



Medi-Cal Managed Care Division

state of california



Medi-Cal Managed Care External Quality Review Organization

Quality Improvement Projects Report 1st Quarter 2007

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Improving Health in the Communities We Serve

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Quarterly Status Report Validation of Quality Improvement Projects

Status of Quality Improvement Projects (QIPs)

Five projects were submitted to Delmarva from Medi-Cal managed care health plans in the first quarter, the period of January 1 – March 31, 2007. Validations were completed for four of these projects during the first quarter. One project was submitted too late in the quarter for the validation to be completed before March 31, 2007.

QIP Reporting

Of the five QIP projects submitted during the period, three of the projects were annual submissions and two were final submissions. Two projects were Internal QIPs (IQIPs) and three were Small Group Collaborative (SGC) QIPs. The topics for the five projects submitted are shown below.

Table I. QIP Topics for Submissions January – March 2007.

Project Name	Plan	Year	Status	Improvement Achieved
Decreasing Emergency Room Use (IQIP)	Santa Barbara Regional Health Authority	Annual Submission Baseline (BL) 2005 Remeasurement 1	Validation completed	No
Hospital Quality (SGC)	Kaiser Permanente San Diego	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Mixed*
Improving Health of Members with Asthma (IQIP)	Central Coast Alliance for Health	Annual Submission Baseline (BL) 2004 Remeasurement 1	Validation completed	Mixed*
Improving Asthma Care (SGC)	Alameda Alliance for Health	Final Submission (BL) 2004	Validation completed	No
Asthma Collaborative (SGC)	L.A. Care Health Plan	Final Submission (BL) 2004	Under review	N/A

* A determination of mixed 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 and are performing activities targeted to improve health care quality, many of which include clinical HEDIS-related measures. In those QIPs with documented remeasurements, some plans have had success in improving the indicators under study. Table II below provides a summary of the level of improvement in the indicators documented by all the plans for the QIPs validated this quarter. This level of improvement is grouped into three categories:

- 1) Substantial improvement: indicators where improvement of 10 percent or above is documented,
- 2) Minimal improvement: indicators where improvement of between one percent to nine percent is documented, and
- 3) No improvement: indicators where the results remain the same or there is no documented increase or decrease based on a plan's goals.

Table II. QIP Improvements January – March 2007.

Substantial Improvement	Minimal Improvement	No Improvement
None reported for Santa Barbara Regional Health Authority.	None reported for Santa Barbara Regional Health Authority.	Santa Barbara Regional Health Authority's total emergency room visits increased.
None reported for Kaiser Permanente San Diego.	Kaiser Permanente San Diego's rate for JCAHO Quality Outcomes Core Measures increased 3.3%.	Kaiser Permanente San Diego's rate for JCAHO national patient safety goals remained constant at 100%. There is no room for improvement. Kaiser Permanente San Diego's Picker Survey and HCAHPS Survey results for patient satisfaction decreased by 45.2%.
Central Coast Alliance for Health's rate for HEDIS annual use of appropriate medications for people with asthma increased by 22.7%.	None reported for Central Coast Alliance for Health.	Central Coast Alliance for Health's asthma utilization rates (acute hospital admissions, acute hospital days, and emergency department visits) all increased, but none were statistically significant.
Alameda Alliance for Health did not report any new results on its asthma project. However, in the plan's last reported remeasurements, asthma-related hospitalizations decreased by 25.6% and appropriate treatment increased by 20.4%.	Alameda Alliance for Health did not report any new results on its asthma project.	Alameda Alliance for Health did not report any new results on its asthma project. However, in the plan's last reported remeasurements, emergency department visits increased by 1.7%.

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:

- Health plans participating in collaboratives (e.g. diabetes) 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 means of helping the health plans develop strategies and will allow the reviewer to track the decrease in barriers over time.
- Kaiser Permanente San Diego should further analyze their decrease in survey results. The plan attributed the decrease to the transition of a new survey tool; however, more may be involved as the response rate decreased by 45 percent.
- Maintaining gains in improvement is an opportunity. Health plans may benefit by documenting their plan for sustainability of improvement in the QIP reports.
- To promote the spread of successful interventions, when sustainability of improvement has been attained, CDHS should consider promoting a “Best Practice” forum to enhance plans’ knowledge of effective interventions and methodology for sustaining improvement.
- Central Coast Alliance for Health should further analyze the cause for the increase in asthma-related utilization rates (acute hospital admissions, acute hospital days, and emergency department visits) and implement timely and strong interventions.
- Alameda Alliance for Health indicated that the last of the three practice sites withdrew from the asthma collaborative in April 2006. The plan did not submit results and consequently did not meet QIP requirements. The plan should gather and analyze data obtained through April 2006; the project should be resubmitted with the analysis.

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

Appendix

Alameda Alliance for Health: Improving Asthma Care through Community Collaboration Using the Chronic Care Model (SGC)

➤ **Relevance:**

- Asthma ranks among the top 10 diagnoses among Alameda Alliance for Health members. For its members, seven percent of emergency room visits and 17 percent of hospitalizations are related to asthma.

➤ **Goals:**

- To reduce asthma-related emergency room visits and hospitalizations by at least five percentage points.
- To improve usage of controller medications by five percentage points.

➤ **Best Intervention:**

- Provided the practice sites with a patient registry offering updated information on asthma patients.

➤ **Outcomes:**

- N/A – There were no new results since the last project submission. Alameda Alliance for Health indicated that the last of the three practice sites withdrew from the project in April 2006. The plan was asked to gather and analyze data obtained through April 2006; however, the data and analysis were never received. The project did not meet QIP requirements.

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Alameda Alliance for Health indicated that the last of the three practice sites withdrew from the project in April 2006, citing economic and staff shortages as barriers.

Central Coast Alliance for Health: Improving Health of Members with Asthma (IQIP)

➤ **Relevance:**

- In 2001, there were 543 reported deaths in California from asthma and over 37,000 hospital discharges with a primary diagnosis of asthma. Almost five percent of Central Coast Alliance for Health's members have asthma, and 30 percent of those members had emergency department (ED) visits due to a primary diagnosis of asthma. HEDIS 2005 results demonstrate the need for improvement to meet the NCQA Medicaid 90th percentile (68.3% vs. 73.1%).

➤ **Goals:**

- To achieve a rate of 73.1 percent (2005 NCQA Medicaid 90th percentile) for use of appropriate medications for people with asthma.
- To achieve a 10 percent reduction in asthma utilization (ED visits, hospital admissions, hospital days).

➤ **Best Interventions:**

- Hired a disease management case manager and submitted a list of members with asthma who are non-compliant with controller medications to the case manager.
- Provided quality based incentives for providers for clinical services and access to care.
- Removed requirement of paper referrals; paper referrals were found to be tedious and a barrier to meeting the immediate needs of the members.
- Collaborated with area clinics to implement a chronic disease registry.

➤ **Outcomes:**

- Annual use of appropriate medications for people with asthma.
 - ◊ 2004: 68.4%
 - ◊ 2005: 87.9%
- Asthma utilization per year (Hospital admits/1,000 members per year).
 - ◊ 2004: 1.15 hospital admits
 - ◊ 2005: 1.69 hospital admits
- Asthma utilization per year (Hospital days/1,000 members per year).
 - ◊ 2004: 3.55 hospital days
 - ◊ 2005: 5.12 hospital days
- Asthma utilization per year (ED visits/1,000 members per year).
 - ◊ 2004: 11.13 ED visits
 - ◊ 2005: 13.17 ED visits
- Asthma-related hospital admissions per year for members with asthma.
 - ◊ 2004: .02 asthma-related hospital admissions
 - ◊ 2005: .03 asthma-related hospital admissions
- Asthma-related hospital days per year for members with asthma.
 - ◊ 2004: .08 asthma-related hospital days
 - ◊ 2005: .13 asthma-related hospital days
- Asthma-related ED visits per year for members with asthma.
 - ◊ 2004: .17 asthma-related ED visits
 - ◊ 2005: .28 asthma-related ED visits

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Due to the lag in claims data, members were not contacted in a timely manner.
- Barrier: Lack of integrated information available for providers (member visits, lab results, pharmacy, etc.).

Kaiser Permanente San Diego: Hospital Quality Program (SGC)

➤ *Relevance:*

- Kaiser Permanente San Diego (KPSD) reported that at least 44,000 people die in hospitals as a result of preventable medical errors each year. KPSD chose to focus on hospital quality due to the serious and grave consequences of medical errors.

➤ *Goals:*

- To have 80 percent of total selected Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Quality Outcomes Core Measures across all hospitals meet the JCAHO mean of all comparison groups.
- To have 80 percent of total patient safety goals meet JCAHO requirements. To have 80 percent of total dimensions meet or exceed regional survey scores.

➤ *Best Interventions:*

- Charts not meeting core measure compliance standards are re-audited by the quality department for trends, and specific performance feedback is provided to involved departments.
- Improving patient safety by removing concentrated electrolytes from nursing units and completing compliance audits with surgery time outs, reporting results, and requiring corrective action plans.
- The Pain Committee, having oversight of patient satisfaction with pain measures, initiated a physician/nursing collaborative to address pain control.

➤ *Outcomes:*

- JCAHO Quality Outcomes Core Measures. Results are based on meeting or exceeding the national JCAHO mean rates (higher rates indicate improvement).
 - ◊ Q 1 2004: 67%
 - ◊ Q 2 2004: 58%
 - ◊ Q 1 2006: 60%
- JCAHO National Patient Safety Goals
 - ◊ 2003: 86%
 - ◊ 2004: 100%
 - ◊ 2006: 100%
- Picker Survey/Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey. These tools are used to survey and assess patient care experiences. Hospitals use the results to assist them in improving the quality of patient care experiences and outcomes.
 - ◊ 2003: 58%
 - ◊ 2004: 73%
 - ◊ 2006: 40%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: KPSD transitioned to a blend of Picker Survey and HCAHPS Survey due to California hospitals participating in the California Hospital Assessment and Reporting Task Force (CHART) initiative.

Santa Barbara Regional Health Authority: Decreasing Emergency Room Use (IQIP)

➤ **Relevance:**

- Santa Barbara Regional Health Authority (SBRHA) reported over-utilization of emergency rooms (ERs) during the period of 5/1/04-4/30/05. Twenty-five percent of the case-managed Medi-Cal membership used the emergency room at some point in time during the year. The plan reported 13,795 individual members utilized emergency room services for a total of 23,897 visits. The members averaged nearly two visits (1.73) to the emergency room during the reported period.

➤ **Goals:**

- To reduce total emergency room visits per thousand members per year by five percent.
- To reduce the average number of emergency room visits by ten percent.

➤ **Best Interventions:**

- Development of real-time ER encounter data: In-network hospitals will be providing the plan with encounter data within 5-10 business days.
- Letters mailed to members encouraging PCP follow-up after ER visits.
- Books mailed to members targeting children (age 0-5), "*What to Do When Your Child is Sick.*"
- Brochures mailed to members targeting enrollees age 6 and up, "*Is This an Emergency?*"

➤ **Outcomes:**

- Total ER Visits per Thousand Members per Year.
 - ◊ 2005: 489.73 visits
 - ◊ 2006: 546.03 visits
- Average ER Visits per Member
 - ◊ 2005: 1.73 visits per member using the ER
 - ◊ 2006: 1.74 visits per member using the ER

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Lag in claims encounter data.
- Barrier: Increase in ER visits in the 65+ age group due to Medicare/Medi-Cal crossover billing issue.
- Barrier: Abnormal cold/flu season.
- Attribute: Large number of visits identified in Hispanic population, 0-5 age range.