

Medi-Cal Managed Care  
Quality Improvement Projects Status Report  
April 1, 2015 – June 30, 2015

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

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<b>1.</b>	<b>EXECUTIVE SUMMARY</b>	<b>1</b>
	Purpose of Report	1
	Scope of External Quality Review Activities	1
	Summary of Overall Findings	2
	Conclusions and Recommendations	2
<b>2.</b>	<b>INTRODUCTION</b>	<b>3</b>
	Organization of Report	3
	QIP Requirements	3
	Description of the QIP Validation Process	3
	Evaluating the Overall Validity and Reliability of Study Results	4
	Plan-Do-Study-Act Cycle Requirements	5
<b>3.</b>	<b>QUARTERLY QIP AND PDSA ACTIVITY</b>	<b>6</b>
	Quality Improvement Activities	6
	Technical Assistance	6
	QIP Summary Form Validation	6
	DHCS Statewide Collaborative ACR Quality Improvement Project	6
	Internal Quality Improvement Projects	6
	PDSA Cycle Review	7
<b>4.</b>	<b>SUMMARY OF FINDINGS</b>	<b>9</b>
	Quality Improvement Project Activities	9
	PDSA Cycle Activities	9
	Findings Specific to the DHCS Statewide Collaborative Quality Improvement Project	10
	Background	10
	Statewide Collaborative—Quality Improvement Project Current Quarter Validation Findings	11
	Statewide Collaborative—PDSA Cycle Current Quarter Review Findings	11
	Findings Specific to Small-Group Collaborative Quality Improvement Projects	12
	Findings Specific to Internal Quality Improvement Projects	12
	Quality Improvement Project Current Quarter Validation Findings	12
	Internal PDSA Cycle Current Quarter Review Findings	13
	PDSA Strengths and Opportunities for Improvement	14
	PDSA Recommendations	14
<i>APPENDIX A.</i>	<b>PDSA CYCLES REVIEWED DURING THE REVIEW PERIOD</b>	<b>A-1</b>
<i>APPENDIX B.</i>	<b>PDSA CYCLE WORKSHEET</b>	<b>B-1</b>

### Purpose of Report

The California Department of Health Care Services (DHCS) is responsible for administering the Medi-Cal Managed Care delivery system and overseeing quality improvement activities of its Medi-Cal managed care health plans (MCPs). DHCS 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 technical assistance provided to MCPs and the results of Health Services Advisory Group, Inc.'s (HSAG's) review of MCPs' Plan-Do-Study-Act (PDSA) cycle information during the April 1, 2015, through June 30, 2015, review period.

### Scope of External Quality Review Activities

DHCS contracts with 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 QIPs<sup>1</sup> and for EQROs to use when validating QIPs.<sup>2</sup> 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.

As indicated in the previous quarter's report, during the 2014–15 Quarter 1 reporting period, DHCS made a decision that each MCP with a QIP that did not achieve a *Met* validation status on the annual submission 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 DHCS's focus on rapid-cycle improvement as a way to increase the likelihood of positive outcomes.

<sup>1</sup> 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.

<sup>2</sup> 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.

DHCS provided a PDSA Cycle Worksheet for MCPs to submit, and HSAG, with input from DHCS, developed a review process and feedback form. DHCS instructed 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. 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, DHCS made some exceptions based on DHCS and MCP priorities.

## Summary of Overall Findings

During the April 1, 2015, through June 30, 2015, reporting period, HSAG conducted no QIP validations and evaluated 13 *All-Cause Readmissions (ACR)* PDSA cycles and 14 internal PDSA cycles. The MCPs reported on the Do, Study, and Act portions of the PDSA cycle, and HSAG reviewed and provided feedback and recommendations to each MCP. The Introduction section of this report provides a detailed description of HSAG's review process, and Appendix A provides tables with a summary of each PDSA cycle HSAG reviewed.

For the *ACR* PDSA cycles, three MCPs met or exceeded their goals. Although not meeting its goal, one other MCP saw improvement as a result of the test of change.

For the internal PDSA cycles, eight MCPs met or exceeded their goals. Although not meeting its goal, one other MCP saw improvement as a result of the test of change. Additionally, for another MCP, HSAG was unable to determine if the MCP met its goal; however, the MCP reported improvement.

## Conclusions and Recommendations

Overall, MCPs provided adequate documentation regarding the Do, Study, and Act portions of the PDSA cycle. When developing and implementing new PDSA cycles, MCPs have the opportunity to improve the level of detail provided when describing PDSA cycle activities and reporting on lessons learned.

HSAG recommends that MCPs continue to monitor results and test changes on a small scale using PDSA cycles. MCPs should only implement changes on a larger scale when PDSA cycle results demonstrate a change was successful on a small scale. Additionally, MCPs should identify solutions to barriers when possible and use PDSA cycles to test the solutions to determine their effectiveness.

### Organization of Report

This report has six sections:

- ◆ **Executive Summary**—Describes the purpose of the report, outlines the scope of external quality review activities, provides a summary of overall findings for the review period, and presents conclusions and recommendations.
- ◆ **Introduction**—Provides an overview of QIP requirements and HSAG’s QIP validation process and an overview of the PDSA cycle submission process.
- ◆ **Quarterly QIP and PDSA Activity**—Provides a summary of QIP and PDSA cycle activities during the review period and a table of all PDSA cycle submissions that HSAG reviewed during the reporting period.
- ◆ **Summary of Findings**—Summarizes QIP and PDSA cycle activities and the PDSA cycle review findings and recommendations.
- ◆ **Appendix A**—Includes a listing of all PDSA cycles reviewed during the review period and their statuses.
- ◆ **Appendix B**—Includes a copy of the PDSA Cycle Worksheet.

### QIP Requirements

*QIPs are a federal requirement.* The Code of Federal Regulations (CFR) at 42 CFR 438.240<sup>3</sup> 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 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:

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

- ◆ *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.<sup>4</sup>

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:

- ◆ ***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.

<sup>4</sup> 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.

## Plan-Do-Study-Act Cycle Requirements

As indicated in the previous quarter's report, during the 2014–15 Quarter 1 reporting period, DHCS made a decision that each MCP with a QIP that did not achieve a *Met* validation status on the annual submission 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 DHCS's focus on rapid-cycle improvement as a way to increase the likelihood of positive outcomes.

DHCS provided a PDSA Cycle Worksheet for MCPs to submit and HSAG, with input from DHCS, developed a review process and feedback form. DHCS instructed 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. 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, DHCS made some exceptions based on DHCS and MCP priorities.

## Quality Improvement Activities

### **Technical Assistance**

DHCS and HSAG conducted a group technical assistance call for the statewide collaborative *All-Cause Readmissions (ACR)* QIP on May 20, 2015. The purpose of the call was to complete the process that began during the February 18, 2015, technical assistance call in which MCPs shared lessons learned from implementing the statewide collaborative *ACR* QIP. HSAG facilitated the call, and 11 MCPs participating in the collaborative presented their key successes and challenges. One MCP scheduled to present during the call was unable to do so and provided its lessons learned by email following the call. Shortly after the call, HSAG drafted and distributed meeting minutes that summarized the successes and challenges shared by each MCP. An aggregated summary of the MCPs' presentations is included in the *2015 Statewide Collaborative QIP ACR Remeasurement 1 Report*.

HSAG conducted individual technical assistance by email and telephone with DHCS and MCPs during the April 1, 2015, through June 30, 2015, reporting period. One MCP requested assistance with completing the PDSA documentation, and another MCP asked for clarification on the QIP requirements. HSAG engaged in multiple telephone calls and email exchanges with DHCS regarding one MCP's corrective action plan (CAP) PDSA cycles and provided extensive feedback and recommendations on the MCP's documentation and approach to its quality improvement efforts. HSAG also participated in one conference call with DHCS and the MCP regarding the MCP's CAP PDSA cycles to provide feedback, guidance, and recommendations.

## QIP Summary Form Validation

### **DHCS Statewide Collaborative ACR Quality Improvement Project**

HSAG validated no statewide collaborative *ACR* QIPs during this reporting period.

### **Internal Quality Improvement Projects**

HSAG validated no internal QIPs during this reporting period.

## PDSA Cycle Review

For the current reporting period, MCPs required to conduct a PDSA cycle for their *ACR* QIP and/or IQIP topic were required to submit the Do, Study, and Act portions of the PDSA cycle. HSAG reviewed and provided feedback and recommendations on 13 statewide collaborative *ACR* PDSA cycle worksheets and 14 internal PDSA cycle worksheets during the April 1, 2015, through June 30, 2015, review period. Each of the following MCPs submitted a PDSA Cycle Worksheet for their *ACR* QIP, documenting the results of the Do, Study, and Act portions of the PDSA cycle:

- ◆ Alameda Alliance for Health—Alameda County
- ◆ Anthem Blue Cross Partnership Plan—Fresno County
- ◆ CalViva Health—Fresno, Kings, and Madera counties
- ◆ Care1st Partner Plan—San Diego County
- ◆ CenCal Health—San Luis Obispo and Santa Barbara counties
- ◆ Contra Costa Health Plan—Contra Costa County
- ◆ Gold Coast Health Plan—Ventura County
- ◆ Health Net Community Solutions, Inc.—Tulare County
- ◆ Health Plan of San Mateo—San Mateo County
- ◆ Inland Empire Health Plan—Riverside/San Bernardino counties
- ◆ Kern Family Health Care—Kern County
- ◆ L.A. Care Health Plan—Los Angeles County
- ◆ Santa Clara Family Health Plan—Santa Clara County

Table 3.1 includes MCPs that submitted a PDSA Cycle Worksheet for their internal QIP, documenting the results of the Do, Study, and Act portions of the PDSA cycle. Also included in the table are the counties and the name of each internal PDSA cycle.

**Table 3.1—Medi-Cal Managed Care Quarterly Internal PDSA Cycle Submissions  
April 1, 2015, through June 30, 2015**

MCP Name and County	Name of Internal PDSA Cycle
Alameda Alliance for Health—Alameda	Anti-Hypertensive Medication Fills Among Members with Hypertension
Anthem Blue Cross Partnership Plan—Rural Expansion Region 1, Rural Expansion Region 2, and San Benito	Childhood Immunizations Combo 3
California Health and Wellness—Imperial	Postpartum
CalOptima—Orange	Improvement of Prenatal Visit Rates for Pregnant Members

MCP Name and County	Name of Internal PDSA Cycle
Care1st Partner Plan—San Diego	Comprehensive Diabetes Care
CenCal Health—San Luis Obispo	Annual Monitoring for Patients on Persistent Medications
Gold Coast Health Plan—Ventura	Diabetic Eye Exam Member Incentive Project
Health Plan of San Joaquin—San Joaquin and Stanislaus	HbA1c Testing
Health Plan of San Mateo—San Mateo	Increase Timely Prenatal Care in Postpartum Compliance
Inland Empire Health Plan—Riverside/San Bernardino	Diabetes
Kaiser—San Diego County	Well Visits for 3–6-year-old Medi-Cal Members
Kern Family Health Care—Kern	Diabetes Management
Molina Healthcare of California Partner Plan, Inc.—Imperial, Riverside/San Bernardino, Sacramento, and San Diego	Controlling Blood Pressure
Partnership HealthPlan of California—Shasta	Immunizations

## 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, DHCS developed a PDSA Cycle Worksheet (see Appendix B) emphasizing both a SMART objective and the PDSA cycle. HSAG developed review criteria to determine whether or not MCPs conduct the PDSA cycle according to DHCS 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 DHCS Statewide Collaborative Quality Improvement Project

## **Background**

DHCS kicked off its statewide collaborative *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.

In January 2013, MCPs were required to submit their barrier analyses and interventions to HSAG and DHCS for evaluation. From January 2013 through June 2013, MCPs continued to implement their improvement strategies. HSAG and DHCS conducted technical assistance calls with each MCP and provided feedback on the MCP's improvement strategies. Each call was followed by a summary email 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 DHCS'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.

As indicated in the previous quarter's report, during the 2014–15 Quarter 1 reporting period, DHCS made a decision that each MCP with an *ACR* QIP that did not achieve a *Met* validation status on the annual submission be required to submit a PDSA cycle 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 DHCS's focus on rapid-cycle improvement as a way to increase the likelihood of positive outcomes.

### **Statewide Collaborative—Quality Improvement Project Current Quarter Validation Findings**

No statewide collaborative *ACR* QIPs were validated during the reporting period.

### **Statewide Collaborative—PDSA Cycle Current Quarter Review Findings**

During Quarter 4, HSAG reviewed and provided feedback and recommendations on 13 statewide collaborative *ACR* PDSA cycle worksheets from 13 MCPs. The worksheets included documentation of the results of the Do, Study, and Act phases of the PDSA cycle.

### **Do, Study, and Act Phases**

In the Do, Study, and Act phases of the *ACR* PDSA cycle, MCPs implemented the changes being tested; collected data; completed analyses; summarized what was learned; and determined whether the changes would be adopted (kept), adapted (modified), or abandoned (stopped). While HSAG identified no single issue across all MCPs when reviewing the Do, Study, and Act portions of the worksheets, the following were issues HSAG identified for at least some of the MCPs' *ACR* PDSA cycles:

- ◆ Not enough detail was provided in the Do section regarding whether the test was carried out as planned.

- ◆ Unexpected delays occurred and/or insufficient time in the PDSA cycle to demonstrate success.
- ◆ An insufficient number of staff members were assigned to complete all tasks for the PDSA cycle.
- ◆ MCP staff changes resulted in no tracking of results.
- ◆ External partners did not comply, resulting in no results.
- ◆ Underreporting of results existed due to claims lag and/or data collection issues.
- ◆ Members declined and/or psychosocial barriers prevented participation in the change.
- ◆ MCPs planned to adopt a change without supporting data.

As a result of the ACR PDSA cycle:

- ◆ Three MCPs met or exceeded their goals.
- ◆ Seven MCPs did not meet their goals; however, one MCP saw some improvement.
- ◆ Three MCPs were unable to determine if their goals were met.

All but one MCP summarized what was learned as a result of the PDSA cycle. Regarding whether to adopt, adapt, or abandon the changes:

- ◆ Six MCPs indicated they plan to adopt their changes.
- ◆ Four MCPs indicated they plan to adapt their changes.
- ◆ Two MCPs indicated plans to both adopt and adapt the changes.
- ◆ One MCP indicated plans to abandon the change.

Some MCPs indicated plans to adopt changes without evidence that the test of change was successful. HSAG advised these MCPs to only adopt a change after results of the PDSA cycle demonstrate the change was successful.

## **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***

No internal QIPs were validated during the reporting period.

### **Internal PDSA Cycle Current Quarter Review Findings**

During Quarter 4, HSAG reviewed and provided feedback and recommendations on 14 internal PDSA cycle worksheets from 14 MCPs. The worksheets included documentation of the results of the Do, Study, and Act phases of the PDSA cycle.

#### **Do, Study, and Act Phases**

As previously indicated, in the Do, Study, and Act phases of the PDSA cycle, MCPs implemented the changes to be tested; collected data; completed analyses; summarized what was learned; and determined whether the changes would be adopted (kept), adapted (modified), or abandoned (stopped). While HSAG identified no single issue across all MCPs when reviewing the Do, Study, and Act portions of the worksheets, the following were issues HSAG identified for at least some MCPs' ACR PDSA cycles:

- ◆ Not enough detail in the Do section regarding whether the test was carried out as planned.
- ◆ Unexpected delays and/or insufficient time in the PDSA cycle to demonstrate success.
- ◆ Incomplete analysis of the results.
- ◆ Not enough detail about challenges and lessons learned.

As a result of the internal PDSA cycle:

- ◆ Eight MCPs met or exceeded their goals. Note: For one MCP, the goal was met in two of the three counties targeted.
- ◆ Four MCPs did not meet their goals; however, one MCP saw some improvement.
- ◆ For two MCPs, HSAG was unable to determine if the MCPs met their goals; however, one MCP saw some improvement.

Regarding whether to adopt, adapt, or abandon the changes:

- ◆ Seven MCPs indicated they plan to adopt their changes.
- ◆ Four MCPs indicated they plan to adapt their changes.
- ◆ One MCP indicated plans to both adopt and adapt the change.
- ◆ One MCP indicated plans to abandon the change.
- ◆ One MCP is completing additional testing before deciding whether to adopt, adapt, or abandon the change.

### ***PDSA Strengths and Opportunities for Improvement***

Overall, MCPs provided adequate documentation regarding the Do, Study, and Act portions of the PDSA cycle. When developing and implementing new PDSA cycles, MCPs have the opportunity to improve the level of detail provided when describing PDSA cycle activities and reporting on lessons learned.

### ***PDSA Recommendations***

HSAG recommends that MCPs continue to monitor results and test changes on a small scale using PDSA cycles. MCPs should only implement changes on a larger scale when PDSA cycle results demonstrate a change was successful on a small scale. Additionally, MCPs should identify solutions to barriers when possible and use PDSA cycles to test the solutions to determine their effectiveness.

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*Appendix A.* **PDSA CYCLES REVIEWED DURING THE REVIEW PERIOD**

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Appendix A presents the statuses of the following:

- ◆ Medi-Cal Managed Care Statewide Collaborative ACR PDSA Cycles reviewed during the review period
- ◆ Internal PDSA Cycles reviewed during the review period

**Table A.1—Medi-Cal Managed Care Statewide All-Cause Readmissions PDSA Cycles  
April 1, 2015, through June 30, 2015**

(\*See page A-4 for grid category explanations.)

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	PDSA Cycle SMART Objective	PDSA Cycle Progression
<p><b>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.</b></p> <p><b>QIP Domains of Care: Quality and Access</b></p>				
Alameda Alliance for Health—Alameda	LI	Clinical	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.	PDSA cycle completed. Goal not met; however, change adopted.
Anthem Blue Cross Partnership Plan—Fresno	CP	Clinical	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.	PDSA cycle completed. Goal not met; however, improvement made. Change adapted.
CalViva Health—Fresno, Kings, Madera	LI	Clinical	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.	PDSA cycle completed. Goal met. Change adopted.
Care1st Partner Plan—San Diego	GMC	Clinical	Care1st will improve the appointment scheduling rate for patients being discharged from the hospital by 5 percent by March 31, 2015.	PDSA cycle completed. Unable to implement change as planned so not able to determine if goal was met. Change adapted.

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	PDSA Cycle SMART Objective	PDSA Cycle Progression
<p><b>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.</b></p> <p><b>QIP Domains of Care: Quality and Access</b></p>				
CenCal Health—San Luis Obispo and Santa Barbara	COHS	Clinical	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.	PDSA cycle completed. Goal not met; however, portions of the change will be adopted and portions will be adapted.
Contra Costa Health Plan—Contra Costa	LI	Clinical	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.	PDSA cycle completed. Unable to implement change as planned so not able to determine if goal was met. Change adopted.
Gold Coast Health Plan—Ventura	COHS	Clinical	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.	PDSA cycle completed. Goal not met. Change adapted.
Health Net Community Solutions, Inc.—Tulare	CP	Clinical	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.	PDSA cycle completed. Goal met. Change adopted.
Health Plan of San Mateo—San Mateo	COHS	Clinical	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 to	PDSA cycle completed. Unable to determine if goal was met. Change abandoned.

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	PDSA Cycle SMART Objective	PDSA Cycle Progression
<b>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.</b>				
<b>QIP Domains of Care: Quality and Access</b>				
			offer a free course on signs and symptoms of CHF along with nurse outreach.	
Inland Empire Health Plan—Riverside/San Bernardino	LI	Clinical	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.	PDSA cycle completed. Goal not met. Change adapted.
Kern Family Health Care—Kern	LI	Clinical	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.	PDSA cycle completed. Goal met. Change adopted.
L.A. Care Health Plan—Los Angeles	LI	Clinical	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.	PDSA cycle completed. Goal not met; however, change adopted.
Santa Clara Family Health Plan—Santa Clara	LI	Clinical	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.	PDSA cycle completed. Goal not met; however, portions of the change will be adopted and portions will be adapted.

\*Grid category explanations:

*MCP Model Type*—designated MCP model type:

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

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

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

*PDSA Cycle Progression*—provides the status of each PDSA cycle.

**Table A.2—Internal PDSA Cycles  
April 1, 2015, through June 30, 2015**  
(\*See page A-7 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.	PDSA cycle completed. Goal not met. No decision made regarding adopting, adapting, or abandoning the change. The MCP will conduct another PDSA cycle to test the change.
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.	PDSA cycle completed. Goal met for rural expansion regions but not for San Benito. Change adopted.
California Health & Wellness—Imperial	RM/IM	Postpartum Care	By May 1, 2015, California Health & Wellness will call, between one and 21 postpartum days, 100 percent of members who receive prenatal care at Clinicas de Salud del Pueblo in Imperial County and deliver between January 15, 2015, and April 15, 2015.	PDSA cycle completed. Goal met. Change adapted.
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.	PDSA cycle completed. Goal met. Change adopted.
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.	PDSA cycle completed. Goal met. Change adopted.

MCP Name and County	MCP Model Type	Name of PDSA Cycle	PDSA Cycle SMART Objective	PDSA Cycle Progression
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 <sup>®</sup> ] <sup>^</sup> specifications for the <i>Annual Monitoring for Patients on Persistent Medications</i> submeasure) 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.	PDSA cycle completed. Goal not met. Portions of the change will be adopted and portions will be adapted.
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 or her annual eye exam before December 31, 2014.	PDSA cycle completed. Unable to determine if goal met. Change adopted.
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.	PDSA cycle completed. Goal met in both counties. Change adapted.
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.	PDSA cycle completed. Goal not met. Change adopted.
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.	PDSA cycle completed. Goal met. Change adapted.

<sup>^</sup>HEDIS<sup>®</sup> 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
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.	PDSA cycle completed. Goal not provided so unable to determine if goal met. Change adopted.
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.	PDSA cycle completed. Goal not met. Change abandoned.
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.	PDSA cycle completed. Goal met in all counties. Change adapted.
Partnership HealthPlan of California—Shasta	COHS	Immunizations	By March 31, 2015, Partnership 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.	PDSA cycle completed. Goal met. Change adopted.

\*Grid category explanations:

*MCP Model Type*—designated MCP model type:

- ◆ County Organized Health System (COHS)
- ◆ Geographic Managed Care (GMC)
- ◆ Regional Model (RM)
- ◆ Imperial Model (IM)
- ◆ 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 status of each PDSA cycle.

	<p><b>PDSA CYCLE WORKSHEET</b></p> <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>	
<p><b>Plan</b></p>	<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>
<p><b>Do</b></p>	<p>Carry out the change or test; collect data and begin analysis. Describe what you did.</p>
<p><b>Study</b></p>	<p>Complete the analysis of data (quantitative and qualitative). Summarize what you learned.</p>
<p><b>Act</b></p>	<p>Are we going to ADOPT (keep), ADAPT (modify), or ABANDON the change? Plan for the next cycle.</p>

