



Medi-Cal Managed Care Division

state of california



Medi-Cal Managed Care External Quality Review Organization

Quality Improvement Projects Report 4th Quarter 2007

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February 2008

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Quarterly Status Report Validation of Quality Improvement Projects

Status of Quality Improvement Projects (QIPs)

Medi-Cal managed care plans submitted 29 projects to Delmarva in the fourth quarter, the period of October 1 – December 31, 2007. Validations were completed for 25 of these projects during the quarter. Four projects were submitted too late in the quarter for the validations to be completed by December 31, 2007.

QIP Reporting

Of the 29 QIP projects submitted during the period, 22 of the projects were proposals, one was an annual submission, and six were final submissions. Five projects were Internal QIPs (IQIPs), one was a Small Group Collaborative (SGC) QIP, and 23 were Statewide Collaborative (SWC) QIPs. The topics for the 29 projects submitted are shown below.

Table I. QIP Topics for Submissions October – December 2007

Plan	Project Name	Year	Status	Improvement Achieved
Blue Cross of California Partnership Plan	Improving Diabetes Management (IQIP)	Annual Baseline 2003 Remeasurement 3	Validation completed	Mixed results
Blue Cross of California Partnership Plan	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation in process	Not applicable
CalOptima	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation in process	Not applicable
Care 1 st Health Plan (San Diego)	Healthy Start Prenatal and Postpartum Program (IQIP)	Baseline/Closeout Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Care 1 st Health Plan (San Diego)	Increasing Member Compliance with Initial Health Assessments (IQIP)	Closeout Baseline 2006 Remeasurement 3	Validation completed	Yes

Plan	Project Name	Year	Status	Improvement Achieved
Care 1 st Health Plan (San Diego)	CALINX Statewide Collaborative to Standardize Lab Reporting (SWC)	Closeout Baseline 2006 Remeasurement 1	Validation completed	Mixed results
Care 1 st Health Plan (San Diego)	Childhood Obesity (SGC)	Baseline/Closeout Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Care 1 st Health Plan (San Diego)	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Central Coast Alliance for Health	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Community Health Group	Increasing Follow-up for a Positive Postpartum Depression Screen (IQIP)	Close Out Baseline 2002 Remeasurement 3	Validation completed	Yes
Contra Costa Health Plan	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Health Net	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Health Plan of San Joaquin	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Health Plan of San Mateo	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Inland Empire Health Plan	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Kaiser Permanente (Sacramento)	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation in process	Not applicable
Kaiser Permanente (San Diego)	Adolescent Well-Care Visits (SWC)	Close Out Baseline 2003 Remeasurement 3	Validation completed	No
Kaiser Permanente (San Diego)	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation in process	Not applicable

Plan	Project Name	Year	Status	Improvement Achieved
Kern Family Health Plan	Immunization Collaborative (IQIP)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
L.A. Care Health Plan	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Molina Healthcare of California (Riverside)	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Molina Healthcare of California (San Bernardino)	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Molina Healthcare of California (Sacramento)	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Molina Healthcare of California (San Diego)	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Partnership Health Plan of California	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
San Francisco Health Plan	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Santa Barbara Regional Health Authority	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Santa Clara Family Health Plan	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)
Western Health Advantage	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (baseline)

* A determination of "mixed results" means that the plan documented improvement on some indicators measured, but not for all. See Table II and the Appendix for additional information.

Overall Strengths and Opportunities - All Projects

The health plans submitting QIPs during this period demonstrated a range of proficiency in quality improvement activities, many of which focus on HEDIS measures. In those QIPs with documented remeasurements, some plans have had success in improving the indicators under study, while others have not. Table II below summarizes the level of improvement documented by plans for the QIPs validated this quarter. This level of improvement is grouped into three categories:

- 1) Substantial improvement: improvement of 10 percent or more is documented
- 2) Minimal improvement: improvement ranging between one percent and nine percent is documented
- 3) No improvement: results remain the same or there is no documented improvement for the indicators under study

Table II. QIP Improvements October – December 2007

Plan and Project Name	Substantial Improvement	Minimal Improvement	No Improvement
Blue Cross of California Partnership Plan: Improving Diabetes Management (IQIP)	Not applicable	HbA1c testing (plan wide): 5.16% increase over remeasurement 2 (not comparable to baseline due to changes in methodology)	Diabetic retinal eye exams: 1.09% decrease compared to remeasurement 2 (not comparable to baseline due to changes in methodology)
Care 1st Health Plan (San Diego): Healthy Start Prenatal and Postpartum Program (IQIP)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Care 1st Health Plan (San Diego): Increasing Member Compliance with Initial Health Assessments (IQIP)	Members completing an Initial Health Assessment (IHA): 26.28% increase over baseline	Not applicable	Not applicable
Care 1st Health Plan (San Diego): CALINX Statewide Collaborative to Standardize Lab Reporting (SWC)	Rate of diabetic member LDL results received: 42.86% increase over baseline	Rate of member pap smear results received: 3.98% increase over baseline	Rate of diabetic member HgbA1c results received: 64.29% decrease when compared to baseline Rate of diabetic member microalbumin results received: 35.71% decrease when compared to baseline
Care 1st Health Plan (San Diego): Childhood Obesity (SGC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)

Plan and Project Name	Substantial Improvement	Minimal Improvement	No Improvement
Care 1 st Health Plan (San Diego): Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Central Coast Alliance for Health: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Community Health Group: Increasing Follow-up for a Positive Postpartum Depression Screen (IQIP)	Postpartum depression screening: 31.38% increase over baseline Utilization of screening tool: 39.94% increase over baseline Documentation of follow-up care for depression: 36.37% increase over baseline	Not applicable	Not applicable
Contra Costa Health Plan: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Health Net: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Health Plan of San Joaquin: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Health Plan of San Mateo: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Inland Empire Health Plan: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Kaiser Permanente (San Diego): Adolescent Well-Care Visits (SWC)	Not applicable	Not applicable	Adolescent well-care visits: 4.06% decrease when compared to baseline
Kern Family Health Plan: Immunization Collaborative (IQIP)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
L.A. Care Health Plan: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)

Plan and Project Name	Substantial Improvement	Minimal Improvement	No Improvement
Molina Healthcare of California (Riverside): Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Molina Healthcare of California (San Bernardino): Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Molina Healthcare of California (Sacramento): Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Molina Healthcare of California (San Diego): Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Partnership Health Plan of California: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
San Francisco Health Plan: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Santa Barbara Regional Health Authority: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Santa Clara Family Health Plan: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Western Health Advantage: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)

Recommendations

As demonstrated in the above table, the Medi-Cal managed care plans submitting QIPs vary in the level of improvement achieved. Delmarva recommends the following strategies as potential adjunctive efforts that may be useful in achieving and sustaining improvement:

General Recommendations

- Health plans participating in collaboratives that identify the same or similar barriers to improvement may benefit from coordinating interventions, (e.g., joint plan and provider staff trainings, distribution of educational materials) when feasible.
- Health plans indicate barriers to achievement in the QIP documentation. However, addressing how they will overcome the barriers may be a more effective way for plans to develop improvement strategies and will allow the reviewer to track the decrease in barriers over time.
- Maintaining gains in improvement is an opportunity. A health plan may benefit by documenting its plan for sustainability of improvement in its QIP report.
- To promote the spread of successful interventions, when improvement has been sustained, DHCS should consider promoting a “Best Practices” forum to enhance plans’ knowledge of effective interventions and methodology for sustaining improvement.

Plan-Specific Recommendations

- Blue Cross of California Partnership Plan met some of its identified goals in the diabetes QIP. The plan is commended for this; however, Blue Cross is strongly encouraged to develop new, loftier goals. Goals reflect the desired level of achievement that the MCO sets for itself as a standard of care.
- Care 1st (San Diego) reported its prenatal and postpartum care project using an extremely small population; therefore, results were not meaningful. However, the San Diego project is based on a successful Los Angeles County project. As the project moves forward and membership grows, the program should prove successful in improving referral rates to the Comprehensive Prenatal Services Program, as well as improving prenatal and postpartum visit rates.
- The Care 1st (San Diego) population was too small to perform a meaningful analysis for the CALINX Standardized Laboratory Reporting project. The MCO indicated that the HEDIS indicators used in the study would be monitored every six months until the sample sizes are greater than 200. Additionally, interventions only focused on the diabetes indicators. There were no initiated interventions focusing on the cervical cancer screening indicator. Interventions should impact the entire QIP and all identified indicators.
- Data was not meaningful in the Care 1st (San Diego) Childhood Obesity project, as the population was too small. As the population grows, results will prove to be more meaningful.

- Kaiser Permanente (San Diego) provided a comprehensive list of system-level interventions for its Adolescent Well-Care Visits QIP. Unfortunately, interventions were implemented late in the measurement year and the MCO did not realize the full impact. If possible, interventions should be implemented early in the remeasurement year. In future projects, the MCO should keep in mind the critical nature of intervention timing. It is directly linked to the success of a project.
- MCOs participating in the Avoidable Emergency Room Visits Collaborative all identified goals for each indicator. Some plans identified *stretch* goals and are commended for this. Other plans played it safe and selected very achievable goals that do not require plans to strive for maximum improvement. These plans are encouraged to select loftier, long range goals.

The following Appendix contains a summary of each QIP reviewed and validated during the fourth quarter of 2007.

Appendix

Blue Cross of California: Improving Diabetes Management (IQIP)

➤ **Relevance:**

- Blue Cross of California indicated that diabetes consistently ranks among the top 30 diagnoses based on the MCO's enterprise-wide experience with the Medicaid adult population. According to the CDC, the incidence of diabetes has increased in California (from 4.7 to 7.1 per 100 adults from 1994 to 2005).

➤ **Goals:**

- Achieve a rate of 76.70 percent for the HEDIS Comprehensive Diabetes Care (CDC) HbA1c testing indicator by 2006
- Achieve a rate of 55.83 percent for the HEDIS CDC Eye Exam (retinal) indicator by 2006

➤ **Best Interventions:**

- Diabetic members are referred to case management and disease management programs
- Blue Cross contacted members via telephone to schedule appointments with PCPs and/or ophthalmologists

➤ **Outcomes:**

- HEDIS CDC HbA1c Testing (Plan-wide results):
 - ◊ 2003: 82.17%
 - ◊ 2004: 79.90%
 - ◊ 2005: 72.70% (change in data collection methodology: administrative to hybrid)
 - ◊ 2006: 77.86%
- HEDIS CDC Eye Exams (Plan-wide results):
 - ◊ 2003: 46.99%
 - ◊ 2004: 53.02%
 - ◊ 2005: 55.83% (change in data collection methodology: administrative to hybrid)
 - ◊ 2006: 54.74%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Members lack diabetes self-management skills
- Barrier: Diabetics are in need of disease management support

Care 1st Health Plan (San Diego): Healthy Start Prenatal and Postpartum Program (IQIP)

➤ **Relevance:**

- The timing and quality of prenatal care that a woman receives during her pregnancy has a critical influence on the infant's health and survival. Late or no entry into prenatal care is associated with adverse pregnancy outcomes, such as an increased risk of low birth weight, premature birth, neonatal mortality, and maternal mortality. Care 1st (San Diego) used the following 2003 Los Angeles County rates to establish relevance for the topic selected since Care 1st was new to San Diego at the time of

baseline measurement: timeliness of prenatal care was 46 percent and timeliness of postpartum care was 42 percent.

➤ **Goals:**

- Increase the rate of pregnant women being referred for the Comprehensive Prenatal Services Program (CPSP) by 25 percent by remeasurement 2
- Achieve 74.2 percent for the HEDIS Timeliness of Prenatal Care indicator by remeasurement 2
- Achieve 49.7 percent for the HEDIS Postpartum Care indicator by remeasurement 2

➤ **Best Interventions:**

- Member incentives: free strollers for keeping prenatal appointments, gift cards for keeping the postpartum appointment
- Provider incentives: additional payments for members keeping their postpartum appointments

➤ **Outcomes:**

- Rate of pregnant women being referred for CPSP services:
 - ◊ 2006: 23.08%
- HEDIS Prenatal and Postpartum Care, Timeliness of Prenatal Care:
 - ◊ 2006: 46.15%
- HEDIS Prenatal and Postpartum Care, Postpartum Care:
 - ◊ 2006: 46.15%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: The MCO's population was too small to provide any meaningful data or analysis.
- Attribute: Although this was a baseline study with a very small population, it is based on a successful Los Angeles County project. The program should prove successful in improving referral rates to CPSP services, as well as improving prenatal and postpartum visit rates.

Care 1st Health Plan (San Diego): Increasing Member Compliance with Initial Health Assessments (IQIP)

➤ **Relevance:**

- An initial health assessment (IHA) is an integral component of establishing baseline health information that health care providers may use in developing treatment plans and interventional strategies that are patient specific. Care 1st (San Diego) is required to provide its members the opportunity to receive an IHA within 120 days of enrollment for members over 18 months of age and within 60 days of enrollment for members less than 18 months of age. The plan's assessment of this requirement (2006 data) revealed that many new members were not obtaining their IHAs and cannot show sufficient proof that members have been advised.

➤ **Goal:**

- Achieve 47 percent on the IHA indicator by 2007

➤ **Best Intervention:**

- The MCO initiated a phone response system to contact members and remind them to schedule appointments

➤ **Outcomes:**

- Members with a completed IHA:
 - ◊ Qtr 3 2006: 41.17%
 - ◊ Qtr 4 2006: 22.38%
 - ◊ Qtr 1 2007: 46.96%
 - ◊ Qtr 2 2007: 47.45%

➤ **Attributes/Barriers to Outcomes:**

- Attribute: The MCO implemented a new process, which included mailing documentation of IHA refusals and/or confirmation that the service had been completed to PCPs

Care 1st Health Plan (San Diego): CALINX Statewide Collaborative to Standardize Lab Reporting (SWC)

➤ **Relevance:**

- Care 1st (San Diego) cited a recent analysis that revealed its Quality Improvement Department only received approximately 45 percent of the lab results on its membership, leaving ample room for improvement.

➤ **Goal:**

- Increase lab collection results by 20-30 percent over baseline by remeasurement 2

➤ **Best Interventions:**

- Developed a diabetic tracking database to ensure all diabetics are being tested appropriately
- Care 1st contacted members in need of testing and made arrangements for appointments
- The plan identified diabetics with abnormal results and sent educational materials and instructions for re-testing

➤ **Outcomes:**

- Rate of diabetic member LDL results received:
 - ◊ 1/06-12/06: 0%
 - ◊ 1/07-6/07: 42.86%
- Rate of diabetic member HgbA1c results received:
 - ◊ 1/06-12/06: 100%
 - ◊ 1/07-6/07: 35.71%
- Rate of diabetic member Microalbumin results received:
 - ◊ 1/06-12/06: 100%
 - ◊ 1/07-6/07: 64.29%

- Rate of member Pap Smear results received:
 - ◊ 1/06-12/06: 42.86%
 - ◊ 1/07-6/07: 46.84%

➤ ***Attributes/Barriers to Outcomes:***

- Barrier: The population was too small to perform a meaningful assessment or analysis

Care 1st Health Plan (San Diego): Childhood Obesity (SGC)

➤ ***Relevance:***

- Care 1st Health Plan (San Diego) indicated that childhood obesity impacts at least 16 percent of its membership and is a high-risk condition.

➤ ***Goals:***

- Decrease the percentage of 2-4 year old children with a Body Mass Index (BMI) above the 95th percentile by five percent by remeasurement 2
- Decrease the percentage of 5-19 year old children with a BMI above the 95th percentile by five percent by remeasurement 2
- Decrease the percentage of San Diego minority populations who are disproportionately affected by obesity, particularly African Americans, Hispanics, and Native American women by five percent by remeasurement 2

➤ ***Best Intervention:***

- Interventions were not due for the proposal/baseline project submission

➤ ***Outcomes:***

- Rate of Children 2-4 years old with a BMI above the 95th percentile:
 - ◊ 2006: 0%
- Rate of Children 5-19 years old with a BMI above the 95th percentile:
 - ◊ 2006: 14%
- Prevalence of obesity by ethnicity:
 - ◊ 2006 Hispanic: 25%
 - ◊ 2006 African American: 0%
 - ◊ 2006 Caucasian: 0%

➤ ***Attributes/Barriers to Outcomes:***

- Not applicable; proposal submission
- Barrier: Data provided was not meaningful, as the population was too small

Care 1st Health Plan (San Diego): Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- Care 1st Health Plan (San Diego) indicated that approximately 20 percent of the adult population had made at least one ER visit and 7.5 percent made at least two ER visits within the preceding 12 months. In 2006, 7.31 percent of emergency room visits were determined to be avoidable.

➤ **Goals:**

- Decrease the rate of members seen in the ER to 30 percent by 2010
- Achieve a 10 percent reduction in avoidable ER visits by 2010

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 38.19 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 7.31%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

Central Coast Alliance for Health: Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- Central Coast Alliance for Health indicated that 6-19 year olds accounted for 20 percent of all ER visits and children five and younger accounted for 30 percent of all ER visits in 2006.

➤ **Goals:**

- Achieve a five percent reduction in the rate of members seen in the ER by remeasurement 1
- Achieve a five percent reduction in avoidable ER visits by remeasurement 1

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 42.88 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 4.63%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

Community Health Group: Increasing Follow-up for a Positive Postpartum Depression Screen (IQIP)

➤ **Relevance:**

- Community Health Group (CHG) reviewed its 2002 obstetrical medical records and found that only 35 percent of the records had any documentation of postpartum depression screening and there were no records with documentation of follow-up treatment. There was no documented use of the postpartum depression screening tool.

➤ **Goals:**

- Achieve a rate of 45.89 percent for members with documentation of postpartum depression screening by remeasurement 3
- Achieve a rate of 47.51 percent for members with postpartum depression screening via use of the screening tool by remeasurement 3
- Achieve a rate of 94.28 percent for members with postpartum depression and documented follow-up care by remeasurement 3

➤ **Best Interventions:**

- Presented postpartum depression guidelines to practitioners
- CHG placed calls to mothers after delivery reminding them of the importance of postpartum visits
- CHG offered postpartum appointment scheduling and transportation assistance to members

➤ **Outcomes:**

- Documentation of postpartum depression screening:
 - ◊ 2002: 23.16%
 - ◊ 2004: 34.39%
 - ◊ 2005: 41.72%
 - ◊ 2006: 54.54%
- Postpartum depression screening via use of screening tool:
 - ◊ 2002: 8.51%
 - ◊ 2004: 19.74%
 - ◊ 2005: 43.19%
 - ◊ 2006: 48.45%
- Documentation of follow-up for depression:
 - ◊ 2002: 63.63%
 - ◊ 2004: 85.72%
 - ◊ 2005: 88.57%
 - ◊ 2006: 100.00%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Mothers take babies to well-child visits, but don't take the time to go to their own postpartum visits
- Attribute: System level interventions led to improved outcomes

Contra Costa Health Plan: Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- Contra Costa Health Plan's 2006 ER visit rate was significantly higher than the Medicaid Managed Care Division (MMCD) average of 32 visits per 1,000 member months.

➤ **Goals:**

- Reduce the rate of members seen in the ER to the MMCD average (32 visits per 1,000 member months) by remeasurement 2
- Reduce avoidable ER visits to the MMCD average by remeasurement 2

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 51.7 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 17.7%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

Health Net: Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- Health Net indicated that it had a 2006 ER visit rate of 27.5 per 1,000 member months with 21.9 percent of visits being classified as avoidable.

➤ **Goals:**

- Achieve a 10 percent reduction in the rate of members seen in the ER by remeasurement 2
- Achieve a 10 percent reduction in avoidable ER visits by remeasurement 2

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 27.5 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 21.9%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

Health Plan of San Joaquin: Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- Health Plan of San Joaquin reported a 2006 emergency room visit rate of 26.52 per 1,000 member months and an avoidable visit rate of 14.30 percent. The plan noted, “46 percent of all ER users believed that their problem could have been handled by a primary care physician, had one been available.”

➤ **Goals:**

- Achieve a five percent reduction in the rate of members seen in the ER by remeasurement 2
- Achieve a 10 percent reduction in avoidable ER visits by remeasurement 2

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 26.52 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 14.3%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

Health Plan of San Mateo: Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- Health Plan of San Mateo indicated that there has been an increase in emergency room usage over the last several years.

➤ **Goals:**

- Achieve a five percent reduction in the rate of members seen in the ER by remeasurement 2
- Achieve a five percent reduction in avoidable ER visits by remeasurement 2

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 48.90 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 14.00%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

Inland Empire Health Plan: Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- Inland Empire Health Plan stated that its ER utilization had consistently increased within the past three fiscal years.

➤ **Goals:**

- Achieve a rate of 33.16 visits per 1,000 member months for the members seen in the ER indicator by remeasurement 1
- Achieve a rate of 22.18 percent for the avoidable ER visits indicator by remeasurement 1

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 40.69 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 20.16%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

Kaiser Permanente (San Diego): Adolescent Well-Care Visits (SWC)

➤ **Relevance:**

- Kaiser (San Diego) has 1,600 teen members and reported several alarming, national statistics related to adolescent smoking, steroid drug use, immunizations, etc.

➤ **Goals:**

- Achieve a rate of 31 percent for the HEDIS Adolescent Well-Care Visits indicator by remeasurement 3

➤ **Best Interventions:**

- Updated clinical guidelines on adolescent well-care visits
- Provider offices generated well-care appointments at the time of sick office visits

➤ **Outcomes:**

- HEDIS Adolescent Well-Care Visits:
 - ◊ 2003: 23.59%
 - ◊ 2004: 24.41%

- ◇ 2005: 24.44%
- ◇ 2006: 19.53%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Initially, clinical guidelines were not consistent with the HEDIS measure requirements
- Barrier: Interventions were implemented late during the measurement year

Kern Family Health Plan: Immunization Collaborative (IQIP)

➤ **Relevance:**

- Kern Family Health Plan indicated that they serve a multi-cultural population with some members coming from Mexico and the Middle East, where many diseases addressed by the State's immunization program are still common. The MCO recognized opportunities for improvement of immunization rates so children in its population were neither a source of communicability nor at risk for these infectious diseases.

➤ **Goals:**

- Achieve 95 percent for the HEDIS Immunization Status Combination #2 indicator by remeasurement 1
- Achieve 95 percent for the HEDIS Immunization Status Combination #3 indicator by remeasurement 1
- Achieve a five percent increase in the rate of high volume providers using the regional immunization registry for children 0-2 years of age by remeasurement 1
- Achieve a five percent increase in the rate of children 0-2 years of age seen by providers who access the regional immunization registry by remeasurement 1

➤ **Best Interventions:**

- Immunization reminders were mailed out to members
- An MCO representative was appointed to the Kern Immunization Coalition whose mission is to provide immunization programs for the children of Kern County

➤ **Outcomes:**

- HEDIS Immunization Status Combination #2:
 - ◇ 2006: 76.89%
- HEDIS Immunization Status Combination #3:
 - ◇ 2006: 70.32%
- Rate of high volume providers using the regional immunization registry for children 0-2 years of age:
 - ◇ 2006: 86.95%
- Rate of children 0-2 years of age seen by providers who access the regional immunization registry:
 - ◇ 2006: 43.50%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

L.A. Care Health Plan: Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- L.A. Care described its ER utilization by age and ethnicity. The 20-44 year age group reflected the highest rate of visits and accounted for 26 percent of all visits in 2006. The Hispanic member population accounted for 68 percent of the membership and 62 percent of ER visits. In 2006, 26 percent of all ER visits were considered avoidable.

➤ **Goal:**

- Achieve a five percent reduction in the rate of members seen in the ER by 2010
- Achieve a 10 percent reduction in avoidable ER visits by 2010

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 28.05 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 25.59%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

Molina Health Care of California (Riverside): Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- Molina (Riverside) indicated that 14.5 percent of 2006 ER visits were avoidable.

➤ **Goals:**

- Achieve a rate of 31.70 percent (decrease of 2 standard deviations) in the ER visits indicator by remeasurement 1
- Achieve a rate of 12.00 percent (decrease of 2 standard deviations) in the avoidable ER visits indicator by remeasurement 1

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 32.03 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 14.50%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

Molina Health Care of California (San Bernardino): Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- Molina (San Bernardino) indicated that 14 percent of 2006 ER visits were avoidable.

➤ **Goals:**

- Achieve a rate of 31.70 percent (decrease of 2 standard deviations) in the ER visits indicator by remeasurement 1
- Achieve a rate of 13.63 percent (decrease of 2 standard deviations) in the avoidable ER visits indicator by remeasurement 1

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 32.03 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 14.00%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

Molina Health Care of California (Sacramento): Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- Molina (Sacramento) indicated that 12.8 percent of 2006 ER visits were avoidable.

➤ **Goals:**

- Achieve a rate of 27.6 percent (decrease of 2 standard deviations) in the ER visits indicator by remeasurement 1
- Achieve a rate of 12.0 percent (decrease of 2 standard deviations) in the avoidable ER visits indicator by remeasurement 1

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 28.35 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 12.80%

➤ ***Attributes/Barriers to Outcomes:***

- Not applicable; proposal submission

Molina Health Care of California (San Diego): Avoidable Emergency Room (ER) Visits (SWC)

➤ ***Relevance:***

- Molina (San Diego) indicated that 12 percent of 2006 ER visits were avoidable.

➤ ***Goals:***

- Achieve a rate of 29.00 percent (decrease of 2 standard deviations) in the ER visits indicator by remeasurement 1
- Achieve a rate of 11.65 percent (decrease of 2 standard deviations) in the avoidable ER visits indicator by remeasurement 1

➤ ***Best Interventions:***

- Collaborative interventions are being developed

➤ ***Outcomes:***

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 29.41 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 12.00%

➤ ***Attributes/Barriers to Outcomes:***

- Not applicable; proposal submission

Partnership Health Plan of California: Avoidable Emergency Room (ER) Visits (SWC)

➤ ***Relevance:***

- In 2006, 18.2 percent of Partnership's ER visits were defined as avoidable for members one year and older.

➤ ***Goals:***

- Achieve a rate of 37.43 per 1,000 member months in the ER visits indicator by remeasurement 1
- Achieve a rate of 16.38 percent in the avoidable ER visits indicator by remeasurement 1

➤ ***Best Interventions:***

- Collaborative interventions are being developed

➤ ***Outcomes:***

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 37.90 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 18.20%

➤ ***Attributes/Barriers to Outcomes:***

- Not applicable; proposal submission

San Francisco Health Plan: Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- In 2006, 15.5 percent of San Francisco Health Plan's ER visits were defined as avoidable for members one year and older. The MCO stated, "Our utilization data and member survey data show that we have a real opportunity for improvement."

➤ **Goals:**

- Achieve a rate of 20.3 per 1,000 member months in the ER visits indicator by remeasurement 2
- Achieve a rate of 14.7 percent in the avoidable ER visits measure by remeasurement 2

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 21.4 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 15.5%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable, proposal submission

Santa Barbara Regional Health Authority: Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- Approximately 27 percent of Santa Barbara Regional Health Authority's membership used the ER at some time during calendar year 2006. There were 14,782 individual members that utilized ER services for a total of 26,107 visits (averaging nearly two visits per member).

➤ **Goals:**

- Achieve a one percent reduction rate in the ER visits measure (each year)
- Achieve a five percent reduction rate in the avoidable ER visits measure (each year)

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 40.33 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 19.11%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

Santa Clara Family Health Plan: Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- In 2006, 22.11 percent of Santa Clara Family Health Plan's ER visits were defined as avoidable for members one year and older. The MCO documented, "there is ample room for improvement."

➤ **Goals:**

- For the ER visits indicator, achieve 30.67 visits per 1,000 member months by remeasurement 2
- Improve the avoidable ER visits indicator by 5-10 percent by remeasurement 2

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 32.94 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 22.11%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

Western Health Advantage: Avoidable Emergency Room (ER) Visits (SWC)

➤ **Relevance:**

- In 2006, 14.24 percent of Western Health Advantage's (WHA) ER visits were defined as avoidable, and the plan noted opportunity for improvement. WHA identified "frequent flyers" (members with three or more ER visits) and anticipates that these members will benefit from referrals to case management, especially if they have chronic illnesses and/or are in need of pain management care.

➤ **Goals:**

- Achieve 25 visits per 1,000 member months for the ER visits indicator by remeasurement 1
- Improve the avoidable ER visits measure by 10 percent by remeasurement 2

➤ **Best Interventions:**

- Collaborative interventions are being developed

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 25.97 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 14.24%

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission