



*Medi-Cal Managed Care Division*

# *state of california*



## Medi-Cal Managed Care External Quality Review Organization

### Quality Improvement Projects Report 2nd Quarter 2007

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Delmarva Foundation  
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## Quarterly Status Report Validation of Quality Improvement Projects

### Status of Quality Improvement Projects (QIPs)

Twenty-five projects were submitted to Delmarva from Medi-Cal managed care plans in the second quarter, the period of April 1 – June 30, 2007. Validations were completed for 10 of these projects during the second quarter. Fifteen projects were submitted too late in the quarter for the validations to be completed by June 30, 2007.

### QIP Reporting

Of the 25 QIP projects submitted during the period, three of the projects were proposals, two were annual submissions, and 20 were final submissions. Twenty projects were Internal QIPs (IQIPs), and five were Small Group Collaborative (SGC) QIPs. The topics for the 25 projects submitted are shown below.

Table I. QIP Topics for Submissions April – June 2007

Project Name	Plan	Year	Status	Improvement Achieved
Improving Asthma Outcomes (IQIP)	Alameda Alliance for Health	Annual Submission Baseline (BL) 2005 Remeasurement 1	Validation completed	No
Improving Asthma Management (IQIP)	Blue Cross of California Partnership Plan	Close Out Baseline (BL) 2004 Remeasurement 3	Validation completed	Yes
Improving Health of Members with Asthma (IQIP)	Central Coast Alliance for Health	Close Out Baseline (BL) 2004 Remeasurement 2	Under review	N/A
Improving Rates of Non-urgent ED Visits (IQIP)	Central Coast Alliance for Health	Annual Submission Baseline (BL) 2004 Remeasurement 8	Validation completed	Mixed results
Improving Rates of Non-urgent ED Visits (IQIP)	Central Coast Alliance for Health	Close Out Baseline (BL) 2004 Remeasurement 8	Under review	N/A
Breast Cancer Screening (IQIP)	Health Net of California	Close Out Baseline (BL) 2004 Remeasurement 2	Under review	N/A

Project Name	Plan	Year	Status	Improvement Achieved
Improving Customer Service (IQIP)	Health Net of California	Close Out Baseline (BL) 2005 Baseline	Under review	N/A
Increasing the Number of HbA1c Tests (IQIP)	Health Plan of San Joaquin	Close Out Baseline (BL) 2002 Remeasurement 4	Validation completed	Yes
Increasing the Number of Postpartum Visits (IQIP)	Health Plan of San Joaquin	Close Out Baseline (BL) 2003 Remeasurement 3	Validation completed	No
Improving the Quality of Care for Members with Diabetes (IQIP)	Inland Empire Health Plan	Close Out Baseline (BL) 2002 Remeasurement 3	Under review	N/A
Improving Authorization Time for Pharmacy Exception Requests (IQIP)	Inland Empire Health Plan	Close Out Baseline (BL) 2002 Remeasurement 4	Under review	N/A
Blood Lead Level Screening (IQIP)	Kaiser Foundation Health Plan, Sacramento	Close Out Baseline (BL) 2003 Remeasurement 1	Under review	N/A
Decreasing ED and Hospitalization Rates for Chronic Asthmatics (IQIP)	Kaiser Foundation Health Plan, Sacramento	Close Out Baseline (BL) 2002 Remeasurement 4	Under review	N/A
Hospital Quality Program (IQIP)	Kaiser Foundation Health Plan, Sacramento	Close Out Baseline (BL) 2004 Remeasurement 3	Under review	N/A
Improving Asthma Medication Management (IQIP)	Kaiser Permanente, San Diego	Close Out Baseline (BL) 2003 Remeasurement 3	Under review	N/A
Health Education Behavioral Assessment (Staying Healthy) (IQIP)	Kern Family Health Care	Close Out Baseline (BL) 2000 Remeasurement 4	Under review	N/A
Asthma Collaborative (SGC)	L.A. Care Health Plan	Close Out Baseline (BL) 2004 Remeasurement 5	Validation completed	Mixed results
Formulary Management and Prescribing (IQIP)	L.A. Care Health Plan	Close Out Baseline (BL) 2004 Remeasurement 1	Under review	N/A
Improving Well Child Visits 0-15 Months (IQIP)	L.A. Care Health Plan	Close Out Baseline (BL) 2002 Remeasurement 3	Validation completed	Yes

Project Name	Plan	Year	Status	Improvement Achieved
Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)	Molina Healthcare of California, Riverside/San Bernardino	Proposal	Validation completed	N/A
Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)	Molina Healthcare of California, Sacramento	Proposal	Validation completed	N/A
Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)	Molina Healthcare of California, San Diego	Proposal	Validation completed	N/A
Improving Breast Cancer Screening Rates (IQIP)	Partnership HealthPlan of California	Close Out Baseline (BL) 1997 Remeasurement 8	Under review	N/A
Increasing Provider Participation in Electronic Immunization Registries (SGC)	Partnership HealthPlan of California	Close Out Baseline (BL) 2003 Remeasurement 1	Under review	N/A
Improving Appropriate Use of Medications for People with Asthma (IQIP)	Santa Barbara Regional Health Authority	Close Out Baseline (BL) 2000 Remeasurement 6	Under review	N/A

\* 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 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 April – June 2007

Substantial Improvement	Minimal Improvement	No Improvement
None reported for Alameda Alliance for Health's asthma project.	None reported for Alameda Alliance for Health's asthma project.	Alameda Alliance for Health did not demonstrate improvement in any of their three asthma measures.
None reported for Blue Cross of California Partnership Plan's asthma project.	None reported for Blue Cross of California Partnership Plan's asthma project.	Blue Cross of California Partnership Plan reported improvement of less than one percent in their asthma measure, compared to their last measurement.
None reported for Central Coast Alliance for Health's frequent emergency department visit project.	Central Coast Alliance for Health documented a 5.4 percent increase in their chronic pain management contracts program.	Not applicable for Central Coast's frequent emergency department visit project.
None reported for Health Plan of San Joaquin's diabetes project.	Health Plan of San Joaquin documented an increase 4.9 percent for HbA1c testing, compared to the last remeasurement.	Not applicable for Health Plan of San Joaquin's diabetes project.
None reported for Health Plan of San Joaquin's postpartum visit project.	None reported for Health Plan of San Joaquin's postpartum visit project.	Health Plan of San Joaquin fell below baseline for their last remeasurement of postpartum visits.
L.A. Care Health Plan's rate for asthma related emergency department visits decreased by 17.7 percentage points.	None reported for L.A. Care Health Plan's asthma-related ED department visits project.	L.A. Care Health Plan's asthma related hospital admissions increased.
L.A. Care Health Plan's rate for well child visits increased by 11.0 percentage points (over baseline).	Not applicable for L.A. Care Health Plan's well child visit project.	Not applicable for L.A. Care Health Plan's well child visit project.

Substantial Improvement	Minimal Improvement	No Improvement
Not applicable for Molina Healthcare of California's (Riverside/San Bernardino); upper respiratory infection proposal submission.	Not applicable for Molina Healthcare of California's (Riverside/San Bernardino); upper respiratory infection proposal submission.	Not applicable for Molina Healthcare of California's (Riverside/San Bernardino); upper respiratory infection proposal submission.
Not applicable for Molina Healthcare of California's (Sacramento); upper respiratory infection proposal submission.	Not applicable for Molina Healthcare of California's (Sacramento); upper respiratory infection proposal submission.	Not applicable for Molina Healthcare of California's (Sacramento); upper respiratory infection proposal submission.
Not applicable for Molina Healthcare of California's (San Diego); upper respiratory infection proposal submission.	Not applicable for Molina Healthcare of California's (San Diego); upper respiratory infection proposal submission.	Not applicable for Molina Healthcare of California's (San Diego); upper respiratory infection proposal 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:

- 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. 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, DHCS should consider promoting a “Best Practice” forum to enhance plans’ knowledge of effective interventions and methodology for sustaining improvement.
- In regards to Alameda Alliance for Health’s asthma project, the plan should attempt to ensure that the selection criteria for future surveys are similar to that employed for the baseline survey. The plan believes they inadvertently selected children with lower underlying levels of asthma for follow-up surveys, despite their attempts not to do so.
- Central Coast Alliance for Health should analyze the cause for the increase in emergency department visits seen on the chart provided with the study which shows a steady increase in visits through December 2006.
- For its diabetes project, Health Plan of San Joaquin should implement interventions in a more timely manner and follow-up for effectiveness sooner. More rapid assessment of the effectiveness of interventions can lead to quicker modifications and possibly greater impact on measures.
- In their analysis, Health Plan of San Joaquin should include possible explanations as to why postpartum visit rates decreased compared to baseline. This analysis would help identify barriers that need to be addressed.

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

## Appendix

### Alameda Alliance for Health: Improving Asthma Outcomes by the Use of Asthma Tools in the Medical Setting to Promote Patient Education (IQIP)

➤ **Relevance:**

- Alameda Alliance for Health evaluated their clinics and determined that not all staff members were comfortable or aware of the various methods of using medication delivery devices for patients with asthma. This resulted in patients' not understanding medication usage and subsequently less than optimal outcomes.

➤ **Goals:**

- To improve the quality of asthma care at all staff levels in order to improve asthma outcomes

➤ **Best Interventions:**

- Planned interventions include training of the clinic staff in asthma medication device usage, provision of asthma materials caddy to clinics, and collaboration with practices to develop action plans.

➤ **Outcomes:**

- Patients Knowledge of Using Asthma Medications:
  - ◊ 2005: 82.9%
  - ◊ 2006: 76.5%
- Use of Asthma Action Plan:
  - ◊ 2005: 41.6%
  - ◊ 2006: 35.8%
- Patients Missing School or Day Care because of Asthma:
  - ◊ 2005: 41.6%
  - ◊ 2006: 54.1%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Staff at the clinics did not have a thorough understanding of medication device usage.
- Barrier: Not all patients had asthma educational materials to take home for reference.
- Barrier: Staff turnover was an issue.
- Barrier: A lack of asthma action plans led to inadequate patient self-management.

### Blue Cross of California Partnership Plan: Improving Asthma Management (IQIP)

➤ **Relevance:**

- Asthma is one of the nation's most common, costly, and increasingly prevalent diseases. Appropriate use of medications is critical to the proper management of an asthma condition. Both over and under-usage of asthma medications may lead to increased asthma complications, inpatient hospital stays, and/or emergency room visits. The plan-wide baseline measure for Blue Cross, for use of

appropriate medications for people with asthma was 68.48 percent. The benchmark goal was 73.03 percent.

➤ **Goals:**

- To increase the rate of appropriate use of asthma controller medications

➤ **Best Interventions:**

- Asthma health education referrals were made during outbound case management calls to members and during member calls to the plan.
- Members meeting high-risk criteria during pre-screening outreach calls resulted in referrals to case management.
- Pharmacy consultations continued during this remeasurement period for a total of 3,320 consults.

➤ **Outcomes:**

- Appropriate Use of Medications for People with Asthma (plan-wide):
  - ◊ 2004: 68.48%
  - ◊ 2005: 66.42%
  - ◊ 2006: 88.29% (new specifications used)
  - ◊ 2007: 88.42%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Members lacked knowledge of asthma self-management skills.
- Barrier: Physicians lacked knowledge of Blue Cross asthma materials and resources available to members and providers.
- Barrier: Physicians were not aware of patients in need of additional support with asthma management.
- Attribute: Over 15,000 members were enrolled in the Asthma Management Program and received asthma education. Blue Cross believes this significantly contributed to the improved rates.

### Central Coast Alliance for Health: Improving Rates of Non-Urgent Emergency Department Visits (IQIP)

➤ **Relevance:**

- Central Coast Alliance for Health (CCAH) reported 41 emergency department (ED) visits per 1,000 member months in 2004. Although this rate was lower than the NCQA mean of 49.5, CCAH recognized that their EDs were overburdened and at times had to divert members to other facilities.

➤ **Goals:**

- To decrease non-emergent use of ED services by CCAH frequent users
- To coordinate care for ED frequent users with chronic pain complaints

➤ **Best Interventions:**

- CCAH identified and stratified members with five or more ED visits in the most recent quarter by primary diagnosis of diabetes, asthma, and chronic pain.

- Providers were informed of frequent users of members' ED use including dates and locations of service and ED diagnosis.
- The plan conducted demonstration testing of pay for performance rewards for providers for low non-emergent ED visit rates.
- Provider reimbursement for submitted pain contracts was initiated.

➤ **Outcomes:**

- Quarterly Frequent ED Visits (the number of ED visits during a given quarter/the number of frequent users during a given quarter):
  - ◊ 7/1/2004-9/30/2004: 7.47 visits
  - ◊ 10/1/2004-12/31/2004: 7.29 visits
  - ◊ 1/1/2005-3/31/2005: 7.22 visits
  - ◊ 4/1/2005-6/30/2005: 6.91 visits
  - ◊ 7/1/2005-9/30/2005: 7.12 visits
  - ◊ 10/1/2005-12/31/2005: 6.78 visits
  - ◊ 1/1/2006-3/31/2006: 6.45 visits
  - ◊ 4/1/2006-6/30/2006: 6.22 visits
  - ◊ 7/1/2006-9/30/2006: 6.52 visits
- Chronic Pain Management Contracts Program:
  - ◊ 9/1/2004-2/28/2004: 0%
  - ◊ 3/1/2005-8/31/2005: 2.59%
  - ◊ 9/1/2005-2/28/2006: 10.32%
  - ◊ 3/31/2006-8/31/2006: 10.00%
  - ◊ 9/1/2006-2/28/2007: 15.38%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: There were complexities of coordinating care between providers, ED staff, and pharmacies.
- Barrier: Providers, busy providing primary care, often overlooked recent non-emergent ED visit follow-up.

**Health Plan of San Joaquin: Increasing the Number of HbA1c Tests that Each Identified Diabetic Member Receives Annually (IQIP)**

➤ **Relevance:**

- Literature research supported Health Plan of San Joaquin's (HPSJ) data and revealed HbA1c testing is significantly underused in assessing glycemic control in diabetic patients. In 2002, 69.0 percent of the plan's diabetic population had one HbA1c test during the measurement year, and 16.5 percent had two or more HbA1c tests performed during the same timeframe.

➤ **Goals:**

- To increase the number of diabetic patients receiving at least one yearly HbA1c measurement

➤ **Best Interventions:**

- The plan developed an electronic diabetes tool for provider office staff to use to enter authorizations/referrals for plan approval.
- HPSJ sponsored a program, “Advancing Practice Excellence in Diabetes,” to partner with providers and improve provider recruitment.
- The plan intends to obtain laboratory results through its diabetes disease management program.

➤ **Outcomes:**

- Percentage of Medi-Cal members 18-75 with diabetes who were continuously enrolled during the measurement year and had two or more HbA1c tests (original study):
  - ◊ 2002: 16.5%
  - ◊ 2003: 16.8%
  - ◊ 2004: 20.2%
- Percentage of Medi-Cal members receiving one HbA1c test per NCQA HEDIS specifications (modified study):
  - ◊ 2005: 70.56%
  - ◊ 2006: 75.43%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: A large amount of staff turnover occurred, especially at the beginning of the study.
- Barrier: Many providers did not use the web-based electronic medical record.
- Barrier: The plan received encounter data without lab results.
- Attribute: The plan modified the measurement criteria to *one* HbA1c measure per year after consultation with Delmarva and DHCS approval.

### Health Plan of San Joaquin: Increasing the Number of Postpartum Visits (IQIP)

➤ **Relevance:**

- Health Plan of San Joaquin (HPSJ) chose to study the HEDIS postpartum care measure for an IQIP because of their historically low rates of visits on or between 21 and 56 days after delivery. At the time the study was developed, the NCQA 25<sup>th</sup> percentile benchmark for minimum performance level (MPL) for postpartum visits was 45.2 percent, and the 90<sup>th</sup> percentile for high performance level (HPL) was 67.4 percent. The Health Plan of San Joaquin’s rate prior to baseline measure was 38.3 percent.

➤ **Goals:**

- To increase the number of postpartum visits by HPSJ members, with the goal of meeting or exceeding NCQA’s 90<sup>th</sup> percentile benchmark

➤ **Best Interventions:**

- HPSJ received more accurate demographic data via hospital admission sheets and now utilizes this demographic data for mailing member incentive letters.

- The identification of the need for provider education regarding timely postpartum visits led to provider site visits at high-volume obstetrics practices. During these visits, plan staff reminded providers of appropriate time frames for postpartum visits and the availability of a member incentive program.
- The plan continued to mail educational materials and incentive letters monthly to all members with deliveries.

➤ **Outcomes:**

- Percentage of women who had a postpartum visit on or between 21-56 days of delivery:
  - ◊ 2003: 60.19%
  - ◊ 2004: 57.18%
  - ◊ 2005: 56.93%
  - ◊ 2006: 57.18%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Member demographic data was inaccurate.
- Barrier: Providers were unaware of appropriate time frames for visits resulting in postpartum visits occurring before 21 days or after 56 days of delivery.
- Barrier: There was inadequate member knowledge regarding newborn care and a lack of support for new mothers.

**LA. Care Health Plan: Asthma (SGC)**

➤ **Relevance:**

- California's lifetime asthma prevalence is higher than the national average for most population groups. L.A. Care reported a hospitalization rate of 18.18 per 1,000 members with asthma and an emergency department visit rate of 345.45 per 1,000 members during the period 4/01/04-3/31/05.

➤ **Goals:**

- To reduce asthma-related hospital admissions by 50 percent
- To reduce asthma-related emergency department visits by 50 percent

➤ **Best Interventions:**

- Asthma registry reports are updated quarterly and mailed to all L.A. Care network providers. This helps aggregate and organize asthma data for providers.
- An asthma kiosk system for waiting rooms was provided to two of three pilot sites. The kiosk is a laptop system with a touch screen computer monitor. The computer program walks patients through their history and symptoms to help them determine whether they have asthma and, if so, whether their asthma is well controlled.
- L.A. Care staff identified potential providers for recruitment into the asthma management program based on asthma registry data, resulting in ten additional practice sites joining the collaborative.

➤ **Outcomes:**

- Asthma related hospital admissions per 1,000 members with asthma at the engaged practice sites:
  - ◊ 7/31/2005: 18.18 per 1,000 members
  - ◊ 11/15/2005: 17.85 per 1,000 members
  - ◊ 1/15/2006: 17.85 per 1,000 members
  - ◊ 04/15/2006: 29.41 per 1,000 members
  - ◊ 07/15/2006: 26.31 per 1,000 members
  - ◊ 10/15/2006: 40.81 per 1,000 members
- Asthma related ED visits per 1,000 members with asthma at the engaged practice sites:
  - ◊ 7/31/2005: 345.45 per 1,000 members
  - ◊ 11/15/2005: 375.00 per 1,000 members
  - ◊ 1/15/2006: 464.28 per 1,000 members
  - ◊ 04/15/2006: 500.00 per 1,000 members
  - ◊ 07/15/2006: 605.26 per 1,000 members
  - ◊ 10/15/2006: 428.57 per 1,000 members

➤ **Attributes/Barriers to Outcomes:**

- Barrier: The HEDIS methodology for measuring the denominator for this measure changed between the baseline and remeasurement periods.
- Barrier: There is a lack of communication between plan and providers.
- Barrier: Some providers are not aware of the latest guidelines for managing asthma.
- Attribute: Ten practice sites were recruited into the program as part of the spread strategy.

**L.A. Care Health Plan: Improving Well Child Visits 0-15 Months (IQIP)**

➤ **Relevance:**

- L.A. Care Health Plan reported a HEDIS rate for well child visits (0-15 months) of 33 percent in 2003. Although this rate was above the 25<sup>th</sup> percentile, or the minimum performance level (MPL), L.A. Care considered this to be an area for improvement.

➤ **Goals:**

- To improve HEDIS rates by 10 percent for well child visits for members 0-15 months of age by 2006

➤ **Best Interventions:**

- The plan improved data collection by scanning encounter data forms into an internally developed database. Encounter data forms were submitted to the plan by providers.
- Provider performance feedback reports were sent to providers who had a minimum of 250 assigned members. The reports informed the providers of the number of well child visits for their patients 0-15 months.

- Internal database process improvements led to better identification of newborns covered under the mother's membership.
- The plan implemented a provider incentive program to encourage providers to complete all six visits.
- **Outcomes:**
  - The number of children who received six well child visits from birth to 15 months:
    - ◊ 2003: 33.17%
    - ◊ 2004: 40.10%
    - ◊ 2005: 43.96%
    - ◊ 2006: 44.20%
- **Attributes/Barriers to Outcomes:**
  - Barrier: The plan did not have complete encounter data.
  - Barrier: Providers were unaware of their performance as it related to the well child visit measure.
  - Barrier: The plan did not have an adequate system for identifying newborns.

#### **Molina Healthcare of California (Riverside/San Bernardino): Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)**

- **Relevance:**
  - According to the National Center for Health Statistics, approximately 75.0 percent of all outpatient prescriptions for antimicrobial medications have been issued for five conditions: otitis media, sinusitis, bronchitis, pharyngitis, or non-specific upper respiratory tract infections. The rates of antimicrobial drug use are highest in children. Children age 19 years or less comprise 75.8 percent of the Molina's Medi-Cal population in Riverside and San Bernardino. Molina reported that the plan's HEDIS rate for the upper respiratory infection (URI) measure in pediatrics in the 2006 submission year was 74.1 percent, below the Medi-Cal Managed Care MPL of 76.9 percent.
- **Goals:**
  - To decrease inappropriate use of antibiotics in children with upper respiratory infections
- **Best Interventions:**
  - Interventions for this proposed study are under discussion between collaborative members.
- **Outcomes:**
  - Percentage of high-volume pediatric providers prescribing an antibiotic for a URI for an MHC member under 19 years of age:
    - ◊ Proposal: No rates to report
  - HEDIS score for 2006 measurement year for Appropriate Treatment for Children with a URI:
    - ◊ Proposal: No rates to report
- **Attributes/Barriers to Outcomes:**
  - Proposal: Barriers have not yet been identified.

### **Molina Healthcare of California (Sacramento): Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)**

➤ **Relevance:**

- According to the National Center for Health Statistics, approximately 75.0 percent of all outpatient prescriptions for antimicrobial medications have been issued for five conditions: otitis media, sinusitis, bronchitis, pharyngitis, or non-specific upper respiratory tract infections. The rates of antimicrobial drug use are highest in children. Children age 19 years or less comprise 69.0 percent of Molina's Medi-Cal population in Sacramento. Molina Healthcare of California reported that the Sacramento area HEDIS rate for the upper respiratory infection (URI) measure in pediatrics in the 2006 submission year 86.4 percent.

➤ **Goals:**

- To decrease inappropriate use of antibiotics in children with upper respiratory infections

➤ **Best Interventions:**

- Interventions for this proposed study are under discussion between collaborative members.

➤ **Outcomes:**

- Percentage of high-volume pediatric providers prescribing an antibiotic for a URI for an MHC member who is under 19 years of age:
  - ◊ Proposal: No rates to report
- HEDIS score for 2006 measurement year for Appropriate Treatment for Children with a URI:
  - ◊ Proposal: No rates to report

➤ **Attributes/Barriers to Outcomes:**

- Proposal: Barriers have not yet been identified.

### **Molina Healthcare of California (San Diego): Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)**

➤ **Relevance:**

- According to the National Center for Health Statistics, approximately 75.0% of all outpatient prescriptions for antimicrobial medications have been issued for five conditions: otitis media, sinusitis, bronchitis, pharyngitis, or non-specific upper respiratory tract infections. The rates of antimicrobial drug use are highest in children. Children age 19 years or less comprise 74.1% of Molina's Medi-Cal population in San Diego. San Diego County was a new acquisition for Molina Healthcare as of June 2005; therefore, there were no baseline rates to report for reporting year 2006.

➤ **Goals:**

- To decrease inappropriate use of antibiotics in children with upper respiratory infections

➤ **Best Interventions:**

- Interventions for this proposed study are under discussion between collaborative members.

➤ ***Outcomes:***

- Percentage of high-volume pediatric providers prescribing an antibiotic for a URI for an MHC member who is under 19 years of age:
  - ◊ Proposal: No rates to report
- HEDIS score for 2006 measurement year for Appropriate Treatment for Children with a URI:
  - ◊ Proposal: No rates to report

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

- Proposal: Barriers have not yet been identified.