



*Medi-Cal Managed Care Division*

# *state of california*



## Medi-Cal Managed Care External Quality Review Organization

### Quality Improvement Projects Report 3rd Quarter 2007

*Submitted by*  
Delmarva Foundation  
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## Quarterly Status Report Validation of Quality Improvement Projects

### Status of Quality Improvement Projects (QIPs)

Medi-Cal managed care plans submitted 51 projects to Delmarva in the third quarter, the period of July 1 – September 30, 2007. Validations were completed for 49 of these projects during the quarter. Two projects were submitted too late in the quarter for the validations to be completed by September 30, 2007.

### QIP Reporting

Of the 51 QIP projects submitted during the period, five of the projects were proposals, seven were annual submissions, and 39 were final submissions. Twenty-three projects were Internal QIPs (IQIPs), seven were Small Group Collaborative (SGC) QIPs, and 21 were Statewide Collaborative (SWC) QIPs. The topics for the 51 projects submitted are shown below.

Table I. QIP Topics for Submissions July – September 2007

Plan	Project Name	Year	Status	Improvement Achieved
Alameda Alliance for Health	Adolescent Health Collaborative Project (SWC)	Close Out Baseline 2001 Remeasurement 5	Validation completed	No
Blue Cross of California Partnership Plan	Improving Well Adolescent Care (IQIP)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Yes
Blue Cross of California Partnership Plan	Improving Diabetes Management (IQIP)	Annual Baseline 2003 Remeasurement 3	Validation in process	Not applicable
CalOptima	Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (proposal)
CalOptima	Improving Access to Adolescent Well-Care Services (SWC)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Yes
Care 1 <sup>st</sup> Health Plan (San Diego)	Reduce the Inappropriate Prescription of Antibiotics in	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (proposal)

Plan	Project Name	Year	Status	Improvement Achieved
	Children with an Upper Respiratory Infection (SGC)			
Central Coast Alliance for Health	Improving Adolescent Health Collaborative Project (SWC)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Yes
Central Coast Alliance for Health	Improving Health of Members with Asthma (IQIP)	Close Out Baseline 2004 Remeasurement 2	Validation completed	Yes
Central Coast Alliance for Health	Improving Rates of Non-urgent Emergency Department Visits (IQIP)	Close Out Baseline 2004 Remeasurement 8	Validation completed	Yes
Community Health Group	Decreasing Hospitalizations and Emergency Department Visits Among Medi-Cal Asthmatics (IQIP)	Close Out Baseline 2000 Remeasurement 7	Validation completed	Mixed results
Community Health Group	Improving the Rate and Quality of Adolescent Health Well Visits (SWC)	Close Out Baseline 2004 Remeasurement 2	Validation completed	Yes
Contra Costa Health Plan	Adolescent Health Collaborative (SWC)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Yes
Contra Costa Health Plan	Reducing Health Disparities (IQIP)	Annual Baseline 2003 Remeasurement 2	Validation completed	Mixed results
Health Net	Breast Cancer Screening (IQIP)	Close Out Baseline 2004 Remeasurement 1	Validation completed	Not applicable (Remeasurement 1 not comparable to baseline due to changes in HEDIS specifications)
Health Net	Improve Customer Service and Written Materials/Internet for Medi-Cal Members (IQIP)	Close Out Baseline 2005 Baseline	Validation completed	Not applicable
Health Net	Increase Compliance with Annual Adolescent Well-Care Visits and Improve Quality of Visits (SWC)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Yes

Plan	Project Name	Year	Status	Improvement Achieved
Health Net	Reduce the Inappropriate Prescription of Antibiotics in Children with an Upper Respiratory Infection (SGC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (proposal)
Health Plan of San Joaquin	Adolescent Health Collaborative Program (SWC)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Yes
Health Plan of San Joaquin	Increase the Rate of Chlamydia Screening in Women (IQIP)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (proposal)
Health Plan of San Mateo	Adolescent Quality Improvement Collaborative (SWC)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Yes
Health Plan of San Mateo	Initial Health Assessment Project (IQIP)	Close Out Baseline 2003 Remeasurement 2	Validation completed	Yes
Inland Empire Health Plan	Improving Authorization Time for Pharmacy Exception Requests (IQIP)	Close Out Baseline 2002 Remeasurement 4	Validation completed	Mixed results
Inland Empire Health Plan	Improving the Quality of Care for Members with Diabetes (IQIP)	Close Out Baseline 2002 Remeasurement 4	Validation completed	Yes
Inland Empire Health Plan	Increasing Utilization of Adolescent Healthcare Services (SWC)	Close Out Baseline 2004 Remeasurement 2	Validation completed	No
Kaiser Permanente (Sacramento)	Adolescent Health Collaborative Project (SWC)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Yes
Kaiser Permanente (Sacramento)	Blood Lead Level Screening (IQIP)	Close Out Baseline 2005 Remeasurement 1	Validation completed	Yes
Kaiser Permanente (Sacramento)	Decreasing Emergency Department and Hospital Utilization Rates for Chronic Asthmatics (IQIP)	Annual Baseline 2002 Remeasurement 4	Validation completed	Yes
Kaiser Permanente (Sacramento)	Hospital Quality Program (SGC)	Close Out Baseline 2004 Remeasurement 3	Validation completed	Mixed results

Plan	Project Name	Year	Status	Improvement Achieved
Kaiser Permanente (San Diego)	Adolescent Well-Care Visits (SWC)	Close Out Baseline 2003 Remeasurement 3	Validation in process	Not applicable
Kaiser Permanente (San Diego)	Improving Asthma Medication Management (IQIP)	Close Out Baseline 2004 Remeasurement 3	Validation completed	Yes
Kaiser Permanente (San Diego)	Improving Blood Sugar Levels for Members with Diabetes (IQIP)	Annual Baseline 2004 Remeasurement 3	Validation completed	Mixed results
Kern Family Health Care	Improving Adolescent Well-Care (SWC)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Yes
Kern Family Health Care	Improving the Rate of Pap Tests and Chlamydia Screening for KFHC Members (IQIP)	Close Out Baseline 2004 Remeasurement 2	Validation completed	Yes
Kern Family Health Care	Health Education Behavioral Assessment (IQIP)	Close Out Baseline 2001 Remeasurement 4	Validation completed	Yes
L.A. Care Health Plan	Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)	Proposal Baseline 2006 Baseline	Validation completed	Not applicable (proposal)
L.A. Care Health Plan	Improving Adolescent Well-Care Visits (SWC)	Close Out Baseline 2002 Remeasurement 3	Validation completed	Yes
L.A. Care Health Plan	Using Technology to Improve Formulary Management and Prescribing (IQIP)	Close Out Baseline 2004 Remeasurement 1	Validation completed	Not applicable *See project summary in Appendix
Molina Healthcare of California (Riverside/San Bernardino)	Improving the Care of Adolescents (SWC)	Close Out Baseline 2004 Remeasurement 2	Validation completed	Yes
Molina Healthcare of California (Sacramento)	Improving the Care of Adolescents (SWC)	Close Out Baseline 2004 Remeasurement 2	Validation completed	Yes
Partnership Health Plan of California	Adolescent Health Collaborative Project (SWC)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Yes
Partnership Health Plan of California	Improving Breast Cancer Screening Rates (IQIP)	Close Out Baseline 1998 Remeasurement 8	Validation completed	Yes

Plan	Project Name	Year	Status	Improvement Achieved
Partnership Health Plan of California	Improving Medication Management for Members with Asthma (SGC)	Annual Baseline 2003 Remeasurement 3	Validation completed	Mixed results
Partnership Health Plan of California	Increasing Provider Participation in Electronic Immunization Registries (SGC)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Yes
San Francisco Health Plan	Diabetes Care Improvement Project (IQIP)	Annual Baseline 2005 Remeasurement 1	Validation completed	Yes
San Francisco Health Plan	Increasing the Rate of Well-adolescent Visits (SWC)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Yes
San Francisco Health Plan	Increasing Timeliness of Prenatal Care for Existing and New SFHP Members (IQIP)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Yes
Santa Barbara Regional Health Authority	Adolescent Health Collaborative (SWC)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Yes
Santa Barbara Regional Health Authority	Improving Appropriate Use of Medications for People with Asthma (IQIP)	Close Out Baseline 2000 Remeasurement 6	Validation completed	Yes
Santa Barbara Regional Health Authority	Proper Antibiotic Use (IQIP)	Annual Baseline 2003 Remeasurement 3	Validation completed	Yes
Santa Clara Family Health Plan	Improving and Increasing Adolescent Well-care Visits (SWC)	Close Out Baseline 2001 Remeasurement 4	Validation completed	Yes
Western Health Advantage	Improving Access To and Quality of Adolescent Well-Care Visits (SWC)	Close Out Baseline 2003 Remeasurement 3	Validation completed	Mixed results

\* 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 July – September 2007

Plan and Project Name	Substantial Improvement	Minimal Improvement	No Improvement
Alameda Alliance for Health: Adolescent Health Collaborative Project	Not applicable	Adolescent well-care visit: 3.6% increase over baseline	Not applicable
Blue Cross of California Partnership Plan: Improving Well Adolescent Care	Not applicable	Adolescent well-care visit (plan wide): 7.6% increase over baseline	Not applicable
CalOptima: Appropriate Treatment for Children with an Upper Respiratory Infection	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
CalOptima: Improving Access to Adolescent Well-Care Services	Adolescent well-care visit: 14.6% increase over baseline	Not applicable	Not applicable
Care 1st Health Plan (San Diego): Reduce the Inappropriate Prescription of Antibiotics in Children with an Upper Respiratory Infection	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Central Coast Alliance for Health: Improving Adolescent Health Collaborative Project	Adolescent well-care visit: 13.4% increase over baseline	Not applicable	Not applicable
Central Coast Alliance for Health: Improving Health of Members with Asthma	Annual use of appropriate medications for people with asthma: 19.5% increase over baseline	Not applicable	Not applicable
Central Coast Alliance for Health: Improving Rates of Non-urgent Emergency Department Visits	Frequent emergency department visits: 12.7% improvement over baseline	Not applicable	Not applicable



Plan and Project Name	Substantial Improvement	Minimal Improvement	No Improvement
	Chronic pain management contracts: 15.4% increase over baseline		
Community Health Group: Decreasing Hospitalizations and Emergency Department Visits Among Medi-Cal Asthmatics	Hospitalization rate for asthmatics: 22.4% improvement over baseline (hospitalizations decreased)	Not applicable	Emergency department visit rate for asthmatics: 15.7% increase over baseline (emergency department visits increased)
Community Health Group: Improving the Rate and Quality of Adolescent Health Well Visits	Not applicable	Adolescent well-care visit (plan wide): 6.8% increase over baseline	Not applicable
Contra Costa Health Plan: Adolescent Health Collaborative	Not applicable	Adolescent well-care visit (administrative): 4.2% increase over baseline  Adolescent well-care visit (hybrid): 5.9% increase over baseline	Not applicable
Contra Costa Health Plan: Reducing Health Disparities	Not applicable	Well child visits 0-15 months (administrative): minimal improvement in Hispanics (5.8%) and African Americans (3.5%) when compared to baseline	Well child visits 0-15 months (administrative): 8.9% decrease in Whites compared to baseline  Childhood immunizations (administrative): 1.6% decrease in Hispanics; 9.1% decrease in African Americans; 18.7% decrease in Whites when compared to baseline  Hybrid rates were reported (for the first time) for childhood immunizations and well child visits 0-15 months
Health Net: Breast Cancer Screening	Not applicable (remeasurement 1 not comparable to baseline due to changes in HEDIS specifications)	Not applicable (remeasurement 1 not comparable to baseline due to changes in HEDIS specifications)	Not applicable (remeasurement 1 not comparable to baseline due to changes in HEDIS specifications)
Health Net: Improve Customer Service and Written Materials/Internet for Medi-Cal Members	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)

Plan and Project Name	Substantial Improvement	Minimal Improvement	No Improvement
Health Net: Increase Compliance with Annual Adolescent Well-Care Visits and Improve Quality of Visits	Adolescent well-care visit:  Los Angeles: 11.4% increase over baseline	Adolescent well-care visit:  Fresno: 1.3% increase over baseline  Sacramento: 7.3% increase over baseline  San Diego: 5.1% increase over baseline  Tulare: 1.4% increase over baseline  Kern: 5.6% increase over baseline	Not applicable
Health Net: Reduce the Inappropriate Prescription of Antibiotics in Children with an Upper Respiratory Infection	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Health Plan of San Joaquin: Adolescent Health Collaborative Program	Not applicable	Adolescent well-care visit: 2.2% increase over baseline	Not applicable
Health Plan of San Joaquin: Increase the Rate of Chlamydia Screening in Women	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Health Plan of San Mateo: Adolescent Quality Improvement Collaborative	Not applicable	Adolescent well-care visit: 3.7% increase over baseline	Not applicable
Health Plan of San Mateo: Initial Health Assessment (IHA) Project	Not applicable	IHA for all members: 3.0% increase over baseline  IHA for children with special needs: 6.4% increase over baseline	Not applicable
Inland Empire Health Plan: Improving Authorization Time for Pharmacy Exception Requests	Pharmacy Exception Request grievances per 10,000 members: declined by 60%		Pharmacy Exception Requests processed in more than one working day: 27.4% decline in performance since baseline; however, 7.5% improvement over the last remeasurement
Inland Empire Health Plan: Improving the Quality of Care for Members with Diabetes	HbA1C testing: 11.2% increase over baseline  Nephropathy screening: 29.3% increase over baseline	LDL-C screening: 9.8% increase over baseline  Retinal eye exams: 6.0% increase over baseline	Hypertension, diabetic members receiving ACE inhibitors or ARBs: 0.4% increase over baseline

Plan and Project Name	Substantial Improvement	Minimal Improvement	No Improvement
		Blood glucose self-monitoring (oral): 6.4% increase over baseline  Blood glucose self-monitoring (insulin): 1.9% increase over baseline	
Inland Empire Health Plan: Increasing Utilization of Adolescent Healthcare Services	Not applicable	Not applicable	Adolescent well-care visit: 14.1% decrease compared to baseline
Kaiser Permanente (Sacramento): Adolescent Health Collaborative Project	Not applicable	Adolescent well-care visit: 1.0% increase over baseline	Not applicable
Kaiser Permanente (Sacramento): Blood Lead Level Screening	Not applicable	Blood lead level screening: 4.0% increase over baseline	Elevated blood lead level results: 0.7% improvement over baseline
Kaiser Permanente (Sacramento): Decreasing Emergency Department and Hospital Utilization Rates for Chronic Asthmatics	Hospital admissions for asthma exacerbation: decreased by 26.1% compared to the last remeasurement  Emergency department visits for asthma exacerbations: decreased by 15.5% compared to the last remeasurement  (due to specification changes, 2005 rates were reviewed as baseline)	Not applicable	Not applicable
Kaiser Permanente (Sacramento): Hospital Quality Program	Joint Commission on Accreditation of Health Care Organizations (JCAHO) patient safety goals: 42% increase over baseline	Not applicable	Reported JCAHO quality outcomes core measures meeting JCAHO mean: 26.4% decrease in performance since baseline  Satisfaction survey (components meeting/exceeding regional benchmarks): 16.2% decrease when compared to baseline
Kaiser Permanente (San Diego): Improving Asthma Medication Management	Dispensed at least one anti-inflammatory medication for asthma: 14.5% increase over baseline	Dispensed at least 12 canisters or equivalent of inhaled short acting beta agonist medication: 5.0%	Not applicable

Plan and Project Name	Substantial Improvement	Minimal Improvement	No Improvement
		improvement compared to baseline	
Kaiser Permanente (San Diego): Improving Blood Sugar Levels for Members with Diabetes (IQIP)	Not applicable	HbA1C testing: 3.9% increase over baseline	Members with HbA1C >9.5 percent: 8.3% decrease in performance compared to baseline
Kern Family Health Care: Improving Adolescent Well-Care	Adolescent well-care visit: 10.2% increase over baseline  Adolescent well-care visits including developmental history, physical exam, behavioral risk assessment, and health education/guidance: 10.0% increase over baseline	Not applicable	Not applicable
Kern Family Health Care: Improving the Rate of Pap Tests and Chlamydia Screening for KFHC Members	Not applicable	Pap test screening: 5.3% increase over baseline  Chlamydia screening: 9.6% increase over baseline	Not applicable
Kern Family Health Care: Health Education Behavioral Assessment	Completion of the Staying Healthy Assessment: 64.9% increase over baseline  Documented interventions for identified problems on the Staying Healthy Assessment: 58.5% increase over baseline	Not applicable	Not applicable
L.A. Care Health Plan: Appropriate Treatment for Children with an Upper Respiratory Infection	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
L.A. Care Health Plan: Improving Adolescent Well-Care Visits	Adolescent well-care visit: 13.5% increase over baseline	Not applicable	Not applicable
L.A. Care Health Plan: Using Technology to Improve Formulary Management and Prescribing	Not applicable (see project summary in Appendix)	Not applicable (see project summary in Appendix)	Not applicable (see project summary in Appendix)
Molina Healthcare of California (Riverside/San Bernardino): Improving the Care of Adolescents	Not applicable	Adolescent well-care visit: 1.1% increase over baseline	Not applicable

Plan and Project Name	Substantial Improvement	Minimal Improvement	No Improvement
Molina Healthcare of California (Sacramento): Improving the Care of Adolescents	Not applicable	Adolescent well-care visit: 4.6% increase over baseline	Not applicable
Partnership Health Plan of California: Adolescent Health Collaborative Project	Adolescent well-care visits: 11.4% increase over baseline	Not applicable	Not applicable
Partnership Health Plan of California: Improving Breast Cancer Screening Rates	Not applicable	Breast cancer screening: 9.7 % increase over baseline	Not applicable
Partnership Health Plan of California: Improving Medication Management for Members with Asthma	Emergency Department visits for asthma with a follow-up visit with a provider: 16.7% increase over baseline  (due to specification changes, 2004 rates were reviewed as baseline)	Persistent asthmatics with one or more controller medications dispensed: 4.0% increase over baseline  Persistent asthmatics with <9 canisters of beta agonist medication dispensed: 4.4% increase over baseline  (due to specification changes, 2004 rates were reviewed as baseline)	Persistent asthmatics with zero emergency department visits for asthma: 0.6% increase over baseline  Persistent asthmatics with zero inpatient discharges for asthma: 1.9% decrease in performance compared to baseline  (due to specification changes, 2004 rates were reviewed as baseline)
Partnership Health Plan of California: Increasing Provider Participation in Electronic Immunization Registries	Childhood immunizations (combination 2): 13.9% increase over baseline  High-volume providers linked to an immunization registry: 60.0% increase  Target population covered by providers linked to an immunization registry: 57.6% increase over baseline	Not applicable	Not applicable
San Francisco Health Plan: Diabetes Care Improvement Project	HbA1c testing: 14.7% increase over baseline	Retinal eye exams: 5.9% increase over baseline	Not applicable for LDL-C screening and Nephropathy monitoring, as there were changes in methodology for the most recent remeasurement

Plan and Project Name	Substantial Improvement	Minimal Improvement	No Improvement
San Francisco Health Plan: Increasing the Rate of Well-adolescent Visits (SWC)	Not applicable	Adolescent well-care visit: 8.1% increase over baseline	Not applicable
San Francisco Health Plan: Increasing Timeliness of Prenatal Care for Existing and New SFHP Members	Not applicable	Timeliness of prenatal care: 9.4% increase over baseline	Not applicable
Santa Barbara Regional Health Authority: Adolescent Health Collaborative	Not applicable	Adolescent well-care visit: 6.9% increase over baseline	Not applicable
Santa Barbara Regional Health Authority: Improving Appropriate Use of Medications for People with Asthma	Members (aged 5-56) with persistent asthma who use long-term controller medications: 32.0% increase over baseline	Not applicable	Not applicable
Santa Barbara Regional Health Authority: Proper Antibiotic Use	Not applicable	Appropriate treatment for children with an upper respiratory infection: 3.1% increase since remeasurement 1 (specifications changed since baseline)  Appropriate testing for children with pharyngitis: 4.0% increase since remeasurement 1 (specifications changed since baseline)	Not applicable for inappropriate antibiotic treatment for adults with acute bronchitis due to changes in methodology for the most recent remeasurement
Santa Clara Family Health Plan: Improving and Increasing Adolescent Well-care Visits	Not applicable	Adolescent well-care visit: 1.2% increase over baseline	Not applicable
Western Health Advantage: Improving Access To and Quality of Adolescent Well-Care Visits	Not applicable	Not applicable	Adolescent well-care visit: 6.3% decrease compared to baseline

## 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. Health plans may benefit by documenting their plan for sustainability of improvement in the QIP reports.

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

Alameda Alliance saw minimal improvement in their adolescent well-care visit rate since baseline and actually experienced a decrease over the last couple of remeasurement periods. No new interventions were implemented for two years, and two new interventions were implemented during the last month of the last remeasurement period. Intervention timing is critical to the success of a project and should receive more attention. Interventions should be timed in order to make an impact on the measurement period. When they are implemented too late, effects are not fully realized in the remeasurement period. CalOptima submitted a proposal for their Appropriate Treatment for Children with an Upper Respiratory Infection QIP. The proposal included a baseline of 79.65 percent, while the goal for the measure was 81.50 percent. With the baseline data submission, CalOptima has almost achieved its goal. The plan has been encouraged to select a loftier goal. Goals should reflect the desired level of achievement the plan sets for itself. Plans are not penalized if they do not reach the desired goal. Health Net should attempt to identify interventions that may have contributed to the statistically significant increases in adolescent well-care visit rates seen in most contracted counties. Not all plans were as effective in implementing collaborative interventions. Identifying Health Net’s most effective interventions may assist other plans in improving their rates over time.

Inland Empire Health Plan’s diabetes project demonstrated improvement in all measures when compared to baseline; significant improvement was noted in some measurement results. However, when

comparing remeasurement 4 results to remeasurement 3 results, five measures (out of seven) showed a decline. Inland Empire should further analyze this decline to ensure this does not become a trend. Inland Empire Health Plan's adolescent well-care visit rate revealed a statistically significant decrease. Most interventions appeared to be targeting the providers; members were not appropriately targeted. Interventions should not be one-sided, and plans should focus on targeting both providers and members. L.A. Care Health Plan's QIP on Using Technology to Improve Formulary Management and Prescribing appeared to be more of an exploratory study, rather than a true quality improvement project. The project seemed to focus on provider satisfaction as it related to technology and formulary management. In contrast, QIPs are expected to impact enrollee health outcomes and satisfaction.

Kaiser Permanente (Sacramento) submitted their Blood Lead Level proposal in October 2006. Between October 2006 and June 2007 (the time of the first remeasurement), the plan had ample time to implement interventions. Interventions should be initiated after baseline and in time to impact remeasurement 1. The plan identified possible interventions, but never implemented them. Kaiser Sacramento stated, "Due to the strength of baseline findings, no formal interventions have been implemented, and the QIP has been slated for termination." While it is understood that Kaiser Sacramento exceeded their benchmarks, there is still room for improvement in the blood lead level screening measure.

Kaiser Permanente (Sacramento) reported on inconsistent measurement periods (reporting one quarter for baseline, two quarters for remeasurement 1, and one year for the last remeasurement) in their hospital quality project. For consistency, plans are encouraged to report on one year measurement periods. Consistent, annual measurement periods eliminate seasonal variations that may impact rates and also allow time for interventions to make an impact.

It was difficult to understand how the hospital quality project for Kaiser Permanente (Sacramento) directly related to its Medi-Cal managed care population. The project appeared to solely focus on hospital measures. Plans need to clearly define Medicaid enrollees for whom the study questions and indicators are relevant and provide data collection procedures related to capturing all enrollees to whom the study question is applied.

Kaiser Permanente (San Diego) experienced a decrease in performance in one of its diabetes measures. A more thorough analysis should be completed to determine why there was such a significant decrease in performance. Completing a barrier analysis can assist the plan in identifying particular hurdles. Then interventions should be planned to specifically address the identified barriers.

Santa Clara Family Health Plan (SCFHP) held a teen focus group and addressed expectations of well-care visits and the types of incentives that would motivate teens to see their providers for preventive care. SCFHP should follow through and act on the findings by implementing appropriate interventions.

Santa Barbara Regional Health Authority (SBRHA) implemented interventions too late to impact the latest remeasurement period. Intervention timing is critical to the success of the project. When planning interventions, careful consideration should be given to the timing of implementation.



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

## Appendix

### Alameda Alliance for Health: Adolescent Health Collaborative Project (SWC)

**Relevance:**

- Alameda Alliance for Health had room to improve in its adolescent well-care visit measure; their HEDIS 2004 rate was 37.5 percent, just over the 2003 Medicaid 50<sup>th</sup> percentile of 36.2 percent.

**Goal:**

- Achieve a five percent improvement each year in the HEDIS Adolescent Well-Care Visits indicator

**Best Interventions:**

- Outreach calls to teens, discussing annual well visit recommendations
- Provider training on importance of adolescent well-care visits

**Outcomes:**

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2003: 37.00%
  - ◊ 2004: 45.50%
  - ◊ 2005: 44.80%
  - ◊ 2006: 40.63%

**Attributes/Barriers to Outcomes:**

- Barrier: Lack of member awareness of annual visit recommendations
- Barrier: Provider and staff confusion about appropriate adolescent well-care visit guidelines

### Blue Cross of California: Improving Well Adolescent Care (SWC)

**Relevance:**

- In 2003, approximately 22 percent (182,000) of the Blue Cross California Partnership Plan (BCCPP) population was aged 12-21 years. The plan's adolescent well-care visit rate provided opportunity for improvement.

**Goal:**

- Improve the HEDIS Adolescent Well-Care Visits indicator to a rate of 35.65 percent by 2006

**Best Interventions:**

- Plan staff called adolescents to discuss importance of preventive care, including well visits
- Informational packages provided to primary care providers with lists of members needing a preventive care visit
- Identified and promoted teen friendly sites
- Educated targeted providers and community partners related to adolescent well-care

***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2003: 32.64%
  - ◊ 2004: 35.88%
  - ◊ 2005: 35.65%
  - ◊ 2006: 40.28%

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

- Attribute: BCCPP identified face-to-face education as the most effective intervention
- Barrier: Lack of member awareness of importance of well-care visit
- Barrier: Lack of provider awareness of adolescent health needs and issues

**CalOptima: Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)**

***Relevance:***

- CalOptima's HEDIS rate for Appropriate Treatment for Children with Upper Respiratory Infection (URI) was below 81.5 percent, the NCQA 2005 National Medicaid 50<sup>th</sup> percentile for RY 2006.

***Goal:***

- Achieve 81.5 percent on the HEDIS Appropriate Treatment for Children With Upper Respiratory Infection indicator by remeasurement 1

***Best Interventions:***

- Interventions related to the collaborative are under review; they will be jointly developed and implemented.

***Outcomes:***

- HEDIS Appropriate Treatment for Children With Upper Respiratory Infection:
  - ◊ 2006: 79.65%

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

- Not applicable, proposal submission

**CalOptima: Improving Access to Adolescent Well-Care Services (SWC)**

***Relevance:***

- In 2005 CalOptima's Medi-Cal HEDIS rate was 37.0 percent for the adolescent well-care visit measure. This rate was below the 2005 NCQA national Medicaid average of 40.0 percent, indicating underutilization of routine adolescent well-care services.

***Goal:***

- Achieve a rate of 55 percent on the HEDIS Adolescent Well-Care Visits indicator by 2006

***Best Interventions:***

- Member incentives for completed well-care exam, including \$20 gift card to Target for parents and \$40 gift card raffle to a sports store for adolescents
- Provided member education through collaboration with schools

***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2003: 43.06%
  - ◊ 2004: 40.05%
  - ◊ 2005: 55.09%
  - ◊ 2006: 57.64%

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

- Barrier: Parent and teen reluctance and/or indifference to accessing healthcare for well visits
- Barrier: Lack of provider awareness

**Care 1<sup>st</sup> Health Plan (San Diego): Reduce the Inappropriate Prescription of Antibiotics in Children with an Upper Respiratory Infection (SGC)**

***Relevance:***

- The plan's HEDIS rates for Appropriate Treatment for Children with an Upper Respiratory Infection (URI) were below the NCQA minimum performance level for RY 2006 and RY 2007.

***Goal:***

- Achieve 76.70 percent on the HEDIS Appropriate Treatment for Children With Upper Respiratory Infection indicator by remeasurement 1

***Best Interventions:***

- Interventions related to the collaborative are under review; they will be jointly developed and implemented.

***Outcomes:***

- HEDIS Appropriate Treatment for Children With Upper Respiratory Infection:
  - ◊ 2006: 71.70%

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

- Not applicable; proposal submission

**Central Coast Alliance: Improving Adolescent Health Collaborative Project (SWC)**

***Relevance:***

- In 2002, Central Coast Alliance for Health (CCAH) reported a HEDIS rate of 26.9 percent for the Adolescent Well Care Visits measure, which fell below the NCQA National Medicaid average of 32.4 percent.

***Goal:***

- Achieve a rate of 48 percent for the HEDIS Adolescent Well-Care Visits measure by 2006

***Best Interventions:***

- Continuation of the adolescent incentive program which provides movie tickets to members completing an adolescent well-care exam
- Provided monthly provider action lists, including a roster of members with no record of well-care visits

***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2003: 30.17%
  - ◊ 2004: 40.39%
  - ◊ 2005: 41.61%
  - ◊ 2006: 43.55%

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

- Attribute: An increase in the adolescent well-care visit rate was attributed to CCAH's maturing case management and incentive programs
- Barrier: General resistance by adolescents to adult advice regarding health
- Barrier: Regional lack of any adolescent medicine specialists to champion adolescent care and projects

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

***Relevance:***

- In 2005, almost five percent of the Central Coast Alliance for Health (CCAHA) membership had a diagnosis of asthma. Thirty percent of these members had an emergency department (ED) visit due to a primary diagnosis of asthma, and two percent had a hospital admission with a primary diagnosis of asthma.

***Goal:***

- Achieve 90 percent for the HEDIS Use of Appropriate Medications for People With Asthma indicator by 2007

***Best Interventions:***

- Hired a disease management case manager
- Identified members with asthma and sent them asthma educational materials
- Case management started testing an online tool for providers to allow for timely access to information regarding their members

***Outcomes:***

- HEDIS Use of Appropriate Medications for People With Asthma:  
2004: 68.36%

2005: 87.85%

2006: 87.88%

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

- Attribute: Case management programs and implementation of new tools continue to promote success
- Barrier: Lack of integrated information for providers
- Barrier: Members lack awareness regarding seriousness of chronic disease and available resources

**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 five percent for CCAH frequent users by the end of 2006
- To achieve a rate of at least 10 percent for the Chronic Pain Management Contracts Program by the end of 2006

***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 ED users, including dates and locations of service and ED diagnosis
- The plan conducted demonstration testing of pay-for-performance rewards for providers with low non-emergent ED visit rates

***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: 0.00%
  - ◇ 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: Complexities of coordinating care between providers, ED staff, and pharmacies
- Barrier: Providers, who are busy providing primary care, often overlooked recent non-emergent ED visit follow-up

**Community Health Group: Decreasing Hospitalizations and Emergency Department Visits Among Medi-Cal Asthmatics (IQIP)**

***Relevance:***

- Community Health Group reported asthma and related respiratory diseases were consistently among the top five inpatient conditions identified in its Medi-Cal managed care membership. Five percent of the total members were identified as asthmatic. Asthma was also noted to be among the top five diagnoses for emergency department visits.

***Goals:***

- Achieve a 10 percent reduction in the number of asthmatics who have an admission due to asthma by 2006
- Achieve a 10 percent reduction in the number of asthmatics who have an emergency department visit by 2006

***Best Interventions:***

- Amended prior authorization criteria, so controller medications can be ordered without authorization
- High-risk asthmatics referred to the Preventive Services Department for health education
- Implemented case management outreach calls to follow-up on high-risk members

***Outcomes:***

- The rate of hospitalizations (asthma related) per 1,000 asthmatic members:
  - ◇ 4/1999-3/2000: 52.30 per 1,000 asthmatic members
  - ◇ 4/2000-3/2001: 44.67 per 1,000 asthmatic members
  - ◇ 4/2001-3/2002: 40.78 per 1,000 asthmatic members
  - ◇ 1/2002-12/2002: 44.32 per 1,000 asthmatic members
  - ◇ 1/2003-12/2003: 45.13 per 1,000 asthmatic members
  - ◇ 1/2004-12/2004: 45.08 per 1,000 asthmatic members

- ◇ 1/2005-12/2005: 49.27 per 1,000 asthmatic members
- ◇ 1/2006-12/2006: 40.61 per 1,000 asthmatic members
- The rate of emergency department visits (asthma related) per 1,000 asthmatic members:
  - ◇ 4/1999-3/2000: 233.7 per 1,000 asthmatic members
  - ◇ 4/2000-3/2001: 201.2 per 1,000 asthmatic members
  - ◇ 4/2001-3/2002: 181.2 per 1,000 asthmatic members
  - ◇ 1/2002-12/2002: 160.0 per 1,000 asthmatic members
  - ◇ 1/2003-12/2003: 156.1 per 1,000 asthmatic members
  - ◇ 1/2004-12/2004: 212.2 per 1,000 asthmatic members
  - ◇ 1/2005-12/2005: 227.9 per 1,000 asthmatic members
  - ◇ 1/2006-12/2006: 270.5 per 1,000 asthmatic members

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

- Barrier: Members lacked the ability to access needed supplies
- Barrier: Patient non-compliance with prescribed medication regimens
- Barrier: Lack of practitioner follow-up on hospitalized members

**Community Health Group: Improving the Rate and Quality of Adolescent Health Well Visits (SWC)**

***Relevance:***

- Community Health Group (CHG) recognized that adolescent well-care visits were under-utilized by their Medi-Cal managed care members. CHG reported having over 20,000 members 12-17 years of age.

***Goal:***

- Achieve a rate of 54.3 percent for the HEDIS Adolescent Well-Care Visits indicator by remeasurement 2

***Best Interventions:***

- Incentive letter mailed to members promoting wellness exams
- Initiated outreach to practitioners offering incentive for completion and proper billing of adolescent well-care visits

***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◇ 2004: 29.68%
  - ◇ 2005: 24.57%
  - ◇ 2006: 36.50%

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

- Barrier: Lack of member knowledge regarding well-care exams
- Barrier: Members unaware of clinics providing well-care exam services



### Contra Costa Health Plan: Adolescent Health Collaborative (SWC)

**Relevance:**

- Contra Costa Health Plan (CCHP) had over 7,500 adolescents who met continuous enrollment criteria for the HEDIS Adolescent Well-Care Visits measure. CCHP recognized the need to improve its rates for this measure.

**Goal:**

- For each remeasurement, achieve a statistically significant increase in the HEDIS administrative and hybrid rates for the Adolescent Well-Care Visits indicator

**Best Interventions:**

- Initiated member incentive program (movie tickets) for completed well-care exams
- Completed provider training on new teen visit forms to ensure content of a comprehensive adolescent well-care exam is clear
- Planned intervention: Provider incentive program
- Planned intervention: Mobile van for school clinics to help deal with access problems

**Outcomes:**

- HEDIS Adolescent Well-Care Visits (administrative rate):
  - ◊ 2003: 25.2%
  - ◊ 2004: 25.6%
  - ◊ 2005: 28.3%
  - ◊ 2006: 29.4%
- HEDIS Adolescent Well-Care Visits (hybrid rate):
  - ◊ 2003: 31.1%
  - ◊ 2004: 33.8%
  - ◊ 2005: 34.3%
  - ◊ 2006: 37.0%

**Attributes/Barriers to Outcomes:**

- Barrier: Providers followed outdated well-visit guidelines
- Barrier: Shortage of available appointment times for well visits
- Barrier: Perception among adolescents and their parents that well-care visits are not important

### Contra Costa Health Plan: Reducing Health Disparities (IQIP)

**Relevance:**

- Contra Costa Health Plan (CCHP) reviewed its various HEDIS measure results by ethnicity. For three of the most populous ethnic groups (Hispanic, African American, and White), data showed statistically significant differences for these groups. African Americans had the poorest rates (HEDIS 2004).

***Goal:***

- For each remeasurement, achieve a statistically significant increase in the administrative and hybrid rates for childhood immunization rates and well child visits (0-15 months)

***Best Interventions:***

- Presented results and health disparities information to community network physicians and obtained their input/feedback
- Recruited community providers for Immunization Registry implementation
- Implemented a provider incentive program for completed immunizations
- Continued a member incentive program for keeping/completing appointments

***Outcomes:***

- Childhood immunization rate (administrative):
  - ◊ 2003 Hispanic: 64.0%
  - ◊ 2004 Hispanic: 60.1%
  - ◊ 2005 Hispanic: 62.4%
  - ◊ 2003 African American: 33.2%
  - ◊ 2004 African American: 26.4%
  - ◊ 2005 African American: 24.1%
  - ◊ 2003 White: 46.6%
  - ◊ 2004 White: 39.9%
  - ◊ 2005 White: 27.9%
- Childhood immunization rate (hybrid):
  - ◊ 2005 Hispanic: 82.6%
  - ◊ 2005 African American: 62.7%
  - ◊ 2005 White: 75.0%
- Well child visits 0-15 months (administrative):
  - ◊ 2003 Hispanic: 24.3%
  - ◊ 2004 Hispanic: 23.7%
  - ◊ 2005 Hispanic: 30.1%
  - ◊ 2003 African American: 16.7%
  - ◊ 2004 African American: 26.1%
  - ◊ 2005 African American: 20.2%
  - ◊ 2003 White: 33.3%
  - ◊ 2004 White: 21.6%
  - ◊ 2005 White: 24.4%
- Well child visits 0-15 months (hybrid):
  - ◊ 2005 Hispanic: 60.8%

- ◊ 2005 African American: 25.6%
- ◊ 2005 White: 48.8%

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

- Attribute: Recognition that African Americans were receiving “below average care” for well-infant visits and childhood immunizations. Future interventions will focus on close monitoring of this particular population.
- Barrier: Member/parent lack of familiarity with vaccination and well visit guidelines/schedule
- Barrier: Possible failure by providers to identify children in need of vaccinations

**Health Net: Breast Cancer Screening (IQIP)**

***Relevance:***

- Health Net noted that, according to the National Cancer Institute, deaths resulting from breast cancer have declined in recent years, due in part to early detection by screening with mammography. Health Net’s HEDIS 2005 Breast Cancer Screening rates for all contracted counties were below the 75<sup>th</sup> percentile of 62 percent, leaving room for improvement.

***Goal:***

- Achieve a rate of 59 percent for the HEDIS Breast Cancer Screening measure by 2006

***Best Interventions:***

- Implemented a breast cancer screening reminder message on the customer service phone “on hold” line
- For women 40 years and older, mammography reminder calls are made during their birthday months
- Implemented a financial incentive for providers meeting quality of care measures, including members receiving mammograms

***Outcomes:***

- HEDIS Breast Cancer Screening:
  - ◊ Los Angeles:
    - ◊ 2004: 58.01%
    - ◊ 2005: 51.25% \*Changes in specifications
  - ◊ San Diego:
    - ◊ 2004: 55.77%
    - ◊ 2005: 47.19% \*Changes in specifications
  - ◊ Sacramento:
    - ◊ 2004: 63.86%
    - ◊ 2005: 58.32% \*Changes in specifications
  - ◊ Tulare:
    - ◊ 2004: 50.57%
    - ◊ 2005: 45.86% \*Changes in specifications

- ◊ Fresno:
  - ◊ 2004: 61.57%
  - ◊ 2005: 60.93% \*Changes in specifications

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

- Barrier: Membership is culturally diverse, and some ethnic groups are embarrassed to have mammograms and believe that cancer is a death sentence.
- Barrier: Lack of physician-patient discussion about the importance of mammography screening

**Health Net: Improve Customer Service and Written Materials/Internet for Medi-Cal Members (IQIP)**

***Relevance:***

- According to Health Net's 2006 Adult Medicaid CAHPS survey, 30 percent of responding members had problems getting help when calling customer service, and 26 percent had problems finding and/or understanding information on how the plan works.

***Goals:***

- Achieve a rate of 75.6 percent for the CAHPS survey measure relating to members finding/understanding information on how the plan works in written materials or on the health plan's website
- Achieve a rate of 71.9 percent for the CAHPS survey measure relating to members getting help when calling customer service

***Best Interventions:***

- Distributed a member newsletter which included articles "We are here to help you" and "Looking for answers?"
- Distributed an internal member services associate survey to the Medi-Cal Member Services Department to determine associate experiences in assisting members

***Outcomes:***

- CAHPS Adult Medicaid Survey: Respondents answering "not a problem" finding/understanding information on how the plan works in written materials or on the health plan's website:
  - ◊ 2006: 73.6%
- CAHPS Adult Medicaid Survey: Respondents answering "not a problem" with getting help when calling customer service:
  - ◊ 2006: 69.9%

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

- Barrier: Member lack of knowledge relating to health plan resources, such as customer service, health education, and the plan website
- Barrier: Some members have limited English and/or literacy levels

## Health Net: Increase Compliance with Annual Adolescent Well-Care Visits and Improve Quality of Visits (SWC)

### *Relevance:*

- Health Net's HEDIS 2004 rates were all below 33 percent and indicated a significant opportunity for improvement in the Adolescent Well-Care Visits measure.

### *Goal:*

- Achieve a rate of 44 percent (2003 NCQA Medicaid 75<sup>th</sup> percentile) on the HEDIS Adolescent Well-Care Visits indicator by remeasurement 3

### *Best Interventions:*

- Implemented adolescent well-care visit member gift incentive program
- HEDIS Improvement Team began monthly trainings to educate providers about DHCS default enrollment measures, including adolescent well-care visits
- Created a "Teen Choice Provider" physician directory, designating "teen friendly" providers

### *Outcomes:*

- HEDIS Adolescent Well-Care Visits:

- ◊ Fresno:

- ◊ 2003: 32.52%
- ◊ 2004: 36.97%
- ◊ 2005: 36.41%
- ◊ 2006: 33.81%

- ◊ Los Angeles:

- ◊ 2003: 24.17%
- ◊ 2004: 30.90%
- ◊ 2005: 29.10%
- ◊ 2006: 35.58%

- ◊ Sacramento:

- ◊ 2003: 31.75%
- ◊ 2004: 32.13%
- ◊ 2005: 30.68%
- ◊ 2006: 39.01%

- ◊ San Diego:

- ◊ 2003: 24.09%
- ◊ 2004: 23.84%
- ◊ 2005: 27.49%
- ◊ 2006: 29.18%

- ◊ Tulare:

- ◊ 2003: 28.47%

- ◊ 2004: 26.76%
- ◊ 2005: 28.71%
- ◊ 2006: 29.88%
- ◊ Kern:
  - ◊ 2003: Rate not available
  - ◊ 2004: Rate not available
  - ◊ 2005: 21.17%
  - ◊ 2006: 26.76%

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

- Barrier: Adolescents and parents not motivated to schedule annual well-care visits
- Barrier: Providers lack training/knowledge on how to comfortably and effectively serve their adolescent patients

**Health Net: Reduce the Inappropriate Prescription of Antibiotics in Children with an Upper Respiratory Infection (SGC)**

***Relevance:***

- Health Net stated, “The rates of antimicrobial drug use are highest in children and given that the majority membership within managed Medi-Cal is also children, this issue has a high degree of relevance. The percentage of Health Net Medi-Cal members (for all contracted counties) less than or equal to 19 years of age is 72.95%.”

***Goals:***

- Increase rate by two percent annually for the high volume providers for whom 80 percent of their eligible upper respiratory infection (URI) patients had the appropriate treatment for a URI
- Increase rate by two percent annually for the HEDIS indicator, Appropriate Treatment of Children With Upper Respiratory Infection

***Best Interventions:***

- Interventions related to the collaborative are under review; they will be jointly developed and implemented.

***Outcomes:***

- Upper respiratory infection (URI) high volume PCPs for whom 80 percent of their eligible URI patients had the appropriate treatment for a URI (all counties):
  - ◊ 2006: 49.4%
- HEDIS Appropriate Treatment for Children With Upper Respiratory Infection (all counties):
  - ◊ 2006: 73.9%

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

- Not applicable; proposal submission

### Health Plan of San Joaquin: Adolescent Health Collaborative Program (SWC)

**Relevance:**

- Since 2002, Health Plan of San Joaquin (HPSJ) has experienced consistently low HEDIS rates for the Adolescent Well-Care Visits measure.

**Goal:**

- Achieve 50 percent on the HEDIS Adolescent Well-Care Visits indicator by 2006

**Best Interventions:**

- Implemented a member incentive program, providing movie tickets to adolescents following a completed annual exam
- Implemented a provider incentive program, providing \$50 annually per member for a completed annual exam

**Outcomes:**

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2003: 37.96%
  - ◊ 2004: 38.44%
  - ◊ 2005: 34.94%
  - ◊ 2006: 40.15%

**Attributes/Barriers to Outcomes:**

- Barrier: Reluctance of adolescents to seek medical attention when well
- Barrier: Providers uncomfortable screening and counseling adolescents

### Health Plan of San Joaquin: Increase the Rate of Chlamydia Screening in Women (IQIP)

**Relevance:**

- Health Plan of San Joaquin's (HPSJ) 2007 HEDIS rate for Chlamydia Screening in Women was below NCQA's 25<sup>th</sup> percentile. The plan has 10,820 female members aged 16-25 years, representing 16 percent of the total plan population.

**Goal:**

- Achieve a rate of 49.25 percent for the HEDIS Chlamydia Screening in Women indicator by remeasurement 2

**Best Interventions:**

- Initiated a provider financial incentive to complete Chlamydia screenings for women aged 16-25
- Implemented a web-based provider tool that identifies women in need of preventive services, including Chlamydia screening
- Initiated a work group to address barriers and evaluate interventions

**Outcomes:**

- HEDIS Chlamydia Screening in Women:
  - ◊ 2006: 39.25%

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

- Barrier: Member knowledge deficit regarding preventive services
- Barrier: Health plan not effectively communicating expectations to providers
- Barrier: Providers unable to identify member in need of screening

**Health Plan of San Mateo: Adolescent Quality Improvement Collaborative (SWC)**

***Relevance:***

- Health Plan of San Mateo (HPSM) recognized that well-care visits are crucial to adolescent members and their HEDIS rates show adolescents are underutilizing the plan's services.

***Goal:***

- Increase the HEDIS Adolescent Well-Care Visits rate by 10 percent each year

***Best Interventions:***

- Implemented a member incentive program, offering adolescents movie tickets for completed well-care exams
- Educated providers about adolescent well-care components, well visit billing and reimbursement, and the movie ticket incentive
- Developed and distributed tools for providers on patient confidentiality and counseling tips

***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2003: 30.1%
  - ◊ 2004: 32.2%
  - ◊ 2005: 32.2%
  - ◊ 2006: 33.8%

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

- Barrier: Providers lack of knowledge regarding well-care visit components and billing/reimbursement
- Barrier: Adolescents and parents lack knowledge regarding the importance of annual well-care visits

**Health Plan of San Mateo: Initial Health Assessment (IHA) Project (IQIP)**

***Relevance:***

- Health Plan of San Mateo estimated that approximately 41 percent of new members received an Initial Health Assessment (IHA) by either a PCP or a gynecologist within 120 days of their enrollment between 2000 and 2003. Monitoring the provision of initial health assessments was identified as a finding in the plan's State Medical Audit Report (issued April 2003).

***Goals:***

- Achieve a 10 percent improvement in the IHA rate for all new Medi-Cal members by remeasurement 2



- Achieve a 10 percent improvement in the IHA rate for children with special needs by remeasurement 2

***Best Interventions:***

- Sent postcard reminders to newly enrolled members regarding initial health assessments
- Amended lists to providers to highlight new members
- Increased the financial incentive to providers (\$90) for completing initial health assessments in a timely manner

***Outcomes:***

- IHA rate for all new Medi-Cal members:
  - ◊ 2003: 40.3%
  - ◊ 2004: 44.6%
  - ◊ 2005: 43.3%
- IHA rates for children with special needs:
  - ◊ 2003: 28.4%
  - ◊ 2004: 31.3%
  - ◊ 2005: 34.8%

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

- Attribute: Increased outreach to members due to more accurate address information
- Barrier: Lack of timely access to care for initial health assessments
- Barrier: Lack of member knowledge about initial health assessments

**Inland Empire Health Plan: Improving Authorization Time for Pharmacy Exception Requests (IQIP)**

***Relevance:***

- Inland Empire Health Plan noted an increase in the turn-around-time to process pharmacy exception requests (PERs), also known as prior authorizations. In 2001, volume, as well as turn-around-time increased. The time was expected to continue to increase based on the forecasted membership increases.

***Goals:***

- Reduce PERs processed in more than one working day to 45.15 percent (or less) by 2006
- Reduce PER grievances to 0.05 per 10,000 members by 2006

***Best Interventions:***

- Implemented a faxing software system that enabled the Pharmaceutical Services Department to receive faxes electronically
- Implemented the maxMC Medical Management Software Program to promote more efficient processing of PERs
- Added two new pharmacy program specialist positions

***Outcomes:***

- Percentage of pharmacy exception requests processed in more than one working day:
  - 2002: 15.35%
  - 2003: 32.36%
  - 2004: 54.21%
  - 2005: 50.17%
  - 2006: 42.71%
- Number of grievances related to pharmacy exception requests per 10,000 Members:
  - 2002: 0.05 grievances per 10,000 members
  - 2003: 0.06 grievances per 10,000 members
  - 2004: 0.03 grievances per 10,000 members
  - 2005: 0.03 grievances per 10,000 members
  - 2006: 0.02 grievances per 10,000 members

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

- Barrier: Many pharmacists and practitioners are not aware of the PER process and need education
- Barrier: Staffing levels at the plan negatively impact PERs turn-around-time

**Inland Empire Health Plan: Improving the Quality of Care for Members with Diabetes (IQIP)**

***Relevance:***

- Within Inland Empire Health Plan's population, diabetes has consistently been among the top 10 primary diagnoses for adult medical encounters and among the top 20 primary diagnoses for adult hospital admissions.

***Goals:***

- Achieve 81.17 percent for the HEDIS Comprehensive Diabetes Care (CDC) measure's HbA1C testing indicator by 2006
- Achieve 89.93 percent for the CDC LDL-C screening indicator by 2006
- Achieve 67.15 percent for the CDC nephropathy screening indicator by 2006
- Achieve 68.25 percent for the CDC retinal eye exam indicator by 2006
- Achieve 75.89 percent for the oral blood glucose self-monitoring indicator by 2006
- Achieve 88.20 percent for the insulin blood glucose self-monitoring indicator by 2006
- Achieve 85.20 percent for the diabetic members with hypertension receiving ACE inhibitors or ARBs indicator by 2006

***Best Interventions:***

- Made online diabetic roster available to providers for real-time access to identification of their assigned members with diabetes
- Continued provider incentives for complying with treatment guidelines

***Outcomes:***

- HEDIS Comprehensive Diabetes Care HbA1C Testing:
  - 2002: 68.74%
  - 2003: 73.48%
  - 2004: 76.94%
  - 2005: 79.08%
  - 2006: 79.95%
- HEDIS Comprehensive Diabetes Care LDL-C Screening:
  - 2002: 74.94%
  - 2003: 84.18%
  - 2004: 86.65%
  - 2005: 88.81%
  - 2006: 84.78%
- HEDIS Comprehensive Diabetes Care Nephropathy Screening:
  - 2002: 42.00%
  - 2003: 53.28%
  - 2004: 70.87%
  - 2005: 63.50%
  - 2006: 71.26%
- HEDIS Comprehensive Diabetes Care Retinal Eye Exam:
  - 2002: 54.89%
  - 2003: 57.42%
  - 2004: 50.73%
  - 2005: 64.72%
  - 2006: 60.87%
- Diabetic members performing self-monitoring of blood glucose as necessary:
  - 2002: Oral= 63.45% Insulin= 80.29%
  - 2003: Oral= 69.47% Insulin= 83.95%
  - 2004: Oral= 72.39% Insulin= 85.70%
  - 2005: Oral= 73.21% Insulin= 86.88%
  - 2006: Oral= 69.85% Insulin= 82.15%
- Diabetic members with hypertension receiving ACE inhibitors or ARBs:
  - 2002: 79.70%
  - 2003: 82.64%
  - 2004: 79.71%
  - 2005: 83.55%
  - 2006: 80.12%

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

- Attribute: Continued improvements and enhancements made to successful interventions to further improve rates, such as creating real time access to the diabetic roster and updating provider incentive programs
- Barrier: Need additional case management involvement to improve outcomes
- Barrier: Members are resistant to necessary lifestyle changes to cope with the disease

**Inland Empire Health Plan: Increasing Utilization of Adolescent Healthcare Services (SWC)**

***Relevance:***

- Improving adolescent health is an important issue for Inland Empire Health Plan (IEHP), as 24 percent of its Medi-Cal membership is between the ages of 12-21. The plan's 2004 HEDIS adolescent well-care visit rate was 44 percent, and the plan had a teen pregnancy rate of 12 percent.

***Goal:***

- Increase the HEDIS Adolescent Well-Care Visits rate to 49.6 percent by remeasurement 2

***Best Interventions:***

- Launched various provider incentive programs, such as rewarding providers for meeting adolescent well-care visit compliance rates and for completed adolescent surveys
- Conducted provider education on how to discuss key health topics with their adolescent patients

***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2004: 52.2%
  - ◊ 2005: 59.3%
  - ◊ 2006: 38.1%

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

- Barrier: Members not aware of the importance of annual adolescent well-care visits
- Barrier: Physicians miss the opportunity to conduct a well-care exam when their patients come in for a sick visit

**Kaiser Permanente (Sacramento): Adolescent Health Collaborative Project (SWC)**

***Relevance:***

- Kaiser (Sacramento) reported HEDIS Adolescent Well-Care Visit rate below the 2002 Medi-Cal Managed Care Division (MMCD) average of 28.2 percent. A rough five-year average of 24.5 percent was reported by the plan.

***Goal:***

- Achieve the MMCD average of 28.2 percent for the HEDIS Adolescent Well-Care Visits indicator by 2006

***Best Interventions:***

- Wellness outreach effort educated families, raising awareness and promoting behavior changes
- Initiated a birthday card program, providing age appropriate information and reminders
- Hired a health educator to oversee the health education and outreach activities

***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2003: 24.42%
  - ◊ 2004: 24.74%
  - ◊ 2005: 24.46%
  - ◊ 2006: 25.46%

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

- Attribute: Successful outreach in “sponsoring” the care of 100 families. The plan identified members overdue for well-care visits and conducted extensive outreach that included scheduling appointments and following up when appointments were not kept.
- Barrier: Failure of teens/parents to keep appointments
- Barrier: Communication barriers with members

**Kaiser Permanente (Sacramento): Blood Lead Level Screening (IQIP)**

***Relevance:***

- Kaiser research revealed that between 2001 and 2004, only 5.93 percent of visits for 0-2 year old members included a referral for blood lead level screening. While environmental factors contributing to blood lead poisoning have been reduced significantly over the past 30 years, a significant number of households across the nation still present hazards to children.

***Goals:***

- Achieve 38 percent for the blood lead level screening measure by 2006
- Achieve 0.43 percent (or less) for elevated blood lead level results by 2006

***Best Interventions:***

- Interventions were not implemented. The plan states, “Due to the strength of baseline findings, no formal interventions have been implemented and the QIP has been slated for termination.”

***Outcomes:***

- Blood lead level screenings:
  - ◊ 2005: 32.8%
  - ◊ 2006: 36.8%
- Elevated blood lead levels:
  - ◊ 2005: 0.7%
  - ◊ 2006: 0.0%

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

- Barrier: Barriers were not identified by the plan; the project was terminated.

**Kaiser Permanente (Sacramento): Decreasing Emergency Department and Hospitalization Rates for Chronic Asthmatics (IQIP)**

***Relevance:***

- Kaiser (Sacramento) noted that asthma is among the top 20 ambulatory, emergency department, and inpatient diagnoses. With effective management that includes education, environmental awareness, and medication maintenance, asthma symptoms are usually controllable.

***Goals:***

- Achieve 46.3 hospital admissions per 1,000 members (or less) for asthma exacerbation diagnoses by 2006
- Achieve 229.0 emergency department visits per 1,000 members (or less) for asthma exacerbations by 2006

***Best Interventions:***

- Members presenting to the emergency department with asthma exacerbation are contacted and followed by the asthma care managers
- Initiated physician outreach, including reviewing and assessing provider prescribing habits and providing education

***Outcomes:***

- Hospital admissions for asthma exacerbation diagnoses:
  - ◊ 2002: 49.5 admissions per 1,000 members
  - ◊ 2003: 36.4 admissions per 1,000 members
  - ◊ 2004: 15.7 admissions per 1,000 members
  - ◊ 2005: 46.3 admissions per 1,000 members \*Change in specifications (HEDIS persistent asthma definition was followed, although the plan developed the measure.)
  - ◊ 2006: 34.2 admissions per 1,000 members
- Emergency department encounters for asthma exacerbations:
  - ◊ 2002: 146.2 encounters per 1,000 members
  - ◊ 2003: 122.7 encounters per 1,000 members
  - ◊ 2004: 120.6 encounters per 1,000 members
  - ◊ 2005: 229.3 encounters per 1,000 members \*Change in specifications (HEDIS persistent asthma definition was followed, although the plan developed the measure.)
  - ◊ 2006: 193.7 encounters per 1,000 members

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

- Attribute: In 2005, the HEDIS definition of persistent asthma changed

- Barrier: Provider lack of knowledge related to asthma medications
- Barrier: Need for a plan workgroup to oversee the overall provision of asthma care across all facilities

### **Kaiser Permanente (Sacramento): Hospital Quality Program (SGC)**

#### ***Relevance:***

- Given the serious and grave consequences of medical errors in hospitals, recent initiatives have focused on the promotion of quality in the hospital setting. Three areas of ongoing quality measurement include Joint Commission on Accreditation of Health Care Organizations (JCAHO) quality outcomes core measures, patient safety goals, and satisfaction surveys.

#### ***Goals:***

- Achieve 80 percent on the JCAHO quality outcomes core measures
- Achieve 80 percent on the JCAHO patient safety goals measures
- Achieve 80 percent on the satisfaction survey

#### ***Best Interventions:***

- One facility implemented leadership “rounds” to follow patients every day, so the management team identified and resolved issues early.
- Physicians were mandated to attend “Personalization of Care” and a communications session entitled “Give Me Five”.

#### ***Outcomes:***

- Joint Commission on Accreditation of Health Care Organizations (JCAHO) quality outcomes core measures (compilation of 18 indicators; higher scores indicate improved outcomes):
  - ◊ Qtr 1 2004: 75.0%
  - ◊ Qtr 2 2004: 66.7%
  - ◊ Qtr 3 2004-Qtr 4 2005: 61.1%
  - ◊ Qtr 1 2006-Qtr 3 2006: 48.6%
- JCAHO patient safety goals:
  - ◊ Qtr 1 2004: 58.0%
  - ◊ Qtrs 2-4 2004: 100.0%
  - ◊ Qtrs 1-4 2005: 100.0%
  - ◊ Qtrs 1-4 2006: 100.0%
- Satisfaction survey (components meeting/exceeding regional benchmark of 56 percent):
  - ◊ Qtr 4 2003: 56.0%
  - ◊ Qtrs 1-4 2004: 51.0%
  - ◊ Qtrs 1-4 2005: 51.0%
  - ◊ Qtrs 1-4 2006: 39.8%

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

- Barrier: Some physicians lack communication skills
- Barrier: Leadership/management don't understand family and patient concerns

**Kaiser Permanente (San Diego): Improving Asthma Medication Management (IQIP)**

***Relevance:***

- In 2004, 14,946 members of Kaiser (San Diego) had asthma, 3.1 percent of the total member population. Through an asthma management program, Kaiser's goal is to improve the quality of life and improve appropriate medication usage in asthmatics.

***Goals:***

- Achieve 69 percent in the asthma measure related to inhaled anti-inflammatory medication usage for members with moderate and high-risk asthma by 2007
- Decrease the rate of beta agonist medication usage for members with asthma in all risk categories to four percent by 2007

***Best Interventions:***

- Any asthma patient discharged from the hospital or emergency department is automatically provided with follow-up appointment
- Child asthma education classes offered
- Free inhaled steroids to patients with persistent asthma

***Outcomes:***

- Moderate and high-risk asthma members who have been dispensed at least one anti-inflammatory medication:
  - ◊ 2004: 62.0%
  - ◊ 2005: 68.6%
  - ◊ 2006: 76.9%
  - ◊ 2007: 76.5%
- Members with asthma who have been dispensed at least 12 canisters or equivalent of inhaled short-acting beta agonist medication (lower rate demonstrates improvement):
  - ◊ 2004: 10.0%
  - ◊ 2005: 6.5%
  - ◊ 2006: 5.1%
  - ◊ 2007: 5.0%

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

- Attribute: Pro-active care management program in place
- Barrier: Members lack education regarding asthma management



### **Kaiser Permanente (San Diego): Improving Blood Sugar Levels for Members with Diabetes (IQIP)**

***Relevance:***

- Kaiser (San Diego) provided diabetic prevalence data and identified glycemic control in members with diabetes as a clinical strategic goal for the plan.

***Goals:***

- Achieve a rate of 84 percent for the HbA1c testing indicator by 2007
- Reduce the percentage of diabetic members with HbA1c >9.5 to eight percent by 2007

***Best Interventions:***

- Implemented self-management initiatives, reinforcing importance of daily testing and reporting values to providers
- At risk patients are being managed through a structured case management program

***Outcomes:***

- HbA1c testing rate:
  - ◊ 2004: 82.1%
  - ◊ 2005: 85.2%
  - ◊ 2006: 81.5%
  - ◊ 2007: 86.0%
- Members with an HbA1c greater than 9.5 percent (a lower rate demonstrates improvement):
  - ◊ 2004: 9.7%
  - ◊ 2005: 8.5%
  - ◊ 2006: 15.3%
  - ◊ 2007: 18.0%

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

- Attribute: Planned follow-up with each identified member with an A1c greater than 9.5 percent
- Barrier: Member lack of knowledge regarding importance of lab testing and monitoring

### **Kern Family Health Care: Improving Adolescent Well-Care (SWC)**

***Relevance:***

- Kern Family Health Care (KFHC) reviewed its HEDIS data and determined the adolescent population in Kern County was being underserved, with episodic/emergent visits appearing to be the majority of services provided. The plan's adolescent well-care visit rate has been unsatisfactory.

***Goal:***

- Achieve an increase in HEDIS Adolescent Well-Care Visit rates of seven percentage points by 2006

***Best Interventions:***

- Personal contact to all new members, including adolescents, to introduce members to providers and set up initial wellness exams
- Provider incentives for practitioners contacting adolescents for well-care exams

**Outcomes:**

- HEDIS Adolescent Well-Care Visits:  
2003: 25.55%  
2004: 37.23%  
2005: 35.52%  
2006: 35.77%

**Attributes/Barriers to Outcomes:**

- Barrier: Lack of adolescent and parent awareness of importance of regular well-care exams
- Barrier: Lack of provider awareness of all well-care exam components

**Kern Family Health Care: Health Education Behavioral Assessment (IQIP)**

**Relevance:**

- In 2000, Kern Family Health Care (KFHC) distributed *Staying Healthy Assessment* forms to provider offices with educational instructions. In 2001, an audit revealed a compliance rate of 14 percent for finding the form in the medical record with only 12 percent documenting interventions for identified problems.

**Goals:**

- Achieve 90 percent compliance for completed *Staying Healthy Assessment* forms by remeasurement 4
- Achieve 90 percent compliance for documented interventions on the *Staying Healthy Assessment* form by remeasurement 4

**Best Interventions:**

- Implemented an incentive risk pool plan, in which providers would participate in distribution of monies if they met certain requirements, including completion of assessment forms
- Provided an annual evaluation progress report to each provider documenting compliance with the Staying Healthy program

**Outcomes:**

- *Staying Healthy Assessment* form completion:  
10/00-4/01: 14.00%  
8/01-7/02: 45.72%  
2/03-1/04: 67.68%  
9/04-8/05: 75.79%  
1/06-12/06: 78.94%
- Documented interventions for identified problems on the *Staying Healthy Assessment* form:  
10/00-4/01: 6.00%  
8/01-7/02: 64.36%  
2/03-1/04: 64.11%

9/04-8/05: 63.00%

1/06-12/06: 64.47%

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

- Attribute: As result of incentive risk pool, Kern Family Health Care documented significant improvement in its measures
- Barrier: Some providers viewed Staying Healthy Program as bureaucratic red tape

**Kern Family Health Care: Improving the Rate of Pap Tests and Chlamydia Screening for KFHC Members (IQIP)**

***Relevance:***

- Pap test screening reduces cervical cancer morbidity and mortality rates and is a cost-effective cancer screening tool. Chlamydia screening can identify disease and significantly reduce the short and long-term complications associated with undiagnosed Chlamydia. KFHC's rates for both measures have room for improvement.

***Goals:***

- Achieve a 10 percent improvement in the HEDIS Cervical Cancer Screening indicator by remeasurement 2
- Achieve a 10 percent improvement in the HEDIS Chlamydia Screening in Women indicator by remeasurement 2

***Best Interventions:***

- Mailing of birthday cards to female members with a reminder to see their provider for an annual exam Pap screening
- Monetary incentive distributed to providers who are at least 80 percent compliant with preventive care guidelines for Pap testing and Chlamydia screening

***Outcomes:***

- HEDIS Cervical Cancer Screening:
  - 2004: 57.74%
  - 2005: 60.21%
  - 2006: 63.05%
- HEDIS Chlamydia Screening in Women:
  - 2004: 49.82%
  - 2005: 56.94%
  - 2006: 59.37%

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

- Attribute: Rates positively impacted due to intensive education targeted at providers/staff and members

- Barrier: Providers assume members are receiving tests from their gynecologists
- Barrier: Adolescents reluctant to seek screening for fear of parents being informed

### **L.A. Care Health Plan: Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)**

***Relevance:***

- L.A. Care's HEDIS rate for Appropriate Treatment for Children with Upper Respiratory Infection (URI) was below the MMCD minimum performance level (MPL) of 76.87 percent for RY 2006.

***Goal:***

- Achieve 89.04 percent on the HEDIS Appropriate Treatment for Children With Upper Respiratory Infection indicator by remeasurement 2

***Best Interventions:***

- Interventions related to the collaborative are under review; they will be jointly developed and implemented.

***Outcomes:***

- HEDIS Appropriate Treatment for Children With Upper Respiratory Infection:
  - ◊ 2006: 78.34%

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

- Not applicable; proposal submission

### **LA Care: Improving Adolescent Well-Care Visits (SWC)**

***Relevance:***

- Prior to 2003, LA Care consistently scored below the HEDIS national minimum performance level for adolescent well-care visits. In 2002, LA Care had a well-care visit rate of 16.1 percent. The national minimum performance level was 19.3 percent.

***Goal:***

- Achieve a 10 percent improvement in the HEDIS Adolescent Well-Care Visits indicator by remeasurement 3

***Best Interventions:***

- Members in need of a well-care visit contacted by the plan and encouraged to schedule an appointment
- Information and performance on adolescent well-care measure included in quarterly provider performance feedback report

***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2002: 23.43%
  - ◊ 2003: 37.77

- ◊ 2004: 36.65%
- ◊ 2005: 36.96%

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

- Barrier: Lack of member knowledge about benefits of well-care visits
- Barrier: Providers not aware of their performance in this area

**L.A. Care Health Plan: Using Technology to Improve Formulary Management and Prescribing (IQIP)**

***Relevance:***

- LA Care sought to simplify the formulary process for providers. The plan reported that multiple formularies are used to prescribe medications for members within five subcontracted health plan options.

***Goals:***

- To decrease provider dissatisfaction with the formulary process by post-test measurement
- To improve provider selection of appropriate asthma controller medications for members at the point of prescribing, based upon asthma medication prescribing guidelines by post-test measurement
- To improve provider selection of first-line antibiotics defined by the American Thoracic Society (ATS) and Infectious Diseases Society of America (IDSA) as the most effective treatment regimen for a given health condition by post-test measurement

***Best Interventions:***

- Disseminated prescription software to 90 providers in intervention group 1, who already owned personal digital assistants (PDAs)
- Conducted 14 training sessions for 70 providers in intervention group 2, who received a PDA and prescription software

***Outcomes:***

The study's measures related to dissatisfaction with formulary complexity and medication selections. There was a control group and two intervention groups. Pre and post-tests were given rating dissatisfaction and medication selections.

- Measure of formulary dissatisfaction: As hypothesized, there was reduced dissatisfaction in intervention groups 1 and 2 (those using PDAs and ePocrates, a drug and clinical reference software package).
- Improve the selection of asthma medications at the point of prescribing: The hypothesis that there would be a change in the average number of controller and reliever prescriptions written by providers using PDAs and ePocrates was not supported.
- Improve the selection of antibiotics at the point of prescribing: The hypothesis that there would be a change in the use on prescriptions of 1st line rather than 2nd line antibiotics in those providers using PDAs and ePocrates was supported.

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

- Attribute: The project was more of an exploratory study, rather than a quality improvement project
- Barrier: Some providers had negative attitudes regarding new technology

**Molina Riverside-San Bernardino: Improving the Care of Adolescents (SWC)**

***Relevance:***

- Based on Molina's December 2004 demographic data, adolescents between the ages of 12-21 years represent approximately 14.36 percent of the Medi-Cal membership in Riverside/San Bernardino counties. Underutilization of routine adolescent well-care services was of concern.

***Goal:***

- Achieve HEDIS Adolescent Well-Care Visits rate of 49.93 percent by 2006

***Best Interventions:***

- Provider and staff education regarding annual evaluations and wellness care
- Member incentives, including gift cards for completed well-care exams

***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2004: 43.06%
  - ◊ 2005: 40.74%
  - ◊ 2006: 44.19%

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

- Attribute: Statewide collaborative efforts and interventions were noted to have improved service to adolescents and enthusiasm of providers
- Barrier: Teen and parent lack of awareness of the significance and benefit of annual adolescent preventive care visit
- Barrier: Lack of adequate outreach strategy to remind members and parents about wellness care

**Molina Sacramento: Improving the Care of Adolescent (SWC)**

***Relevance:***

- Based on Molina's December 2004 demographic data, the adolescents between the ages of 12-21 years represent approximately 36 percent of the Medi-Cal membership in Sacramento County. Underutilization of routine adolescent well-care services was of concern.

***Goal:***

- Achieve HEDIS Adolescent Well-Care Visits rate of 50.39 percent by 2006

***Best Interventions:***

- Provider and staff education regarding annual evaluations and wellness care
- Member incentives, including gift cards for completed well-care exams

***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2004: 45.60%
  - ◊ 2005: 46.30%
  - ◊ 2006: 50.23%

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

- Attribute: Continuation of member incentives for initial health assessments and adolescent well-care incentives
- Barrier: Practitioners unaware of recommendations for adolescent well-care visits
- Barrier: Provider and staff lack of follow-up for missed appointments
- Barrier: Teen and parent lack of awareness of the significance and benefit of annual adolescent preventive care visit

**Partnership Health Plan of California: Adolescent Health Collaborative Project (SWC)**

***Relevance:***

- Partnership Health Plan's (PHP) Medi-Cal adolescent members (age 12 to 21) comprise 19.6 percent of the total health plan population. PHP's HEDIS 2004 rate of 24 percent for adolescent well-care visits was less than the NCQA national Medicaid 90<sup>th</sup> percentile, 44 percent, which shows underutilization of preventive care

***Goal:***

- Achieve 44 percent (2004 NCQA Medicaid 90<sup>th</sup> percentile) on the Adolescent Well-Care Visits indicator by 2006

***Best Interventions:***

- Increased provider reimbursement for well-care exams
- Used one provider to conduct sports physicals at local high school
- Implemented an adolescent well-care visit incentive program for members

***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2003: 24.0%
  - ◊ 2004: 32.0%
  - ◊ 2005: 43.5%
  - ◊ 2006: 35.42%

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

- Barrier: Low provider reimbursement
- Barrier: Lack of member awareness regarding importance of well-care exam

### Partnership Health Plan of California: Improving Breast Cancer Screening Rates (IQIP)

**Relevance:**

- Breast cancer is the second most common type of cancer among U.S. women, and early detection can save lives. Women ages 52-69 represent five percent of the total Partnership Health Plan of California population.

**Goal:**

- Achieve a rate of 65.4 percent on the HEDIS Breast Cancer Screening measure by 2006

**Best Interventions:**

- Mammogram and self-breast exam educational materials were distributed in a variety of languages
- Ability to schedule mammograms for the same day and sometimes within the hour

**Outcomes:**

- HEDIS Breast Cancer Screening (women 52-69 with one or more mammograms in the measurement year or prior year):
  - ◊ 1998: 49%
  - ◊ 1999: 55%
  - ◊ 2000: 52%
  - ◊ 2001: 53%
  - ◊ 2002: 55%
  - ◊ 2003: 52%
  - ◊ 2004: 57%
  - ◊ 2005: 59%
  - ◊ 2006: 59%

**Attributes/Barriers to Outcomes:**

- Attribute: Improved access at most sites within the plan's three county network due to ease of appointment scheduling online
- Barrier: Providers do not follow-up on patients in need of a mammogram
- Barrier: Providers lacked educational materials in multiple languages

### Partnership Health Plan of California: Improving Medication Management for Members with Asthma (SGC)

**Relevance:**

- Asthma is one of Partnership's top diagnoses for ambulatory care, emergency department (ED) visits, and acute hospital admissions.

**Goals:**

- Achieve a rate of 92.5 percent by 2006 for the HEDIS indicator, Use of Appropriate Medications for People With Asthma



- Achieve a rate of 95 percent by 2006 for persistent asthmatics aged 5-56 with <9 canisters of beta agonist medication dispensed during the measurement year
- Achieve a rate of 90 percent by 2006 for persistent asthmatics aged 5-56 with no ED visits for asthma during the measurement year
- Achieve a rate of 99 percent by 2006 for persistent asthmatics aged 5-56 with no inpatient discharges for asthma during the measurement year
- Achieve a rate of 75 percent by 2006 for members with ED visits for asthma who receive a follow-up visit with a PCP or asthma/allergy specialist within 21 days of the visit during the measurement year

***Best Interventions:***

- Conducted provider site visits for asthma care training
- In-home environmental asthma trigger education for members
- Care coordination for high-risk asthmatics

***Outcomes:***

The HEDIS definition of persistent asthmatics changed in 2006. In order to make 2006 data comparable, Partnership Health Plan recalculated 2004 and 2005 data to reflect the change in specifications.

- HEDIS Use of Appropriate Medications for People With Asthma:
  - ◊ 2003: 85.1%
  - ◊ 2004: 84.9% \*Reflects change in specifications
  - ◊ 2005: 86.7%
  - ◊ 2006: 88.9%
- Persistent asthmatics aged 5-56 with <9 canisters of beta agonist medication dispensed during the measurement year:
  - ◊ 2003: 88.6%
  - ◊ 2004: 86.4% \*Reflects change in specifications
  - ◊ 2005: 85.5%
  - ◊ 2006: 90.8%
- Persistent asthmatics aged 5-56 with no ED visits for asthma during the measurement year:
  - ◊ 2003:85.4%
  - ◊ 2004: 85.7% \*Reflects change in specifications
  - ◊ 2005: 88.5%
  - ◊ 2006: 86.3%
- Persistent asthmatics aged 5-56 with no inpatient discharges for asthma during the measurement year:
  - ◊ 2003: 99.1%
  - ◊ 2004: 99.1% \*Reflects change in specifications
  - ◊ 2005: 97.4%
  - ◊ 2006: 97.2%

- Members with ED visits for asthma who received a follow-up visit with a PCP or asthma/allergy specialist within 21 days of the ED visit during the measurement year:
  - ◊ 2003: 22.0%
  - ◊ 2004: 29.0% \*Reflects change in specifications
  - ◊ 2005: 31.0%
  - ◊ 2006: 45.7%

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

- Attribute: Significant improvement shown in measure related to follow-up with primary care provider within 21 days of an emergency department visit
- Barrier: Members' need for self-management support
- Barrier: Members' lack of awareness and education

**Partnership Health Plan of California: Increasing Provider Participation in Electronic Immunization Registries (SGC)**

***Relevance:***

- Partnership Health Plan of California has demonstrated meaningful improvement in its HEDIS immunization rates. By linking providers to registries, Partnership believes it can meet or exceed the Medicaid 90th percentile.

***Goal:***

- Achieve 82.7 percent for HEDIS Childhood Immunizations (Combination 2) measure by 2006

***Best Interventions:***

- Encouraged provider participation in the registry and provided county-wide technical assistance
- Continued the immunization registry program, *Shots for Tots*

***Outcomes:***

- HEDIS Childhood Immunizations (Combination 2):
  - ◊ 2003: 68.0%
  - ◊ 2004: 71.0%
  - ◊ 2005: 78.5%
  - ◊ 2006: 81.9%
- High-volume providers linked to the immunization registry:
  - ◊ 2003: 7.0%
  - ◊ 2004: 33.0%
  - ◊ 2005: 44.0%
  - ◊ 2006: 67.0%
- Target population covered by providers linked to the immunization registry:
  - ◊ 2003: 0.0%
  - ◊ 2004: 42.0%

- ◇ 2005: 43.0%
- ◇ 2006: 57.6%

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

- Attribute: Continued with registry enhancements and hired staff to support registry development
- Barrier: Provider unwillingness to participate in registry due to lack of resources

**San Francisco Health Plan: Diabetes Care Improvement Project (IQIP)**

***Relevance:***

- Diabetes is the second most prevalent chronic condition in the San Francisco Health Plan (SFHP) member population. After measuring its performance on the HEDIS Comprehensive Diabetes Care (CDC) measures, the plan concluded that it had a great deal of room to improve.

***Goals:***

- Achieve 74.9 percent on the HEDIS CDC HbA1c Testing indicator by remeasurement 1
- Achieve 60.6 percent on the HEDIS CDC Eye Exam (retinal) indicator by remeasurement 1
- Achieve 70.0 percent on the HEDIS CDC LDL-C Screening indicator by remeasurement 1
- Achieve 55.2 percent on the HEDIS CDC Nephropathy Screening indicator by remeasurement 1

***Best Interventions:***

- Created a diabetes database to identify population and assess risk
- Implemented a risk-based outreach program via care managers to assess needs and coordinate resources for moderate and high-risk diabetic members
- Implemented an outreach program to target providers by providing education and distributing patient profile information

***Outcomes:***

- HEDIS Comprehensive Diabetes Care HbA1c Testing:
  - ◇ 2005: 71.3%
  - ◇ 2006: 86.0%
- HEDIS Comprehensive Diabetes Care Eye Exam (retinal):
  - ◇ 2005: 58.9%
  - ◇ 2006: 64.8%
- HEDIS Comprehensive Diabetes Care LDL-C Screening:
  - ◇ 2005: 65.2%
  - ◇ 2006: 77.9% \*Change in methodology
- HEDIS Comprehensive Diabetes Care Nephropathy Screening:
  - ◇ 2005: 52.6%
  - ◇ 2006: 74.9% \*Change in methodology

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

- Attribute: Strong interventions by plan appear to have played a roll in improving rates
- Barriers: Members and providers not aware of available resources

**San Francisco Health Plan: Increasing the Rate of Adolescent Well-Care Visits (SWC)**

***Relevance:***

- While San Francisco Health Plan's HEDIS 2004 score was slightly above the national 2003 Medicaid average (38.4 percent compared to 36.7 percent), underutilization of routine adolescent well-care services was still identified as an important topic to address. Adolescents represent 21.4 percent of the plan's Medi-Cal managed care membership.

***Goal:***

- Achieve the stretch goal of 50.3 percent (NCQA HEDIS 90<sup>th</sup> percentile) for the Adolescent Well-Care Visits indicator by 2006

***Best Interventions:***

- Implemented member incentives for completed adolescent well-care visits: \$20, iPod and raffle for a laptop computer
- Completed provider office training in effective communication with and treatment and referral of teens

***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2003: 38.43%
  - ◊ 2004: 45.14%
  - ◊ 2005: 49.07%
  - ◊ 2006: 46.53%

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

- Attribute: Member incentives appear to be successful in increasing well-care visits
- Barrier: Adolescent members lack motivation to seek care
- Barrier: Providers not always comfortable in treating teens

**San Francisco Health Plan: Increasing Timeliness of Prenatal Care for Existing and New SFHP Members (IQIP)**

***Relevance:***

- Early prenatal care is often associated with improved birth outcomes, primarily due to the opportunity to appropriately assess risk, treat existing medical conditions, as well as provide important education. San Francisco Health Plan faces a significant challenge in that the plan often does not know when female members become pregnant or are pregnant at the time of enrollment.

***Goal:***

- Achieve 89.5 percent on the HEDIS Prenatal and Postpartum Care (PPC) Timeliness of Prenatal Care indicator by 2006

***Best Interventions:***

- Redesigned incentive mailer to include more information about recommended preventive care for women of all ages
- Visited clinics with high volume and low rates to discuss timely prenatal care

***Outcomes:***

- HEDIS PPC Timeliness of Prenatal Care:
  - ◊ 2003: 76.9%
  - ◊ 2004: 84.2%
  - ◊ 2005: 88.6%
  - ◊ 2006: 86.3%

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

- Barrier: Early identification of pregnant members
- Barrier: Lack of provider awareness regarding available prenatal care resources

**Santa Barbara Regional Health Authority: Adolescent Health (SWC)**

***Relevance:***

- Approximately 8,000 Santa Barbara Regional Health Authority (SBRHA) Medi-Cal members are in the adolescent age range; the rate for annual well visits for adolescents peaked at approximately 31 percent in HEDIS reporting year 2002 and has since declined.

***Goal:***

- Achieve 35.89 percent on the HEDIS Adolescent Well-Care Visits indicator by 2006

***Best Interventions:***

- Provided reports to providers listing members who had not received an adolescent well-care exam
- Distributed provider report cards with provider-specific rates with comparisons to plan rates and benchmarks
- Conducted one-on-one meetings with 13 poorly-performing and/or high volume providers, providing education
- Met with high school youth counselors to promote annual well teen exams

***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2003: 26.16%
  - ◊ 2004: 32.41%
  - ◊ 2005: 31.71%
  - ◊ 2006: 33.10%

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

- Barrier: Inconsistency in delivery of adolescent preventive care services across provider network
- Barrier: Teens and parents are not aware of importance of regular check-ups and preventive care

**Santa Barbara Regional Health Authority: Improving Appropriate Use of Medications with Asthma (IQIP)**

***Relevance:***

- Santa Barbara Regional Health Authority's HEDIS 2001 rate for Use of Appropriate Medications for People With Asthma was significantly lower than the 90<sup>th</sup> percentile. Data indicated that up to 30 percent of members with persistent asthma were not receiving an inhaled corticosteroid.

***Goal:***

- Achieve 88.71 percent by 2006 on the HEDIS indicator, Use of Appropriate Medications for People With Asthma

***Best Interventions:***

- Participated in Asthma Educator Institute trainings for providers and staff in collaboration with multiple local agencies and the American Lung Association
- Submitted quality performance reports to providers, including asthma related measures

***Outcomes:***

- HEDIS Use of Appropriate Medications for People With Asthma:
  - ◊ 2000: 58.02%
  - ◊ 2001: 64.30%
  - ◊ 2002: 67.82%
  - ◊ 2003: 68.72%
  - ◊ 2004: 71.45%
  - ◊ 2005: 87.46%
  - ◊ 2006: 90.00%

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

- Attribute: Significant improvement demonstrated in persistent asthmatics using long-term controller medications
- Barrier: Provider lack of awareness related to current asthma management strategies

**Santa Barbara Regional Health Authority: Proper Antibiotic Use (IQIP)**

***Relevance:***

- Santa Barbara Regional Health Authority (SBRHA) studied antibiotic prescribing practices in 2002 and determined that 77-97 percent of members with a diagnosis of tonsillitis or laryngitis were dispensed an antibiotic for the illness and 51-80 percent of patients with upper respiratory infection or common cold received an antibiotic.

***Goals:***

- Achieve 77.46 percent on the HEDIS Appropriate Treatment for Children With Upper Respiratory Infection indicator by 2006
- Achieve 22.81 percent on the HEDIS Appropriate Testing for Children with Pharyngitis indicator by 2006
- Achieve 54.79 percent on the HEDIS Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis by 2006

***Best Interventions:***

- Provider performance reports sent to providers detailing their specific rates for appropriate antibiotic prescribing
- Provider profiling visits targeted providers with low ranking appropriate antibiotic prescribing

***Outcomes:***

- HEDIS Appropriate Treatment for Children With Upper Respiratory Infection:
  - ◊ 2003: 77.02%
  - ◊ 2004: 68.41%
  - ◊ 2005: 74.96%
  - ◊ 2006: 71.52%
- HEDIS Appropriate Testing for Children with Pharyngitis:
  - ◊ 2003: 66.84%
  - ◊ 2004: 9.63% \*change in specifications
  - ◊ 2005: 14.23%
  - ◊ 2006: 13.67%
- HEDIS Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis:
  - ◊ 2004: 72.35%
  - ◊ 2005: 70.22%
  - ◊ 2006: 49.77% \*change in specifications

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

- Barrier: Late implementation of interventions
- Barrier: Providers not following clinical guidelines
- Barrier: Patients want antibiotics for viral illnesses

**Santa Clara Family Health Plan: Improving and Increasing Adolescent Well-care Visits (SWC)**

***Relevance:***

- Santa Clara Family Health Plan (SCFHP)'s adolescent well-care visit rates have been consistently below the national comparison rates. Adolescents comprise more than 21 percent of SCFHP's Medi-Cal managed care membership. As of June 2005, SCFHP adolescent membership was 23,577.

***Goal:***

- Achieve 36 percent on the HEDIS Adolescent Well-Care Visits indicator by 2006

***Best Interventions:***

- Implemented a pay-for-performance provider quality incentive program in addition to the providers' Fee-For-Service (FFS) payment for well-care visits
- Continued provider education through provider newsletters, guidelines, and provider services outreach
- Teen focus group held, addressing expectations of well-care visits and the types of incentives that would motivate teens to see their PCP for preventive care

***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2001: 33.8%
  - ◊ 2003: 33.6%
  - ◊ 2004: 33.1%
  - ◊ 2005: 35.0%
  - ◊ 2006: 35.0%

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

- Barrier: Limited resources were available for the adolescent spread training, as training was held during the busy time of year
- Barrier: SCFHP concluded member communication has minimal return on investment
- Barrier: Providers are not using the American Academy of Pediatrics periodicity schedule for preventive care
- Barrier: Adolescents are not seeking preventive health care

**Western Health Advantage: Improving Access To and Quality of Adolescent Well-Care Visits (SWC)**

***Relevance:***

- Twenty-five percent of the Western Health Advantage (WHA) member population is within the adolescent age range. During 2002, WHA's adolescent well-care visit rate was 37.2 percent, creating an opportunity for improvement.

***Goal:***

- Achieve 47.9 percent on the HEDIS Adolescent Well-Care Visits indicator by 2006

***Best Interventions:***

- Met with family practices and pediatric clinics for review and discussion of activities pertaining to adolescent report of health visit survey results and distributed materials including posters and toolkits
- Mailed birthday cards to members with reminders to schedule yearly well-care visits and immunizations



***Outcomes:***

- HEDIS Adolescent Well-Care Visits:
  - ◊ 2003: 37.23%
  - ◊ 2004: 31.14%
  - ◊ 2005: 38.20%
  - ◊ 2006: 30.90%

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

- Attribute: Rates reveal a cyclical trend with adolescents seeking well-care visits every two years
- Barrier: Perception that adolescents do not need annual well-care visits
- Barrier: Providers unfamiliar with current well-care visit recommendations