% (18/30)
	Activity Average Rates**	**54% (65/120)**	**10% (12/120)**	**36% (43/120)**
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.	75% (3/4)	0% (0/4)	25% (1/4)
	Activity Average Rates**	**75% (3/4)**	**0% (0/4)**	**25% (1/4)**

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.