

Medi-Cal Managed Care
Quality Improvement Projects Status Report
October 1, 2014 – December 31, 2014

Managed Care Quality and
Monitoring Division
California Department of
Health Care Services

February 2015



1.	EXECUTIVE SUMMARY	1
	Purpose of Report	1
	Scope of External Quality Review Activities Conducted	1
	Summary of Overall Findings	2
	Quality Improvement Projects Validation	2
	PDSA Cycle Submissions Review	3
	Summary of Overall Results	4
	Statewide Collaborative QIP and PDSA Cycle Submissions	4
	Internal QIP and PDSA Cycle Submissions	4
	Conclusions and Recommendations	5
	Statewide Collaborative and Internal QIP Conclusions and Recommendations	5
	Statewide Collaborative and Internal PDSA Conclusions and Recommendations	5
2.	INTRODUCTION	7
	Organization of Report	7
	QIP Requirements	7
	Description of the QIP Validation Process	8
	Evaluating the Overall Validity and Reliability of Study Results	8
	Plan-Do-Study-Act Cycle Requirements	9
3.	QUARTERLY QIP AND PDSA ACTIVITY	10
	Quality Improvement Activities	10
	QIP Summary Form Validation	10
	MCQMD Statewide ACR Collaborative Quality Improvement Project	10
	Internal Quality Improvement Projects	10
	PDSA Cycle Review	11
4.	SUMMARY OF FINDINGS	18
	Quality Improvement Project Activities	18
	PDSA Cycle Activities	18
	Findings Specific to the MCQMD Statewide Collaborative Quality Improvement Project	19
	Background	19
	Statewide Collaborative—Quality Improvement Project Current Quarter Validation Findings	20
	SCAN Health Plan’s ACR QIP Resubmission Validation Results	21
	Statewide Collaborative—PDSA Cycle Current Quarter Review Findings	22
	Findings Specific to Small-Group Collaborative Quality Improvement Projects	23
	Findings Specific to Internal Quality Improvement Projects	24
	Quality Improvement Project Current Quarter Validation Findings	24

Internal PDSA Cycle Current Quarter Review Findings	25
QIP and PDSA Strengths and Opportunities for Improvement	27
QIP and PDSA Recommendations	27
<i>APPENDIX A.</i> STATUS OF ACTIVE QIPs AND PDSA CYCLES	A-1
<i>APPENDIX B.</i> EVALUATION ELEMENT SCORING TABLES	B-1
<i>APPENDIX C.</i> PDSA CYCLE WORKSHEET	C-1

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 of its Medi-Cal managed care plans (MCPs). The Managed Care Quality and Monitoring Division (MCQMD) requires its contracted, full-scope MCPs, prepaid MCPs, and specialty MCPs to conduct quality improvement projects (QIPs) to assess and improve the quality of a targeted area of clinical or nonclinical care or services provided to Medi-Cal managed care members.

This QIPs Status Report provides a summary of QIPs validated during the period of October 1, 2014, through December 31, 2014, and presents recommendations for improvement. Additionally, this report provides a summary of Plan-Do-Study-Act (PDSA) cycle information which some MCPs were required to submit related to their QIP topics.

Scope of External Quality Review Activities Conducted

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 MCPs to use when conducting QIPs¹ and for EQROs to use when validating QIPs.² The EQRO reviews each QIP using the validating protocol to ensure MCPs design, conduct, and report QIPs in a methodologically sound manner, consistent with the protocol for conducting QIPs. As a result of this validation, DHCS and interested parties can have confidence in reported improvements that result from a QIP.

During the previous reporting period, MCQMD made a decision that each MCP with a QIP that did not achieve a *Met* validation status on the annual submission would be required to submit a PDSA cycle related to the MCP's QIP topic rather than to resubmit the QIP for validation. The decision was made in part because DHCS is transitioning to a new EQRO contract beginning July 1, 2015, and in part because of MCQMD's focus on rapid-cycle improvement as a way to increase the likelihood of positive outcomes.

¹ U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Implementation of Performance Improvement Projects (PIPs): A Voluntary Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on February 19, 2013.

² U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Validation of Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on February 19, 2013.

MCQMD provided a PDSA Cycle Worksheet for MCPs to submit, and HSAG, with input from MCQMD, developed a review process and feedback form. MCQMD instructed the MCPs to focus on a small test of change for the PDSA cycle. The PDSA process allows for MCPs to implement rapid-cycle strategies and determine quickly if the interventions are effective or not. Once an MCP determines the interventions' effectiveness, the MCP can adopt, adapt, or abandon the interventions. The MCPs required to implement a PDSA cycle could target the entire eligible population in all counties, identify a subset population (in one or more counties), target providers, or focus on a systemic problem. While the majority of MCPs with a QIP that did not achieve a *Met* validation status were required to submit a PDSA cycle, MCQMD made some exceptions based on MCQMD and MCP priorities.

Summary of Overall Findings

Quality Improvement Projects Validation

HSAG evaluated QIPs submitted by the MCPs using its QIP Validation Tool, which scores the QIPs against the CMS validation protocol. Through QIP validation, HSAG assesses an MCP'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. All QIPs validated during the reporting period of October 1, 2014, through December 31, 2014, were resubmissions and were submitted in lieu of a PDSA cycle.

During the reporting period, HSAG reviewed 25 QIPs—one a statewide collaborative QIP annual resubmission from SCAN Health Plan and 24 internal QIP (IQIP) annual resubmissions from five MCPs. SCAN Health Plan's *All-Cause Readmissions (ACR)* QIP resubmission was at Remeasurement 1, while all IQIP resubmissions were at the baseline reporting period. There were no small-group collaborative QIPs in progress during this review period.

**Table 1.1—Medi-Cal Managed Care Quarterly QIP Activity
October 1, 2014, through December 31, 2014¹**

General IQIP Topic	Number of QIPs	Number of Submissions
All-Cause Readmissions (Collaborative QIP)	1	1
Internal QIPs (IQIPs)		
Prenatal/Postpartum Care	8	8
Diabetes	7	7
Avoidable Emergency Department Visits	1	2
CD4 & Viral Load Testing	1	2
Childhood Immunization Status	1	1
Depression	1	1
High-Risk Medications	1	2
School Attendance	1	1
Total for IQIPs	21	24

¹Only QIPs that had submissions during Quarter 2 are included in this table.

SCAN Health Plan's *ACR* QIP submission was a resubmission. A resubmission means the MCP was required to resubmit the QIP with updated documentation because the initial QIP submission did not meet HSAG's validation criteria to receive an overall *Met* validation status. SCAN Health Plan's QIP resubmission achieved a *Met* validation status.

The 24 IQIP submissions were either a resubmission 1 or resubmission 2. Of the 24 IQIP submissions, 18 achieved a *Met* validation status, while three received a *Partially Met* validation status and required an additional resubmission. All three IQIPs were resubmitted during the review period and achieved a *Met* validation status.

PDSA Cycle Submissions Review

HSAG evaluated the PDSA cycles submitted by the MCPs to determine if the SMART (Specific, Measurable, Achievable, Relevant, Time-Bound) Objective and Plan portion of the PDSA cycle followed the guidelines set forth by MCQMD. HSAG also assessed the MCP's methodology for conducting a small test of change. Once approved, the MCPs were instructed to implement the small test of change and analyze the results of the change. The Introduction section of this report provides a detailed description of HSAG's review process.

During the reporting period of October 1, 2014, through December 31, 2014, HSAG reviewed 45 PDSA cycles—22 related to the statewide collaborative *ACR* QIP and 23 related to MCPs' IQIP topics (internal PDSA cycles). Although some of the revised PDSA Cycle Worksheets were received outside the 2014–15 second quarter reporting period, HSAG includes their results in this report so that the results for all MCPs are included. This allows HSAG to make comparisons across all MCPs. The table below depicts the general PDSA topics from the greatest to least number of revisions.

**Table 1.2—Medi-Cal Managed Care Quarterly PDSA Cycle Activity
October 1, 2014, through December 31, 2014**

General IQIP Topic	Number of PDSA Cycles	Number of PDSA Cycle Worksheets Requiring Revision Before Approval	Total PDSA Cycle Worksheets Reviewed
All-Cause Readmissions (Collaborative QIP)	13	9	22
Internal PDSAs			
Diabetes	5	4	9
Immunizations	2	2	4
Hypertension	2	1	3
Prenatal and Postpartum	2	1	3
Persistent Medications	1	1	2
Well-Child Visits	1	1	2
Total for Internal PDSAs	13	10	23

Of the 13 statewide collaborative QIP PDSA cycles submitted, four were approved for implementation, while nine required revisions. All nine revised PDSA cycles were approved.

Of the 13 IQIP PDSA cycles submitted, three were approved for implementation, while 10 required revisions. All 10 revised PDSA cycles were approved.

Summary of Overall Results

Statewide Collaborative QIP and PDSA Cycle Submissions

During the reporting period, one statewide *ACR* collaborative QIP (from SCAN Health Plan) was validated and assessed for statistically significant improvement (Activity IX). The QIP was not assessed for sustained improvement (Activity X) because the QIP had not yet progressed to this stage. The QIP's study indicator did not achieve statistically significant improvement over baseline.

Thirteen statewide *ACR* collaborative QIP PDSA cycles were approved for implementation. These *ACR* QIP PDSA cycles will be assessed for the Do, Study, and Act phases during the 2014–15 Quarter 4 reporting period.

Internal QIP and PDSA Cycle Submissions

During the reporting period, all 24 submitted IQIPs were assessed for Activities I through VIII. No IQIPs progressed beyond Activity VIII.

Thirteen internal PDSA cycles were approved for implementation. These internal PDSA cycles will be assessed for the Do, Study, and Act phases during the 2014–15 Quarter 4 reporting period.

Conclusions and Recommendations

Statewide Collaborative and Internal QIP Conclusions and Recommendations

During the review period of October 1, 2014, through December 31, 2014, all MCPs corrected the deficiencies noted during their Quarter 1 QIP submissions, resulting in all QIPs achieving a *Met* validation status. No QIPs will need to be resubmitted during Quarter 3.

Based on a review of QIP validation findings during the reporting period, HSAG recommends that MCPs:

- ◆ Document the team members and/or method used for determining the barriers.
- ◆ Prioritize the identified barriers.
- ◆ Have a plan for evaluating each intervention, and document the process used to evaluate the effectiveness of the interventions.
- ◆ Develop system changes that are likely to induce permanent change.
- ◆ Refer to the QIP Completion Instructions and previous QIP validation tools before documenting a QIP.
- ◆ Request technical assistance before submitting a QIP, if they have any questions.

Statewide Collaborative and Internal PDSA Conclusions and Recommendations

During the review period of October 1, 2014, through December 31, 2014, all MCPs corrected issues identified during the initial PDSA cycle submissions and all PDSA cycles were approved for implementation.

Based on a review of the SMART objective and Plan portion of the PDSA cycle submissions, HSAG provides the following recommendations to MCPs regarding their PDSA cycles:

For the SMART objective, MCPs should:

- ◆ Document the SMART objective in the correct format.
- ◆ Document the change that will be tested.
- ◆ Provide specific details about the change that will be tested.
- ◆ Include a narrowed focus.
- ◆ Include the correct end date for the cycle.
- ◆ Include a relevant target for the interim outcome.

For the Plan portion, MCPs should:

- ◆ Clearly identify and/or fully describe the change(s) that will be tested.
- ◆ Provide the current/baseline rate.

- ◆ Clearly identify a narrow focus (the focus of the PDSA cycle appeared too broad).
- ◆ Provide a complete prediction.
- ◆ Fully describe the data collection process.

The MCPs should refer to the PDSA Cycle Worksheet and any feedback provided by HSAG on the PDSA cycle documentation to ensure that all required information is included in the PDSA Cycle Worksheet. Additionally, if MCPs have questions regarding the PDSA cycle process, they should request technical assistance from HSAG and MCQMD.

Organization of Report

This report has seven sections:

- ◆ **Executive Summary**—Outlines the scope of external quality review activities, provides the status of MCP 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 as well as an overview of the PDSA cycle submission 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. This section also includes tables of all PDSA cycle submissions that HSAG reviewed during the reporting period, including the status of each PDSA cycle.
- ◆ **Summary of QIP Validation Findings**—Summarizes validation findings across MCPs related to QIP study design, study implementation, and quality outcomes achieved. Also, this section summarizes the SMART objective; Plan phase; and the Do, Study, Act phases for the PDSA cycle submissions. Strengths, opportunities for improvement, and recommendations are provided for both the QIP and PDSA cycle submissions.
- ◆ **Appendix A**—Includes a listing of all active QIPs and PDSA cycles and their status.
- ◆ **Appendix B**—Provides detailed scoring tables for each evaluation element within the 10 QIP activities for the ACR QIP and the internal QIPs (IQIPs).
- ◆ **Appendix C**—PDSA Cycle Worksheet.

QIP Requirements

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

QIPs are a contract requirement for Medi-Cal MCPs. DHCS requires each of its contracted Medi-Cal MCPs to conduct two DHCS-approved QIPs in accordance with federal requirements. MCPs must always maintain two active QIPs. For full-scope MCPs, the statewide Medi-Cal managed care

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

collaborative project serves as one of the two required QIPs. The second QIP can be either an IQIP or a small-group collaborative QIP involving at least three Medi-Cal MCPs.

Description of the QIP Validation Process

The primary objective of QIP validation is to determine each MCP'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 MCPs conduct and that an EQRO validate QIPs in a manner consistent with the CMS protocols for implementing and validating QIPs.⁴

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

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

QIP validation ensures that:

- ◆ MCPs 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:

⁴ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQOR Protocol 7: Implementation of Performance Improvement Projects: A Voluntary Protocol for External Quality Review (EQOR)*, Version 2.0, September 2012, and *EQOR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQOR)*, Version 2.0, September 2012. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: February 19, 2013.

- ◆ **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.

Plan-Do-Study-Act Cycle Requirements

During the previous reporting period, MCQMD made a decision that each MCP with a QIP that did not achieve a *Met* validation status on the annual submission would be required to submit a Plan-Do-Study-Act (PDSA) cycle related to the QIP topic rather than to resubmit the QIP for validation. The decision was made in part because DHCS is transitioning to a new EQRO contract beginning July 1, 2015, and in part because of MCQMD's focus on rapid-cycle improvement as a way to increase the likelihood of positive outcomes.

MCQMD provided a PDSA Cycle Worksheet for MCPs to submit and HSAG, with input from MCQMD, developed a review process and feedback form. MCQMD instructed the MCPs to focus on a small test of change for the PDSA cycle. The PDSA process allows for MCPs to implement rapid-cycle strategies and determine quickly if the interventions are effective or not. Once an MCP determines the interventions' effectiveness, the MCP can adopt, adapt, or abandon the interventions. The MCPs that were required to implement a PDSA cycle could target the entire eligible population in all counties, identify a subset population (in one or more counties), target providers, or focus on a systemic problem. While the majority of MCPs with a QIP that did not achieve a *Met* validation status were required to submit a PDSA cycle, MCQMD made some exceptions based on MCQMD and MCP priorities.

Quality Improvement Activities

As indicated previously, MCQMD made a decision to have most MCPs implement a PDSA cycle for QIPs that did not achieve a *Met* validation status on the initial submission, rather than require the MCPs to resubmit their QIPs for validation. To ensure the MCPs' understanding of the PDSA cycle submission process, MCQMD and HSAG conducted technical assistance calls with the MCPs to review both the requirements and expectations. While the majority of MCPs with a QIP that did not achieve a *Met* validation status were required to submit a PDSA cycle, MCQMD made some exceptions based on MCQMD and MCP priorities.

QIP Summary Form Validation

MCQMD Statewide ACR Collaborative Quality Improvement Project

As SCAN Health Plan is a specialty MCP, MCQMD allowed the MCP to resubmit its QIP Summary Form for the *ACR* QIP rather than submit a PDSA cycle. All other MCPs with an *ACR* QIP that received a *Not Met* or *Partially Met* validation status on the initial submission were required to submit a PDSA cycle.

Validation results showed that SCAN Health Plan's resubmission of the *ACR* QIP achieved an overall validation status of *Met*, with 92 percent of the evaluation elements and 100 percent of the critical elements receiving a met score.

Internal Quality Improvement Projects

MCQMD required that the three specialty MCPs (AHF Healthcare Centers, Family Mosaic Project, and SCAN Health Plan) and one full-scope MCP, Anthem Blue Cross Partnership Plan, resubmit their IQIPs until the IQIPs achieved a *Met* validation status. All other MCPs with IQIPs that received a *Not Met* or *Partially Met* validation status on the initial submission were required to submit a PDSA cycle.

HSAG reviewed 24 IQIP submissions for the period of October 1, 2014, through December 31, 2014. Table 3.1 summarizes the IQIPs that were validated during this review period. Table 3.1 includes the IQIPs and lists the IQIPs by MCP and county, study topic, IQIP submission type, and activities validated. Additionally, this table displays the percentage of evaluation and critical elements that received a *Met* score and summarizes the validation results for the IQIPs, providing an overall validation status of *Met*, *Partially Met*, or *Not Met*. 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*.

PDSA Cycle Review

For the current reporting period, MCPs that were required to submit a PDSA cycle for their *ACR* QIP and/or IQIP topic were expected to submit the SMART objective and Plan portions of the PDSA cycle. Once these portions were approved, the MCPs were instructed to implement the Do, Study, and Act portions of the PDSA cycle and will submit their findings to MCQMD and HSAG by April 30, 2015.

HSAG reviewed 22 statewide collaborative *ACR* PDSA Cycle Worksheets and 23 internal PDSA Cycle Worksheets for the period of October 1, 2014, through December 31, 2014. Table 3.2 and Table 3.3 summarize the PDSA Cycle Worksheets that were reviewed during the reporting period. Table 3.2 includes the statewide *ACR* collaborative PDSA cycles and lists them by MCP and county, cycle submission type, activities reviewed, and overall results. Table 3.3 includes the internal PDSA cycles and lists them by MCP and county, cycle topic, cycle submission type, activities reviewed, and overall results.

**Table 3.1—Medi-Cal Managed Care Quarterly Internal QIP Validation Results
October 1, 2014, through December 31, 2014**

MCP Name and County	Name of Internal Project/Study	Type of Submission ¹	Activities Validated	Percentage of Evaluation Elements Scored Met ²	Percentage of Critical Elements Scored Met ³	Overall Validation Status ⁴
AIDS Healthcare Foundation—Los Angeles	Increasing CD4 and Viral Load Testing	Annual Resubmission 1	I–VIII	94%	86%	<i>Partially Met</i>
		Annual Resubmission 2	I–VIII	100%	100%	<i>Met</i>
AIDS Healthcare Foundation—Los Angeles	Reducing Avoidable Emergency Department Visits	Annual Resubmission 1	I–VIII	94%	86%	<i>Partially Met</i>
		Annual Resubmission 2	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Sacramento	Childhood Immunization Status	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Alameda	Improving Diabetes Management	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Contra Costa	Improving Diabetes Management	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Fresno	Improving Diabetes Management	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Kings	Improving Diabetes Management	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Sacramento	Improving Diabetes Management	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—San Francisco	Improving Diabetes Management	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Tulare	Improving Diabetes Management	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Alameda	Improving Timeliness of Prenatal and Postpartum Care	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Contra Costa	Improving Timeliness of Prenatal and Postpartum Care	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Fresno	Improving Timeliness of Prenatal and Postpartum Care	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>

MCP Name and County	Name of Internal Project/Study	Type of Submission ¹	Activities Validated	Percentage of Evaluation Elements Scored Met ²	Percentage of Critical Elements Scored Met ³	Overall Validation Status ⁴
Anthem Blue Cross Partnership Plan—Kings	Improving Timeliness of Prenatal and Postpartum Care	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Madera	Improving Timeliness of Prenatal and Postpartum Care	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Sacramento	Improving Timeliness of Prenatal and Postpartum Care	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Santa Clara	Improving Timeliness of Prenatal and Postpartum Care	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Tulare	Improving Timeliness of Prenatal and Postpartum Care	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Family Mosaic Project—San Francisco	Child and Adolescent Needs and Strengths (CANS) Depression Rating	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
Family Mosaic Project—San Francisco	Increase the Rate of School Attendance	Annual Resubmission 1	I–VIII	100%	100%	<i>Met</i>
SCAN Health Plan—Los Angeles/Riverside/San Bernardino	Patient Safety Analysis—Use of High Risk Medication	Annual Resubmission 1	I–VIII	88%	86%	<i>Partially Met</i>
		Annual Resubmission 2	I–VIII	100%	100%	<i>Met</i>

¹**Type of Submission**—Designates the QIP submission as a new study design, annual submission, or resubmission. A resubmission means the MCP 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 of Evaluation Elements Scored Met**—The percentage is calculated by dividing the total elements scored *Met* (critical and non-critical) by the sum of the total number of elements scored *Met*, *Partially Met*, and *Not Met*.

³**Percentage of Critical Elements Scored Met**—The percentage of critical elements scored *Met* is calculated by dividing the total critical elements scored *Met* by the sum of the critical elements scored *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*.

**Table 3.2—Medi-Cal Managed Care Quarterly *All-Cause Readmissions* Collaborative PDSA Cycle Review Results
October 1, 2014, through December 31, 2014**

MCP Name and County	Type of Submission	Activities Reviewed	Overall Results
Alameda Alliance for Health—Alameda	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
	Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Anthem Blue Cross Partnership Plan—Fresno	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
	Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
CalViva Health—Fresno, Kings, and Madera	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
	Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Care1st Partner Plan—San Diego	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
	Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
CenCal Health—San Luis Obispo and Santa Barbara	Initial Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Contra Costa Health Plan—Contra Costa	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
	Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Gold Coast Health Plan—Ventura	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
	Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Health Net Community Solutions, Inc.—Tulare	Initial Worksheet	SMART Objective and Plan Phase	Approved for Implementation

MCP Name and County	Type of Submission	Activities Reviewed	Overall Results
Health Plan of San Mateo—San Mateo	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
	Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Inland Empire Health Plan—Riverside/San Bernardino	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
	Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Kern Family Health Care—Kern	Initial Worksheet	SMART Objective and Plan Phase	Approved for Implementation
L.A. Care Health Plan—Los Angeles	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
	Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Santa Clara Family Health Plan—Santa Clara	Initial Worksheet	SMART Objective and Plan Phase	Approved for Implementation

**Table 3.3—Medi-Cal Managed Care Quarterly Internal PDSA Cycle Review Results
October 1, 2014, through December 31, 2014**

MCP Name and County	Name of Internal PDSA Cycle	Type of Submission	Activities Reviewed	Overall Results
Alameda Alliance for Health—Alameda	Anti-Hypertensive Medication Fills Among Members with Hypertension	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
		Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Anthem Blue Cross Partnership Plan—Rural Expansion Region 1, Rural Expansion Region 2, and San Benito	Childhood Immunizations Combo 3	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
		Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
CalOptima—Orange	Improvement of Prenatal Visit Rates for Pregnant Members	Initial Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Care1st Partner Plan—San Diego	Comprehensive Diabetes Care	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
		Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
CenCal Health—San Luis Obispo	Annual Monitoring for Patients on Persistent Medications	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
		Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Gold Coast Health Plan—Ventura	Diabetic Eye Exam Member Incentive Project	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
Health Plan of San Joaquin—San Joaquin and Stanislaus	Improving the Percentage Rate of HbA1c Testing	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
		Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Health Plan of San Mateo—San Mateo	Increase Timely Prenatal Care in Postpartum Compliance	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
		Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation

MCP Name and County	Name of Internal PDSA Cycle	Type of Submission	Activities Reviewed	Overall Results
Inland Empire Health Plan— Riverside/San Bernardino	Diabetes	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
		Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Kaiser—San Diego County	Well Visits for 3–6-year-old Medi-Cal Members	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
		Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Kern Family Health Care—Kern	Diabetes Management	Initial Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Molina Healthcare of California Partner Plan, Inc.—Imperial, Riverside/San Bernardino, Sacramento, and San Diego	Improving Hypertension Control	Initial Worksheet	SMART Objective and Plan Phase	Approved for Implementation
Partnership HealthPlan of California— Shasta	Immunizations	Initial Worksheet	SMART Objective and Plan Phase	Revisions Required
		Revised Worksheet	SMART Objective and Plan Phase	Approved for Implementation

Quality Improvement Project Activities

The CMS protocol for conducting a QIP specifies 10 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—statewide collaborative, small-group collaborative, and IQIPs—HSAG presents validation findings according to these three main study stages:

1. Design—CMS Protocol Activities I–VI

- ◆ Selecting appropriate study topics.
- ◆ Presenting clearly defined, answerable study questions.
- ◆ Documenting clearly defined study indicators.
- ◆ Stating a correctly identified study population.
- ◆ Presenting a valid sampling technique (if sampling was used).
- ◆ Specifying accurate/complete data collection procedures.

2. Implementation—CMS Protocol Activities VII and VIII

- ◆ Presenting sufficient data analysis and interpretation.
- ◆ Designing/documenting appropriate improvement strategies.

3. Outcomes—CMS Protocol Activities IX and X

- ◆ Reporting evidence of real improvement achieved.
- ◆ Documenting data for sustained improvement achieved.

PDSA Cycle Activities

In conjunction with HSAG, MCQMD developed a PDSA Cycle Worksheet (see Appendix C) emphasizing both a SMART objective and the PDSA cycle. HSAG developed review criteria to determine whether or not the MCPs are conducting the PDSA cycle according to MCQMD requirements. For each PDSA Cycle Worksheet submission, HSAG provides feedback to the MCP using the following criteria:

1. SMART Objective

- ◆ The MCP documented the SMART objective.

- ◆ The SMART objective was well-defined and clear.
- ◆ The SMART objective had a target based on an interim outcome.
- ◆ The SMART objective was written in active tense.
- ◆ The SMART objective answered the following question, “Who is going to do what, when, why (what does it demonstrate), and to what extent?”

2. Plan Phase

- ◆ The MCP documented what it is going to test.
- ◆ The MCP documented a prediction based on interim evaluation.
- ◆ The MCP included a plan for the change or test that makes sense for the QIP.
- ◆ The MCP included a plan for data collection that makes sense for the change or test.
- ◆ The MCP answered who, what, when, and where.

3. Do, Study, and Act Phases

- ◆ The MCP provided an adequate summary of how it carried out the change or test.
- ◆ The MCP included both how it collected data and began the analysis.
- ◆ The MCP provided an adequate summary of its data analysis.
- ◆ The MCP summarized what was learned.
- ◆ The MCP stated whether it intends to adopt, adapt, or abandon the change.

Findings Specific to the MCQMD Statewide Collaborative Quality Improvement Project

Background

MCQMD kicked off its statewide collaborative *All-Cause Readmissions (ACR)* QIP in July 2011 to address hospital readmissions that result in costly expenditures and indicate that transitions of care could be improved for members. The statewide collaborative MCPs submitted the Design stage of their *ACR* QIPs between August 2012 and November 2012. The submissions included their historical MCP-specific data, which included the MCPs’ calendar year 2011 overall readmission rates as well as the readmission rates for the Seniors and Persons with Disabilities (SPD) and non-SPD populations. Additionally, the submissions included the common language for Activities I through V that had been developed by the study design workgroup and approved by the collaborative. For uniformity of reporting, all *ACR* annual submissions were included in the Quarter 1 Quarterly Summary Report and were excluded from the Quarter 2 reporting period.

QIP validation results for 29 *ACR* QIP Design stage resubmissions were included in the October 1, 2012, to December 31, 2012, QIP status report.

In January 2013, MCPs were required to submit their barrier analyses and interventions to HSAG and MCQMD for evaluation. From January 2013 through June 2013, the MCPs continued to implement their improvement strategies. HSAG and MCQMD conducted technical assistance calls with each MCP and provided feedback on the MCP's improvement strategies. Each call was followed by a summary e-mail which included both general and MCP-specific recommendations.

Forty-five baseline submissions (with *ACR* rates for CY 2012 and Activities I through VIII) were submitted in September 2013. At the end of the 2013–14 Quarter 3 review period, all 45 QIPs (representing 23 MCPs) had achieved an overall *Met* validation status. For these 45 *ACR* QIPs, Remeasurement 1 submissions (with *ACR* rates for CY 2013 and Activities I through IX) were submitted in September 2014. Due to MCQMD's expansion into new counties, two additional baseline submissions (with *ACR* rates for CY 2013 and Activities I through VIII) were also submitted in September 2014.

Statewide Collaborative—Quality Improvement Project Current Quarter Validation Findings

During Quarter 2, HSAG reviewed SCAN Health Plan's *ACR* QIP. The QIP was a resubmission and included Remeasurement 1 rates, which were for calendar year 2013. As indicated previously, SCAN Health Plan was the only MCP required to resubmit its *ACR* QIP.

Table 4.1 provides average rates for each activity within the CMS protocols. Tables B.1 through B.3 in Appendix B show the scores for each evaluation element within the activities.

Table 4.1—Statewide All-Cause Readmissions Collaborative QIP Average Rates*
SCAN Health Plan—Los Angeles/Riverside/San Bernardino Counties
(N = 1 Submission, from 1 MCP, in 3 Counties)
October 1, 2014, to December 31, 2014

QIP Study Stages	Activity	Met Elements	Partially Met Elements	Not Met Elements
Design	I: Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II: Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III: Clearly Defined Study Indicator(s)	100% (2/2)	0% (0/2)	0% (0/2)
	IV: Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	V: Valid Sampling Techniques	Not Applicable	Not Applicable	Not Applicable
	VI: Accurate/Complete Data Collection	100% (4/4)	0% (0/4)	0% (0/4)
Implementation	VII: Sufficient Data Analysis and Interpretation	100% (8/8)	0% (0/8)	0% (0/8)
	VIII: Appropriate Improvement Strategies	100% (4/4)	0% (0/4)	0% (0/4)
Outcomes	IX: Real Improvement Achieved	50% (2/4)	0% (0/4)	50% (2/4)
	X: Sustained Improvement Achieved	Not Assessed	Not Assessed	Not Assessed

*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.

SCAN Health Plan's ACR QIP Resubmission Validation Results

SCAN Health Plan demonstrated a strong application of the Design stage, meeting 100 percent of the requirements for all applicable evaluation elements within this stage. Please note that the MCP met 100 percent of the requirements for this stage in its initial submission of the QIP; therefore, the scores for these evaluation elements remained *Met* after the review of the resubmitted QIP. Activity V was not applicable for the statewide collaborative QIP; therefore, it was not scored.

SCAN Health Plan demonstrated an adequate application of the Implementation stage during its initial submission in the Quarter 1 reporting period. The MCP did not indicate if any factors threatened the internal or external validity of findings, did not provide the correct audited rate for Remeasurement 1, changed the baseline rate, and did not identify if there were factors that affected the MCP's ability to compare the baseline rate to the Remeasurement 1 rate. The MCP corrected all deficiencies in its resubmission, meeting 100 percent of the requirements for all applicable evaluation elements within this stage.

The ACR QIP progressed to the Outcomes stage during the review period. SCAN Health Plan's ACR QIP study indicator did not achieve statistically significant improvement over baseline,

resulting in only 50 percent of the requirements for all applicable elements being met for Activity IX.

Activity X assesses for sustained improvement to determine if the process can reasonably ensure continued improvement over time and if real change resulted from changes in health care delivery that can be documented by the MCP. Sustained improvement is defined as statistically significant improvement in performance over baseline that is maintained or increased for at least one subsequent measurement period. Since the statewide collaborative QIP had not yet progressed to this stage, Activity X was not assessed.

Statewide Collaborative—PDSA Cycle Current Quarter Review Findings

During Quarter 2, HSAG reviewed 13 initial statewide collaborative *ACR* PDSA Cycle Worksheets from 13 MCPs. Four (31 percent) of the *ACR* PDSA cycles were approved for implementation as submitted, while nine (69 percent) of the worksheets required revisions. Prior to the worksheet revisions, HSAG provided technical assistance to the MCPs through teleconference or e-mail. During the review period, HSAG reviewed a total of 22 *ACR* PDSA Cycle Worksheets (including initially submitted worksheets and revised worksheets). All *ACR* PDSA cycles were approved for implementation.

SMART Objective

In the SMART objective for the PDSA cycle, the MCPs should clearly define the purpose of the PDSA cycle, include a target for the interim outcome, and specify the change that will be tested. The SMART objective should also include an end date for the cycle. While HSAG identified no single issue across all MCPs when reviewing the SMART objectives, the following were issues identified for at least some of the MCPs' *ACR* PDSA cycles:

- ◆ The SMART objective was not documented.
- ◆ The change that will be tested was not documented in the SMART objective.
- ◆ The SMART objective did not include a narrowed focus.
- ◆ The SMART objective included an incorrect end date for the cycle.
- ◆ The SMART objective did not include a relevant target for the interim outcome.

Plan Phase

In the Plan portion of the PDSA Cycle Worksheet, the MCP should specify the change that will be tested, a prediction for what will happen and why, the plan for implementing the change, and the plan for data collection. In this phase, the MCP should answer the following questions: Who will be performing the change? What is being tested? When will the change occur? Where will the change occur? While HSAG identified no single issue across all MCPs when reviewing the Plan

portion of the worksheets, the following were issues HSAG identified for at least some of the MCPs' *ACR* PDSA cycles:

- ◆ The change(s) that will be tested were not clearly identified and/or fully described.
- ◆ The current/baseline rate was not provided.
- ◆ A narrowed focus was not identified, or the focus of the PDSA cycle appeared broad.
- ◆ A complete prediction was not provided.
- ◆ The data collection process was not fully described.

Prior to HSAG providing approval for *ACR* PDSA cycle implementation, most MCPs were required to submit revised worksheets to address the issues HSAG identified. HSAG noted any additional comments for further enhancement of the SMART objective and Plan portion of the PDSA cycle in the feedback forms, and MCPs are expected to incorporate the feedback when they submit the Do, Study, and Act portions of the PDSA cycle in April 2015.

Do, Study, Act Phases

In the Do, Study, and Act phases of the *ACR* PDSA cycle, the MCPs will implement the change that is being tested, collect data, complete analyses, summarize what was learned, and determine whether the change will be adopted (kept), adapted (modified), or abandoned (stopped). The statewide collaborative *ACR* PDSA cycles had not yet progressed to these phases; therefore, HSAG did not assess the cycles for these activities.

Findings Specific to Small-Group Collaborative Quality Improvement Projects

No small-group collaborative QIPs were in process during the measurement period.

Findings Specific to Internal Quality Improvement Projects

Quality Improvement Project Current Quarter Validation Findings

For the period of October 1, 2014, to December 31, 2014, HSAG reviewed 24 IQIP submissions from five MCPs.

Table 4.2 provides average rates for each activity within the CMS protocols. In Appendix B, tables B.4 through B.6 include scores for each evaluation element within the activities.

**Table 4.2—Internal QIP Activity Average Rates* Submissions
(N = 24 Submissions, from 5 MCPs, in 12 Counties)
October 1, 2014, through December 31, 2014**

QIP Study Stages	Activity	Met Elements	Partially Met Elements	Not Met Elements
Design	I: Appropriate Study Topic	100% (48/48)	0% (0/48)	0% (0/48)
	II: Clearly Defined, Answerable Study Question(s)	100% (24/24)	0% (0/24)	0% (0/24)
	III: Clearly Defined Study Indicator(s)	100% (54/54)	0% (0/54)	0% (0/54)
	IV: Correctly Identified Study Population	100% (24/24)	0% (0/24)	0% (0/24)
	V: Valid Sampling Techniques	100% (66/66)	0% (0/66)	0% (0/66)
	VI: Accurate/Complete Data Collection	100% (127/127)	0% (0/127)	0% (0/127)
Implementation	VII: Sufficient Data Analysis and Interpretation	100% (112/112)	0% (0/112)	0% (0/112)
	VIII: Appropriate Improvement Strategies	92% (44/48)	8% (4/48)	0% (0/48)
Outcomes	IX: Real Improvement Achieved	Not Assessed	Not Assessed	Not Assessed
	X: Sustained Improvement Achieved	Not Assessed	Not Assessed	Not Assessed

*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.

Design

The Design stage includes QIP validation findings for Activities I through VI. For the IQIPs, the MCPs continue to demonstrate a strong application of the Design stage, meeting 100 percent of the requirements for all applicable evaluation elements within this stage.

Implementation

The Implementation stage includes QIP validation findings for Activities VII and VIII. The MCPs improved upon their Quarter 1 validation results.

Activity VII assesses whether or not the MCPs' data analysis techniques comply with industry standards, appropriate statistical tests are used, and accurate/reliable information is obtained. All

IQIP resubmissions included only baseline data; therefore, only elements 1 through 5 were assessed during the reporting period for Activity VII. All MCPs corrected the deficiencies from Quarter 1, meeting 100 percent of the requirements for all applicable evaluation elements within Activity VII.

Activity VIII assesses whether or not the barrier analysis is adequate to identify barriers to improvement, the MCP has developed appropriate improvement strategies, and the timeline for implementation of interventions is reasonable. All IQIP resubmissions included only baseline data; therefore, HSAG assessed only elements 1 and 2 for Activity VIII. This activity received the lowest score, with only 92 percent of the IQIPs receiving a *Met* score. Initially three MCPs did not identify the team members and/or method for determining the barriers, did not prioritize the identified barriers, and did not provide a method to evaluate the efficacy of the interventions to determine whether or not they are having the desired effect (Element 1); however, upon their second resubmission, all three IQIPs received a *Met* score for this element. One IQIP did not include documentation of system changes likely to induce permanent change (Element 2). Again, upon its second resubmission, the IQIP received a *Met* score for this element.

Outcomes

The Outcomes stage includes QIP validation findings for Activities IX and X. Since the IQIPs had not progressed to the Outcomes stage, the QIPs were not assessed for Activities IX and X.

Internal PDSA Cycle Current Quarter Review Findings

During Quarter 2, HSAG reviewed 13 initial internal PDSA cycle submissions from 13 MCPs. Three (23 percent) of the PDSA cycles were approved for implementation as submitted, while 10 (77 percent) of the worksheets required revisions. Prior to the worksheet revisions, HSAG provided technical assistance to the MCPs through teleconference or e-mail. During the review period, HSAG reviewed a total of 23 PDSA Cycle Worksheets (including initially submitted worksheets and revised worksheets). All internal PDSA cycles were approved for implementation.

SMART Objective

As previously indicated, in the SMART objective for the PDSA cycle, the MCPs should clearly define the purpose of the PDSA cycle, include a target for the interim outcome, and specify the change that will be tested. The SMART objective should also include an end date for the cycle. While HSAG identified no single issue across all MCPs when reviewing the SMART objectives, the following were issues HSAG identified for at least some of the MCPs' internal PDSA cycles:

- ◆ The SMART objective was not documented in the correct format.
- ◆ The change that will be tested was not documented in the SMART objective.
- ◆ The SMART objective did not include specific details about the change that will be tested.

- ◆ The SMART objective did not include a narrowed focus.
- ◆ The SMART objective did not include the end date for the cycle.
- ◆ The SMART objective did not include a relevant target for the interim outcome.

Plan Phase

As previously indicated, in the Plan portion of the PDSA Cycle Worksheet the MCPs should specify the change that will be tested, a prediction for what will happen and why, the plan for implementing the change, and the plan for data collection. In this phase, the MCPs should answer the following questions: Who will be performing the change? What is being tested? When will the change occur? Where will the change occur? While HSAG identified no single issue across all MCPs when reviewing the Plan portion of the worksheets, the following were issues HSAG identified for at least some of the MCPs' internal PDSA cycles:

- ◆ The change(s) that will be tested were not clearly identified and/or fully described.
- ◆ A narrowed focus was not identified, or the focus of the PDSA cycle appeared broad.
- ◆ A complete prediction was not provided.
- ◆ The data collection process was not fully described.

Prior to HSAG providing approval for ACR PDSA cycle implementation, most MCPs were required to submit revised worksheets to address the issues HSAG identified. HSAG noted any additional comments for further enhancement of the SMART objective and Plan portion of the PDSA cycle in the feedback forms, and MCPs are expected to incorporate the feedback when they submit the Do, Study, and Act portions of the PDSA cycle in April 2015.

Do, Study, Act Phases

In the Do, Study, and Act phases of the PDSA cycle, the MCPs will implement the change that is being tested, collect data, complete analyses, summarize what was learned, and determine whether the change will be adopted (kept), adapted (modified) or abandoned (stopped). The internal IQIP PDSA cycles had not yet progressed to these phases; therefore, HSAG did not assess the cycles for these activities.

QIP and PDSA Strengths and Opportunities for Improvement

The MCPs demonstrated an excellent application of the Design stage, as evidenced by the QIPs meeting 100 percent of the requirements for all applicable evaluation elements within this stage.

The MCPs have improved significantly in their application of the Implementation stage; however, they still have an opportunity to improve their efforts on conducting causal/barrier analyses and linking analyses results to the corresponding interventions. Additionally, MCPs have the opportunity to improve their documentation of system changes that are likely to induce permanent change.

Most MCPs had opportunities to improve the development of their SMART objective and the Plan portion of their PDSA cycles; however, after receiving feedback and technical assistance, all MCPs made the necessary improvements to receive approval for moving forward with implementation of the Do, Study, and Act portions of the cycle. Most of the opportunities for improvement were related to the MCPs needing to provide more specificity regarding their SMART objective and Plan.

QIP and PDSA Recommendations

For QIPs, MCPs should ensure that they identify the team members and/or method for determining the barriers, prioritize the identified barriers, and provide a method to evaluate the efficacy of the interventions to determine if they are having the desired effect.

For PDSA cycles, MCPs should ensure that they narrow the focus of their PDSA cycle to concentrate on a small test of change. By focusing on small tests of change and using rapid-cycle improvement strategies, the MCPs can learn in a short time frame whether or not the implemented interventions are effective. Once the MCPs determine effectiveness, they can adopt, adapt, or abandon the interventions.

Overall, the MCPs should implement strategies to ensure that all required documentation is included in both the QIP Summary Form and the PDSA Cycle Worksheet, including referencing the QIP Completion Instructions or the PDSA Cycle Instructions, previous QIP validation tools or PDSA cycle feedback forms, and any technical assistance provided. Additionally, if MCPs have questions regarding documentation or the QIP and PDSA cycle processes, they should contact MCQMD or HSAG for technical assistance.

Appendix A presents the status of the following types of QIPs and PDSA cycles active as of December 31, 2014:

- ◆ Medi-Cal Managed Care Statewide Collaborative QIP and PDSA Cycle Submissions
- ◆ Internal QIP Submissions
- ◆ Internal PDSA Cycle Submissions

**Table A.1—Medi-Cal Managed Care Statewide All-Cause Readmissions Collaborative QIP
October 1, 2014, through December 31, 2014**
(*See page A-7 for grid category explanations.)

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	QIP Progression	PDSA Cycle SMART Objective
QIP Description: For members 21 years of age and older, the percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.				
QIP Domains of Care: Quality and Access				
Alameda Alliance for Health—Alameda	LI	Clinical	Remeasurement 1	By March 3, 2015, reduce ACR rates as a result of the transition of care team successfully contacting at least 75 percent of members recently discharged from an acute hospital and at risk for readmission. The priority barrier addressed by this objective is a member’s inability to self-manage his or her health care.
Anthem Blue Cross Partnership Plan—Alameda	CP	Clinical	Remeasurement 1	PDSA cycle was not implemented in this county.
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Clinical	Remeasurement 1	PDSA cycle was not implemented in this county.
Anthem Blue Cross Partnership Plan—Fresno	CP	Clinical	Remeasurement 1	By March 31, 2015, demonstrate a 25 percent increase (from 50 percent to 75 percent) in the member enrollment rate in the Anthem Case Management Stabilization Program for members discharged from Community Regional Medical Center in Fresno County with a diagnosis of heart failure. Increase in enrollment will be accomplished by the case manager contacting the member prior to discharge and providing information and education.
Anthem Blue Cross Partnership Plan—Kings	CP	Clinical	Remeasurement 1	N/A
Anthem Blue Cross Partnership Plan—Madera	CP	Clinical	Remeasurement 1	PDSA cycle was not implemented in this county.
Anthem Blue Cross Partnership Plan—Sacramento	GMC	Clinical	Remeasurement 1	PDSA cycle was not implemented in this county.

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	QIP Progression	PDSA Cycle SMART Objective
QIP Description: For members 21 years of age and older, the percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.				
QIP Domains of Care: Quality and Access				
Anthem Blue Cross Partnership Plan—San Francisco	CP	Clinical	Remeasurement 1	PDSA cycle was not implemented in this county.
Anthem Blue Cross Partnership Plan—Santa Clara	CP	Clinical	Remeasurement 1	PDSA cycle was not implemented in this county.
Anthem Blue Cross Partnership Plan—Tulare	LI	Clinical	Remeasurement 1	PDSA cycle was not implemented in this county.
CalOptima—Orange	COHS	Clinical	Remeasurement 1	N/A
CalViva Health—Fresno	LI	Clinical	Remeasurement 1	By March 1, 2015, there will be at least a 15 percent increase from baseline rate of 32 percent (July 1, 2014, to July 31, 2014) for CalViva transitional care management (TCM) program members who attend a physician appointment within seven days of discharge from an inpatient admission at Community Regional Medical Center. TCM program members are assisted by the nurse with scheduling/ validating their appointment and addressing any barriers that may prevent appointment attendance.
CalViva Health—Kings	LI	Clinical	Remeasurement 1	
CalViva Health—Madera	LI	Clinical	Remeasurement 1	
Care1st Partner Plan—San Diego	GMC	Clinical	Remeasurement 1	Care1st will improve the appointment scheduling rate for patients being discharged from the hospital by 5 percent by March 31, 2015.

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	QIP Progression	PDSA Cycle SMART Objective
<p>QIP Description: For members 21 years of age and older, the percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.</p> <p>QIP Domains of Care: Quality and Access</p>				
CenCal Health—San Luis Obispo	COHS	Clinical	Remeasurement 1	For dates of service, January 1 2015, through March 31, 2015, CenCal Health Quality Improvement (QI) staff members expect to increase the percentage of post discharge visits from 37 percent to 45 percent and sustain hospital readmission rates at 8 percent for one large multi-site federally qualified health center (FQHC) clinic system. CenCal Health will perform monthly quality meetings and focus this clinic’s case management efforts on those members with a primary diagnosis of congestive heart failure (CHF), liver failure, chronic obstructive pulmonary disease, or diabetes (the highest rates of readmissions), and those with a potentially preventable admission diagnosis.
CenCal Health—Santa Barbara	COHS	Clinical	Remeasurement 1	
Central California Alliance for Health—Merced	COHS	Clinical	Remeasurement 1	N/A
Central California Alliance for Health—Monterey and Santa Cruz	COHS	Clinical	Remeasurement 1	N/A
Community Health Group Partnership Plan—San Diego	GMC	Clinical	Remeasurement 1	N/A
Contra Costa Health Plan—Contra Costa	LI	Clinical	Remeasurement 1	By March 31, 2015, increase to 50 percent the number of patients seen in each of the La Clinica and LifeLong FQHCs who are called by clinical staff to follow up after a hospital discharge, by providing information on the discharges to the clinics and working collaboratively with the clinics (CCHP quality director and FQHC quality staff) to design and institute a reliable and measureable process for ensuring this follow up by FQHC clinical staff.

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	QIP Progression	PDSA Cycle SMART Objective
QIP Description: For members 21 years of age and older, the percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.				
QIP Domains of Care: Quality and Access				
Gold Coast Health Plan—Ventura	COHS	Clinical	Remeasurement 1	By March 31, 2015, we will identify top barriers to follow- up care for 80 percent of our high-risk members contacted by the MCP discharge nurse by implementing a questionnaire.
Health Net Community Solutions, Inc.—Kern	CP	Clinical	Remeasurement 1	PDSA cycle was not implemented in this county.
Health Net Community Solutions, Inc.—Los Angeles	CP	Clinical	Remeasurement 1	N/A
Health Net Community Solutions, Inc.—Sacramento	GMC	Clinical	Remeasurement 1	PDSA cycle was not implemented in this county.
Health Net Community Solutions, Inc.—San Diego	GMC	Clinical	Remeasurement 1	N/A
Health Net Community Solutions, Inc.—San Joaquin^	CP	Clinical	Baseline	PDSA cycle was not implemented in this county.
Health Net Community Solutions, Inc.—Stanislaus	CP	Clinical	Remeasurement 1	PDSA cycle was not implemented in this county.
Health Net Community Solutions, Inc.—Tulare	CP	Clinical	Remeasurement 1	By March 31, 2015, reduce hospital readmission rate by 10 percent from baseline at two participating hospitals in Tulare County by providing on-site interventions for members who have an acute care admission for any diagnosis.
Health Plan of San Joaquin—San Joaquin	LI	Clinical	Remeasurement 1	N/A
Health Plan of San Joaquin—Stanislaus^	LI	Clinical	Baseline	N/A
Health Plan of San Mateo—San Mateo	COHS	Clinical	Remeasurement 1	By March 31, 2015, the Health Plan of San Mateo will contact 75 percent of the 72 identified members who have been admitted to Sequoia Medical Center from October 2013, through October 2014, with an admitting diagnosis of CHF

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	QIP Progression	PDSA Cycle SMART Objective
QIP Description: For members 21 years of age and older, the percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.				
QIP Domains of Care: Quality and Access				
				to offer a free course on signs and symptoms of CHF along with nurse outreach.
Inland Empire Health Plan—Riverside/San Bernardino	LI	Clinical	Remeasurement 1	By March 31, 2015, IEHP will reduce the hospital readmission rate from 14.73 percent to 12 percent by implementing an enhanced Transition of Care program.
Kaiser—Sacramento County	GMC	Clinical	Remeasurement 1	N/A
Kaiser—San Diego County	GMC	Clinical	Remeasurement 1	N/A
Kern Family Health Care—Kern	LI	Clinical	Remeasurement 1	By April 30, 2015, Kern Health System QI Department will decrease the number of false positive cases reviewed each month by 10 percent. This will be done by using exclusion criteria to prescreen 30-day readmissions and exclude those flagged false positive.
L.A. Care Health Plan—Los Angeles	LI	Clinical	Remeasurement 1	By March 31, 2015, our goal is to increase the rate of medication reconciliation and scheduling of a primary care physician visit within seven days to 72 percent for those members who agree to participate in the Transition of Care program at moderate or high risk for a hospital readmission.
Molina Healthcare of California Partner Plan, Inc.—Riverside/San Bernardino	CP	Clinical	Remeasurement 1	N/A
Molina Healthcare of California Partner Plan, Inc.—Sacramento	GMC	Clinical	Remeasurement 1	N/A
Molina Healthcare of California Partner Plan, Inc.—San Diego	GMC	Clinical	Remeasurement 1	N/A
Partnership HealthPlan of California—Marin	COHS	Clinical	Remeasurement 1	N/A

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	QIP Progression	PDSA Cycle SMART Objective
QIP Description: For members 21 years of age and older, the percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.				
QIP Domains of Care: Quality and Access				
Partnership HealthPlan of California—Mendocino	COHS	Clinical	Remeasurement 1	N/A
Partnership HealthPlan of California—Napa/Solano/Yolo	COHS	Clinical	Remeasurement 1	N/A
Partnership HealthPlan of California—Sonoma	COHS	Clinical	Remeasurement 1	N/A
San Francisco Health Plan—San Francisco	LI	Clinical	Remeasurement 1	N/A
Santa Clara Family Health Plan—Santa Clara	LI	Clinical	Remeasurement 1	To prevent 30-day readmissions by increasing the percentage of post-discharge calls by case management team to Network 10 and Network 40 members from 28 percent to 30 percent by March 30, 2015.
SCAN Health Plan—Los Angeles/Riverside/San Bernardino	SP	Clinical	Remeasurement 1	N/A

*Grid category explanations:

MCP Model Type—designated MCP model type:

- ◆ County Organized Health System (COHS)
- ◆ Geographic Managed Care (GMC)
- ◆ Regional Model (RM)
- ◆ San Benito (SB)
- ◆ Two-Plan Model
 - Local initiative (LI)
 - Commercial plan (CP)

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

QIP Progression—provides the status of each QIP as shown through *Measurement Completion*:

- ◆ *Measurement Completion*—indicates the QIP status as proposal, Baseline, Remeasurement 1, Remeasurement 2, etc.

PDSA Cycle SMART Objective—provides the objective for the interim outcome for the PDSA cycle.

^ This is a new county for the MCP that was added to the QIP during the reporting period. Since the county was new to the QIP, the MCP submitted baseline data rather than Remeasurement 1 data.

N/A—The MCP was not required to submit a PDSA cycle for this county.

**Table A.2—Active Internal QIPs
October 1, 2014, through December 31, 2014**
(*See page A-15 for grid category explanations.)

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
AIDS Healthcare Foundation—Los Angeles	SP	Increasing CD4 and Viral Load Testing	Clinical	Q, A	Increase the percentage of members who receive the clinically indicated number of CD4 and Viral Load tests.	Baseline
AIDS Healthcare Foundation—Los Angeles	SP	Reducing Avoidable Emergency Department Visits	Clinical	Q, A	Reduce the percentage of avoidable emergency department visits for plan members during the measurement year.	Baseline
Alameda Alliance for Health—Alameda	LI	Improving Anti-hypertensive Medication Fills Among Members with Hypertension	Clinical	Q, A	Improving hypertension diagnosis and anti-hypertensive medication fills among members with hypertension.	Remeasurement 2
Anthem Blue Cross Partnership Plan—Sacramento	GMC	Childhood Immunization Status	Clinical	Q, A, T	Increase the percentage of children 2 years of age who received the immunizations required in Combination 3.	Baseline
Anthem Blue Cross Partnership Plan—Alameda	CP	Improving Diabetes Management	Clinical	Q, A	Increase the percentage of members who receive or appropriately control HbA1c, LDL, nephropathy testing, blood pressure screening, and retinal eye exam screening; and decrease the percentage of members who have poor control of HbA1c.	Baseline

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Improving Diabetes Management	Clinical	Q, A	Increase the percentage of members who receive or appropriately control HbA1c, LDL, nephropathy testing, blood pressure screening, and retinal eye exam screening; and decrease the percentage of members who have poor control of HbA1c.	Baseline
Anthem Blue Cross Partnership Plan—Fresno	CP	Improving Diabetes Management	Clinical	Q, A	Increase the percentage of members who receive or appropriately control HbA1c, LDL, nephropathy testing, blood pressure screening, and retinal eye exam screening; and decrease the percentage of members who have poor control of HbA1c.	Baseline
Anthem Blue Cross Partnership Plan—Kings	CP	Improving Diabetes Management	Clinical	Q, A	Increase the percentage of members who receive or appropriately control HbA1c, LDL, nephropathy testing, blood pressure screening, and retinal eye exam screening; and decrease the percentage of members who have poor control of HbA1c.	Baseline
Anthem Blue Cross Partnership Plan—Sacramento	GMC	Improving Diabetes Management	Clinical	Q, A	Increase the percentage of members who receive or appropriately control HbA1c, LDL, nephropathy testing, blood pressure screening, and retinal eye exam screening; and decrease the percentage of members who have poor control of HbA1c.	Baseline

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
Anthem Blue Cross Partnership Plan—San Francisco	CP	Improving Diabetes Management	Clinical	Q, A	Increase the percentage of members who receive or appropriately control HbA1c, LDL, nephropathy testing, blood pressure screening, and retinal eye exam screening; and decrease the percentage of members who have poor control of HbA1c.	Baseline
Anthem Blue Cross Partnership Plan—Tulare	LI	Improving Diabetes Management	Clinical	Q, A	Increase the percentage of members who receive or appropriately control HbA1c, LDL, nephropathy testing, blood pressure screening, and retinal eye exam screening; and decrease the percentage of members who have poor control of HbA1c.	Baseline
Anthem Blue Cross Partnership Plan—Alameda	CP	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care.	Baseline
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care.	Baseline
Anthem Blue Cross Partnership Plan—Fresno	CP	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care.	Baseline
Anthem Blue Cross Partnership Plan—Kings	CP	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care.	Baseline
Anthem Blue Cross Partnership Plan—Madera	CP	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care.	Baseline
Anthem Blue Cross Partnership Plan—Sacramento	GMC	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care.	Baseline

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
Anthem Blue Cross Partnership Plan—Santa Clara	CP	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care.	Baseline
Anthem Blue Cross Partnership Plan—Tulare	LI	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care.	Baseline
CalOptima—Orange	COHS	Improvement of Prenatal Visit Rates for Pregnant Members	Clinical	Q, A, T	Increase the percentage of members receiving prenatal care.	Baseline
CalViva Health—Fresno	LI	Retinal Eye Exam	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes.	Remeasurement 1
CalViva Health—Kings	LI	Retinal Eye Exam	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes.	Remeasurement 1
CalViva Health—Madera	LI	Retinal Eye Exam	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes.	Remeasurement 1
Care1st Partner Plan—San Diego	GMC	Comprehensive Diabetes Care	Clinical	Q, A	Improve the rate of LDL-C screening levels, HbA1c screening levels, and nephropathy monitoring for members with diabetes.	Remeasurement 3
CenCal Health—San Luis Obispo	COHS	Annual Monitoring for Patients on Persistent Medications	Clinical	Q	Increase the monitoring of patients on ACE inhibitors or ARBs, Digoxin, and diuretics.	Remeasurement 1
CenCal Health—Santa Barbara	COHS	Annual Monitoring for Patients on Persistent Medications	Clinical	Q	Increase the monitoring of patients on ACE inhibitors or ARBs, Digoxin, and diuretics.	Remeasurement 1
Central California Alliance for Health—Merced	COHS	Improving Asthma Health Outcomes	Clinical	Q, A	Decrease the rate of emergency room (ER) admissions for members with persistent asthma.	Remeasurement 1

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
Central California Alliance for Health— Monterey/Santa Cruz	COHS	Improving Asthma Health Outcomes	Clinical	Q, A	Decrease the rate of ER admissions for members with persistent asthma.	Remeasurement 1
Community Health Group Partnership Plan—San Diego	GMC	Increasing Postpartum Care Visits within Six Weeks of Delivery	Clinical	Q, A, T	Increasing the percentage of postpartum exams within six weeks of delivery in order to improve the mother’s physical and mental health.	Remeasurement 1
Contra Costa Health Plan— Contra Costa	LI	Improving Perinatal Access and Care	Clinical	Q, A, T	Increase rates of timely prenatal and postpartum visits.	Baseline
Family Mosaic Project— San Francisco	SP	Child and Adolescent Needs and Strengths (CANS) Depression Rating	Clinical	Q	Decrease the rate of depression among capitated members.	Baseline
Family Mosaic Project— San Francisco	SP	Increase the Rate of School Attendance	Nonclinical	Q	Increase the rate of school attendance.	Baseline
Gold Coast Health Plan— Ventura	COHS	Increase the Rate of Annual Diabetic Eye Exam	Clinical	Q, A	Improve quality of care provided to diabetic members by increasing the rate of the annual diabetic eye exam.	Remeasurement 1
Health Net Community Solutions, Inc.—Kern	CP	Postpartum Care	Clinical	Q, A, T	Improving postpartum care among Medi-Cal women including Seniors and Persons with Disabilities (SPD).	Baseline
Health Net Community Solutions, Inc.—Los Angeles	CP	Postpartum Care	Clinical	Q, A, T	Improving postpartum care among Medi-Cal women including Seniors and Persons with Disabilities (SPD).	Baseline
Health Net Community Solutions, Inc.— Sacramento	GMC	Postpartum Care	Clinical	Q, A, T	Improving postpartum care among Medi-Cal women including Seniors and Persons with Disabilities (SPD).	Baseline
Health Net Community Solutions, Inc.—San Diego	GMC	Postpartum Care	Clinical	Q, A, T	Improving postpartum care among Medi-Cal women including Seniors and Persons with Disabilities (SPD).	Baseline

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
Health Net Community Solutions, Inc.—San Joaquin	CP	Postpartum Care	Clinical	Q, A, T	Improving postpartum care among Medi-Cal women including Seniors and Persons with Disabilities (SPD).	Baseline
Health Net Community Solutions, Inc.—Stanislaus	CP	Postpartum Care	Clinical	Q, A, T	Improving postpartum care among Medi-Cal women including Seniors and Persons with Disabilities (SPD).	Baseline
Health Net Community Solutions, Inc.—Tulare	CP	Postpartum Care	Clinical	Q, A, T	Improving postpartum care among Medi-Cal women including Seniors and Persons with Disabilities (SPD).	Baseline
Health Plan of San Joaquin—San Joaquin	LI	Improving the Percentage Rate of HbA1c Testing	Clinical	Q, A	Improve the percentage rate of HbA1c testing.	Remeasurement 3
Health Plan of San Mateo—San Mateo	COHS	Timeliness of Prenatal Care	Clinical	Q, A, T	Increase the rate of first prenatal visits occurring within the first trimester of pregnancy.	Remeasurement 4
Inland Empire Health Plan—Riverside/San Bernardino	LI	Comprehensive Diabetes Care	Clinical	Q, A	Improve the rate of HbA1c testing, HbA1c control ($\leq 9.0\%$), and retinal eye exams for members with diabetes.	Baseline
Kaiser—Sacramento County	GMC	Childhood Immunizations	Clinical	Q, A, T	Increase the percentage of children receiving Combo 3 and Combo 10 immunizations.	Remeasurement 1
Kaiser—San Diego County	GMC	Children's Access to Primary Care Practitioners	Clinical	Q, A	Improve the access to primary care practitioners for members 25 months–6 years of age.	Remeasurement 2
Kern Family Health Care—Kern	LI	Comprehensive Diabetic Quality Improvement Plan	Clinical	Q, A	Increase targeted interventions of diabetic patients; increase compliance with HbA1c testing, LDL-C screening, and retinal eye exams.	Remeasurement 2
L.A. Care Health Plan—Los Angeles	LI	Improving HbA1c and Diabetic Retinal Exam Screening Rates	Clinical	Q, A	Improve HbA1C and diabetic retinal exam screening rates.	Remeasurement 4

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
Molina Healthcare of California Partner Plan, Inc.—Riverside/San Bernardino	CP	Improving Hypertension Control	Clinical	Q, A	Increase the percentages of controlled blood pressure.	Remeasurement 4
Molina Healthcare of California Partner Plan, Inc.—Sacramento	GMC	Improving Hypertension Control	Clinical	Q, A	Increase the percentages of controlled blood pressure.	Remeasurement 4
Molina Healthcare of California Partner Plan, Inc.—San Diego	GMC	Improving Hypertension Control	Clinical	Q, A	Increase the percentages of controlled blood pressure.	Remeasurement 4
Partnership HealthPlan of California—Marin	COHS	Improving the Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Improve timely prenatal and postpartum access to care.	Remeasurement 1
Partnership HealthPlan of California—Mendocino	COHS	Childhood Immunization Status—Combo 3	Clinical	Q, A, T	Increase the rate of childhood immunization status—Combo 3.	Remeasurement 1
Partnership HealthPlan of California—Napa/Solano/Yolo	COHS	Improving Access to Primary Care for Children and Adolescents	Clinical	A	Improve access to primary care for children and adolescents.	Remeasurement 2
Partnership HealthPlan of California—Sonoma	COHS	Improving Access to Primary Care for Children and Adolescents	Clinical	A	Improve access to primary care for children and adolescents.	Remeasurement 2
San Francisco Health Plan—San Francisco	LI	Patient Experience	Clinical	Q, A	Increase the percentage of members selecting the top rating for overall health care and personal doctor on a patient satisfaction survey.	Remeasurement 1
Santa Clara Family Health Plan—Santa Clara	LI	Diabetic Retinopathy Improvement and Prevention by Screening	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes.	Baseline

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
SCAN Health Plan—Los Angeles/Riverside/San Bernardino	SP	Patient Safety Analysis—Use of High Risk Medication	Clinical	Q, A	Decrease the number of members using high risk medications.	Baseline

*Grid category explanations:

MCP Model Type—designated MCP model type:

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

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

Domain of Care—indicates HSAG’s assignment of each QIP to the domains of care for quality (Q), access (A), and timeliness (T).

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

QIP Progression—provides the status of each QIP as shown through *Measurement Completion*:

- ◆ *Measurement Completion*—indicates the QIP status as proposal, Baseline, Remeasurement 1, Remeasurement 2, etc.

**Table A.3—Active Internal PDSA Cycles
October 1, 2014, through December 31, 2014**
(*See page A-18 for grid category explanations.)

MCP Name and County	MCP Model Type	Name of PDSA Cycle	PDSA Cycle SMART Objective	PDSA Cycle Progression
Alameda Alliance for Health—Alameda	LI	Anti-Hypertensive Medication Fills Among Members with Hypertension	By March 31, 2015, after calls from a plan medical director, increase by 10 percent the percentage of anti-hypertensive 40 percent or higher fill rates for the top five prescribers with the most medication fill rates under 40 percent.	Plan
Anthem Blue Cross Partnership Plan—Rural Expansion Regions 1 and 2 and San Benito	RM/SB	Childhood Immunizations Combo 3	By March 31, 2015, increase the number of providers using the immunization registries by 5 percent in each of the three regions: Region 1; Region 2; and San Benito, through preparation of educational materials and provider visits.	Plan
CalOptima—Orange	COHS	Improvement of Prenatal Visit Rates for Pregnant Members	By March 2015, increase CalOptima’s Prenatal Notification Reports rates by 5 percent by continuing to collaborate internally and educating Case Management and Network Operations departments.	Plan
Care1st Partner Plan—San Diego	GMC	Improving Retinal Eye Exam Rates in Patients with Diabetes	Care1st will decrease the number of providers that have no specialty type in the March Vision Care provider file by 10 percent by March 31, 2015. This activity will improve the quality of the provider data file for March Vision Care and result in an increase in encounter data and an improvement in administrative rates by 3 percent by March 31, 2015.	Plan
CenCal Health—San Luis Obispo	COHS	Annual Monitoring for Patients on Persistent Medications	By March 31, 2015, increase the number of members assigned to one large multi-site FQHC who are on ACE inhibitors/ARBs (as per Healthcare Effectiveness Data and Information Set [HEDIS [®]] [^] specifications for the <i>Annual Monitoring for Patients on Persistent Medications</i> sub-measure) who complete the appropriate monitoring test to surpass the 25th percentile of 84.6 by enlisting the FQHC’s call center to reach out to members and schedule appointments.	Plan

[^]HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

MCP Name and County	MCP Model Type	Name of PDSA Cycle	PDSA Cycle SMART Objective	PDSA Cycle Progression
Gold Coast Health Plan—Ventura	COHS	Diabetic Eye Exam Member Incentive Project	By December 31, 2014, increase the number of retinal eye exams among full-scope Medi-Cal members diagnosed with diabetes by at least 5 percent, through an incentive program by offering two free movie tickets (\$25 value) if the diabetes member completes his/her annual eye exam before December 31, 2014.	Plan
Health Plan of San Joaquin—San Joaquin and Stanislaus	LI	Improving the Percentage Rate of HbA1c Testing	By December 31, 2014, increase HbA1c testing for high-volume, low-performing providers by two points by addressing the gap in care report training during the last three months of the year.	Plan
Health Plan of San Mateo—San Mateo	COHS	Increase Timely Prenatal Care in Postpartum Compliance	By March 31, 2015, have a 75 percent success rate outreaching to members who have recently delivered within 21–58 days post-delivery time frame through reminder calls.	Plan
Inland Empire Health Plan—Riverside/San Bernardino	LI	Diabetes	Increase HbA1c testing compliance for two providers whose patient base includes adults ages 18 and over who were diagnosed with type 1 and type 2 diabetes by 5 percent by January 31, 2015.	Plan
Kaiser—San Diego County	GMC	Well Visits for 3–6 year-old Medi-Cal Members	Pediatric Management Team will round with outreach staff monthly beginning January 2015 through March 2015.	Plan
Kern Family Health Care—Kern	LI	Diabetes Management	By March 31, 2015, one targeted provider will increase the number of patients with documentation of diabetes screening by 5 percent following targeted coaching. Screening will include HbA1c, LDL-C, retinal eye exam, medical attention to nephropathy, and blood pressure.	Plan
Molina Healthcare of California Partner Plan, Inc.—Imperial, Riverside/San Bernardino, Sacramento, and San Diego	CP	Improving Hypertension Control	By March 31, 2015, increase the rate of controlled blood pressure compliance for 30 percent of members in an identified high-volume provider group in each county by conducting targeted provider engagement visits.	Plan

MCP Name and County	MCP Model Type	Name of PDSA Cycle	PDSA Cycle SMART Objective	PDSA Cycle Progression
Partnership HealthPlan of California—Shasta	COHS	Immunizations	By March 31, 2015, PHC aims to partner with Shasta Community Health Center to increase the number of children under 2 years old immunized in their family practice departments by 20 percent.	Plan

*Grid category explanations:

MCP Model Type—designated MCP model type:

- ◆ County Organized Health System (COHS)
- ◆ Geographic Managed Care (GMC)
- ◆ Regional Model (RM)
- ◆ San Benito (SB)
- ◆ Two-Plan Model
 - Local initiative (LI)
 - Commercial plan (CP)

PDSA Cycle SMART Objective—provides the objective for the interim outcome for the PDSA cycle.

PDSA Cycle Progression—provides the current phase of the PDSA cycle.

Appendix B. **EVALUATION ELEMENT SCORING TABLES**

**Table B.1—Statewide All-Cause Readmissions Collaborative QIP
SCAN Health Plan—Los Angeles/Riverside/San Bernardino Counties
Activities I through VI Ratings (N = 1 Submission)
October 1, 2014, through December 31, 2014**

Evaluation Elements		Met	Partially Met	Not Met
Activity I: Appropriate Study Topic				
C*	1. Is selected following collection and analysis of data (or was selected by the State).	100% (1/1)	0% (0/1)	0% (0/1)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (1/1)	0% (0/1)	0% (0/1)
Activity Average Rates		100% (2/2)	0% (0/2)	0% (0/2)
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms and is in the correct X/Y format.	100% (1/1)	0% (0/1)	0% (0/1)
Activity Average Rates		100% (1/1)	0% (0/1)	0% (0/1)
Activity III: Clearly Defined Study Indicator(s)				
C*	1. Are well-defined, objective, and measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	100% (1/1)	0% (0/1)	0% (0/1)
	2. Include the basis on which the indicator(s) were adopted, if internally developed.	Not Applicable	Not Applicable	Not Applicable
C*	3. Allow for the study questions to be answered.	100% (1/1)	0% (0/1)	0% (0/1)
Activity Average Rates		100% (2/2)	0% (0/2)	0% (0/2)
Activity IV: Representative and Generalizable Study Population				
C*	1. Are accurately and completely defined and capture all members to whom the study question(s) apply.	100% (1/1)	0% (0/1)	0% (0/1)
Activity Average Rates		100% (1/1)	0% (0/1)	0% (0/1)
Activity V: Sound Sampling Techniques				
	1. Enter the measurement period for the sampling methods used (e.g., Baseline, Remeasurement 1, etc.)	Not Applicable	Not Applicable	Not Applicable
	2. Provide the title of the applicable study indicator(s).	Not Applicable	Not Applicable	Not Applicable
	3. Identify the population size.	Not Applicable	Not Applicable	Not Applicable
C*	4. Identify the sample size.	Not Applicable	Not Applicable	Not Applicable
	5. Specify the margin of error and confidence level.	Not Applicable	Not Applicable	Not Applicable
	6. Describe in detail the methods used to select the sample.	Not Applicable	Not Applicable	Not Applicable
Activity Average Rates		Not Applicable	Not Applicable	Not Applicable

**Table B.1—Statewide *All-Cause Readmissions* Collaborative QIP
SCAN Health Plan—Los Angeles/Riverside/San Bernardino Counties
Activities I through VI Ratings (N = 1 Submission)
October 1, 2014, through December 31, 2014, *cont.***

Evaluation Elements		<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
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. A defined and systematic process for collecting baseline and remeasurement data.	100% (1/1)	0% (0/1)	0% (0/1)
	3. Qualifications of staff members collecting manual data.	Not Applicable	Not Applicable	Not Applicable
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	Not Applicable	Not Applicable	Not Applicable
	5. An estimated degree of administrative data completeness and quality. Met = 80–100 percent complete Partially Met = 50–79 percent complete Not Met = <50 percent complete or not provided	100% (1/1)	0% (0/1)	0% (0/1)
	6. A description of the data analysis plan.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates	100% (4/4)	0% (0/4)	0% (0/4)

*“C” in this column denotes a critical element in HSAG’s validation protocol. MCPs must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**Table B.2—Statewide All-Cause Readmissions Collaborative QIP
SCAN Health Plan—Los Angeles/Riverside/San Bernardino Counties
Activities VII and VIII Ratings (N = 1 Submission)
October 1, 2014, through December 31, 2014**

Evaluation Elements		Met	Partially Met	Not Met
Activity VII: Analyze Data and Interpret Study Results				
	1. Are conducted according to the data analysis plan in the study design.	100% (1/1)	0% (0/1)	0% (0/1)
C*	2. Allow for the generalization of results to the study population if a sample was selected.	Not Applicable	Not Applicable	Not Applicable
	3. Identify factors that threaten internal or external validity of findings.	100% (1/1)	0% (0/1)	0% (0/1)
	4. Include an interpretation of findings.	100% (1/1)	0% (0/1)	0% (0/1)
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	100% (1/1)	0% (0/1)	0% (0/1)
	6. Identify the initial measurement and the remeasurement of study indicators.	100% (1/1)	0% (0/1)	0% (0/1)
	7. Identify statistical differences between the initial measurement and the remeasurement.	100% (1/1)	0% (0/1)	0% (0/1)
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.	100% (1/1)	0% (0/1)	0% (0/1)
	9. Include an interpretation of the extent to which the study was successful.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates	100% (8/8)	0% (0/8)	0% (0/8)
Activity VIII: Implement Intervention and 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 the original interventions are not successful.	100% (1/1)	0% (0/1)	0% (0/1)
	4. Standardized and monitored if interventions are successful.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates	100% (4/4)	0% (0/4)	0% (0/4)

*“C” in this column denotes a critical element in HSAG’s validation protocol. MCPs must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**Table B.3—Statewide *All-Cause Readmissions* Collaborative QIP
SCAN Health Plan—Los Angeles/Riverside/San Bernardino Counties
Activities IX and X Ratings (N = 1 Submission)
October 1, 2014, through December 31, 2014**

Evaluation Elements	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
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. There is statistical evidence that observed improvement is true improvement over baseline.	0% (0/1)	0% (0/1)	100% (1/1)
4. The improvement appears to be the result of planned intervention(s).	0% (0/1)	0% (0/1)	100% (1/1)
Activity Average Rates	50% (2/4)	0% (0/4)	50% (2/4)
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.	Not Assessed	Not Assessed	Not Assessed
Activity Average Rates	Not Assessed	Not Assessed	Not Assessed

**Table B.4—Internal QIP Submissions
Activities I through VI Ratings (N = 24 Submissions)
October 1, 2014, through December 31, 2014**

Evaluation Elements		Met	Partially Met	Not Met
Activity I: Appropriate Study Topic				
C*	1. Is selected following collection and analysis of data (or was selected by the State).	100% (24/24)	0% (0/24)	0% (0/24)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (24/24)	0% (0/24)	0% (0/24)
	Activity Average Rates	100% (48/48)	0% (0/48)	0% (0/48)
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms and is in the correct X/Y format.	100% (24/24)	0% (0/24)	0% (0/24)
	Activity Average Rates	100% (24/24)	0% (0/24)	0% (0/24)
Activity III: Clearly Defined Study Indicator(s)				
C*	1. Are well-defined, objective, and measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	100% (24/24)	0% (0/24)	0% (0/24)
	2. Include the basis on which the indicator(s) were adopted, if internally developed.	100% (6/6)	0% (0/6)	0% (0/6)
C*	3. Allow for the study questions to be answered.	100% (24/24)	0% (0/24)	0% (0/24)
	Activity Average Rates	100% (54/54)	0% (0/54)	0% (0/54)
Activity IV: Representative and Generalizable Study Population				
C*	1. Are accurately and completely defined and capture all members to whom the study question(s) apply.	100% (24/24)	0% (0/24)	0% (0/24)
	Activity Average Rates	100% (24/24)	0% (0/24)	0% (0/24)
Activity V: Sound Sampling Techniques				
	1. Enter the measurement period for the sampling methods used (e.g., Baseline, Remeasurement 1, etc.)	100% (11/11)	0% (0/11)	0% (0/11)
	2. Provide the title of the applicable study indicator(s).	100% (11/11)	0% (0/11)	0% (0/11)
	3. Identify the population size.	100% (11/11)	0% (0/11)	0% (0/11)
C*	4. Identify the sample size.	100% (11/11)	0% (0/11)	0% (0/11)
	5. Specify the margin of error and confidence level.	100% (11/11)	0% (0/11)	0% (0/11)
	6. Describe in detail the methods used to select the sample.	100% (11/11)	0% (0/11)	0% (0/11)
	Activity Average Rates	100% (66/66)	0% (0/66)	0% (0/66)

**Table B.4—Internal QIP Submissions
Activities I through VI Ratings (N = 24 Submissions)
October 1, 2014, through December 31, 2014, cont.**

Evaluation Elements		<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
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. A defined and systematic process for collecting baseline and remeasurement data.	100% (24/24)	0% (0/24)	0% (0/24)
	3. Qualifications of staff members collecting manual data.	100% (16/16)	0% (0/16)	0% (0/16)
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications	100% (16/16)	0% (0/16)	0% (0/16)
	5. An estimated degree of administrative data completeness and quality. Met = 80–100 percent complete Partially Met = 50–79 percent complete Not Met = <50 percent complete or not provided	100% (23/23)	0% (0/23)	0% (0/23)
	6. A description of the data analysis plan.	100% (24/24)	0% (0/24)	0% (0/24)
	Activity Average Rates	100% (127/127)	0% (0/127)	0% (0/127)

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

**Table B.5—Internal QIP Submissions
Activities VII and VIII Ratings (N = 24 Submissions)
October 1, 2014, through December 31, 2014**

Evaluation Elements		Met	Partially Met	Not Met
Activity VII: Analyze Data and Interpret Study Results				
	1. Are conducted according to the data analysis plan in the study design.	100% (24/24)	0% (0/24)	0% (0/24)
C*	2. Allow for the generalization of results to the study population if a sample was selected.	100% (16/16)	0% (0/16)	0% (0/16)
	3. Identify factors that threaten internal or external validity of findings.	100% (24/24)	0% (0/24)	0% (0/24)
	4. Include an interpretation of findings.	100% (24/24)	0% (0/24)	0% (0/24)
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	100% (24/24)	0% (0/24)	0% (0/24)
	6. Identify the initial measurement and the remeasurement of study indicators.	Not Applicable	Not Applicable	Not Applicable
	7. Identify statistical differences between the initial measurement and the remeasurement.	Not Applicable	Not Applicable	Not Applicable
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.	Not Applicable	Not Applicable	Not Applicable
	9. Include an interpretation of the extent to which the study was successful.	Not Applicable	Not Applicable	Not Applicable
	Activity Average Rates	100% (112/112)	0% (0/112)	0% (0/112)
Activity VIII: Implement Intervention and Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.**	88% (21/24)	13% (3/24)	0% (0/24)
	2. System changes that are likely to induce permanent change.	96% (23/24)	4% (1/24)	0% (0/24)
	3. Revised if the original interventions are not successful.	Not Applicable	Not Applicable	Not Applicable
	4. Standardized and monitored if interventions are successful.	Not Applicable	Not Applicable	Not Applicable
	Activity Average Rates	92% (44/48)	8% (4/48)	0% (0/48)

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

**The activity totals may not equal 100 percent due to rounding.

**Table B.6—Internal QIP Submissions
Activities IX and X Ratings (N = 24 Submissions)
October 1, 2014, through December 31, 2014**

Evaluation Elements	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
Activity IX: Real Improvement Achieved			
1. Remeasurement methodology is the same as baseline methodology.	Not Assessed	Not Assessed	Not Assessed
2. There is documented improvement in processes or outcomes of care.	Not Assessed	Not Assessed	Not Assessed
3. There is statistical evidence that observed improvement is true improvement over baseline.	Not Assessed	Not Assessed	Not Assessed
4. The improvement appears to be the result of planned intervention(s).	Not Assessed	Not Assessed	Not Assessed
Activity Average Rates	Not Assessed	Not Assessed	Not Assessed
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.	Not Assessed	Not Assessed	Not Assessed
Activity Average Rates	Not Assessed	Not Assessed	Not Assessed

	<h2 style="text-align: center;">PDSA CYCLE WORKSHEET</h2> <p>Managed Care Plan Name: Topic: County:</p>
<p>What is the SMART objective for your interim outcome for this PDSA cycle? (see page 2 for template)</p>	
Plan	<p>What are we going to test?</p>
	<p>Predictions: change based on interim evaluation.</p>
	<p>Plan for the change or test: who, what, when, where?</p>
	<p>Plan for the collection of data: who, what, when, where?</p>
Do	<p>Carry out the change or test; collect data and begin analysis. Describe what you did.</p>
Study	<p>Complete the analysis of data (quantitative and qualitative). Summarize what you learned.</p>
Act	<p>Are we going to ADOPT (keep), ADAPT (modify), or ABANDON the change? Plan for the next cycle.</p>

