



Medi-Cal Managed Care Division

state of california



**Medi-Cal Managed Care
External Quality Review Organization**

**Quality Improvement Projects Report
1st Quarter 2008**

Submitted by
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Quarterly Status Report Validation of Quality Improvement Projects

Status of Quality Improvement Projects (QIPs)

Medi-Cal managed care plans submitted five projects to Delmarva in the first quarter of 2008, the period of January 1 – March 31, 2008. Validations were completed for all five projects received during the quarter, plus an additional five that were submitted during the fourth quarter of 2007. In total, 10 projects were reviewed.

QIP Reporting

Of the 10 QIP projects reviewed during the period, nine of the projects were proposals and one was an annual submission. Three projects were Internal QIPs (IQIPs), and seven were Statewide Collaborative (SWC) QIPs. The topics for the 10 projects reviewed are shown below.

Table I. QIP Topics for Submissions January – March 2008

Plan	Project Name	Year	Status	Improvement Achieved
Alameda Alliance for Health	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006	Validation completed	Not applicable (baseline)
Anthem Blue Cross	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006	Validation completed	Not applicable (baseline)
CalOptima	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006	Validation completed	Not applicable (baseline)
Community Health Group	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006	Validation completed	Not applicable (baseline)
Inland Empire Health Plan	Decreasing Antibiotic Overuse in the Treatment of Children with Upper Respiratory Infections (IQIP)	Proposal Baseline 2005 Remeasurement 1	Validation completed	Not applicable (remeasurement 1 is not comparable to baseline due to error in HEDIS® source code)

Plan	Project Name	Year	Status	Improvement Achieved
Kaiser Permanente (Sacramento)	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006	Validation completed	Not applicable (baseline)
Kaiser Permanente (San Diego)	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006	Validation completed	Not applicable (baseline)
Kern Family Health Plan	Avoidable Emergency Room Visits (SWC)	Proposal Baseline 2006	Validation completed	Not applicable (baseline)
Santa Clara Family Health Plan	Adolescent Obesity Prevention (IQIP)	Proposal Baseline 2007	Validation completed	Not applicable (proposal)
Western Health Advantage	Improving the Timeliness of Prenatal and Postpartum Care (IQIP)	Annual Baseline 2006 Remeasurement 2	Validation completed	Not applicable (remeasurement 2 is not comparable to previous measurements due to error in HEDIS® source code)

Overall Strengths and Opportunities - All Projects

Improvement is assessed by reviewing project indicator outcomes and comparing a plan's remeasurement data to the baseline. The level of improvement documented by plans 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

The majority of health plans submitting QIPs during this period submitted project proposals that included baseline data only. There were two project submissions with remeasurement data; however, data was not comparable to baseline due to errors in the Healthcare Effectiveness Information and Data Set (HEDIS®) source code. Specifically, the health plans identified errors in data collection procedures. As a result, the plans' level of improvement cannot be assessed at this time. Table II below summarizes project status.

Table II. QIP Improvements January– March 2008

Plan and Project Name	Substantial Improvement	Minimal Improvement	No Improvement
Alameda Alliance for Health: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Anthem Blue Cross: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
CalOptima: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Community Health Group: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Inland Empire Health Plan: Decreasing Antibiotic Overuse in the Treatment of Children with Upper Respiratory Infections (IQIP)	Not applicable (remeasurement 1 is not comparable to baseline due to error in HEDIS® source code)	Not applicable (remeasurement 1 is not comparable to baseline due to error in HEDIS® source code)	Not applicable (remeasurement 1 is not comparable to baseline due to error in HEDIS® source code)
Kaiser Permanente (Sacramento): Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Kaiser Permanente (San Diego): Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)

Plan and Project Name	Substantial Improvement	Minimal Improvement	No Improvement
Kern Family Health Plan: Avoidable Emergency Room Visits (SWC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Santa Clara Family Health Plan: Adolescent Obesity Prevention (IQIP)	Not applicable (proposal)	Not applicable (proposal)	Not applicable (proposal)
Western Health Advantage: Improving the Timeliness of Prenatal and Postpartum Care (IQIP)	Not applicable (remeasurement 2 is not comparable to previous measurements due to error in HEDIS® source code)	Not applicable (remeasurement 2 is not comparable to previous measurements due to error in HEDIS® source code)	Not applicable (remeasurement 2 is not comparable to previous measurements due to error in HEDIS® source code)

Recommendations

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, also addressing how they will overcome the barriers may be a more effective way for plans to develop improvement strategies and will allow the reviewer to track the decrease in barriers over time.

Maintaining gains in improvement is an opportunity. A health plan may benefit by documenting its plan for sustainability of improvement in its QIP report.

To promote the spread of successful interventions, when improvement has been sustained, DHCS should consider promoting a “Best Practices” forum to enhance plans’ knowledge of effective interventions and methodology for sustaining improvement.

Plan-Specific Recommendations

Inland Empire did not originally report an error in the HEDIS® source code that impacted baseline data. After requesting an explanation for improvement (baseline compared to remeasurement 1), the error was reported. Changes in methodology or reporting errors should be addressed in project submissions.

Without this documentation, results can be misleading.

Due to coding errors, a couple of plans were unable to compare remeasurement data to baseline data.

Plans should guard against coding errors, as they impact QIP progress.

Some plans participating in the Avoidable Emergency Room Visits Statewide Collaborative had to be prompted to select indicator goals. One plan, in particular, selected goals that had already been achieved with baseline measurement. Plans are encouraged to select ambitious long-range goals; they should be striving for maximum improvement.

The following Appendix contains a summary of each QIP reviewed and validated during the first quarter of 2008.

Appendix

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

Relevance:

- Alameda Alliance for Health is participating in the Statewide ER Collaborative. In 2006, 59.64 percent of the plan's ER visits were identified as avoidable.

Goals:

- Decrease the HEDIS® ER visits indicator by five percent by remeasurement 2
- Decrease avoidable ER visits by 10 percent by remeasurement 2

Best Interventions:

- Interventions are being developed

Outcomes:

- HEDIS® rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 65.45 visits per 1,000 member months (Baseline)
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 59.64% (Baseline)

Attributes/Barriers to Outcomes:

- Not applicable; proposal submission

Anthem Blue Cross: Avoidable Emergency Room (ER) Visits (SWC)

Relevance:

- In 2006, 15.37 percent of Anthem Blue Cross' ER visits were considered avoidable. The plan's project is "designed to reduce non-emergency ER visits and assist members in establishing a medical home with their primary care physician".

Goals:

- Decrease the rate of members seen in the ER to 33 visits per 1,000 member months by remeasurement 2
- Decrease avoidable ER visits by 10 percent by remeasurement 2

Best Interventions:

- Interventions are being developed

Outcomes:

- HEDIS® rate of members seen in the ER (per 1,000 member months):
 - ◊ Plan-wide 2006: 35.28 visits per 1,000 member months (Baseline)
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ Plan-wide 2006: 15.37% (Baseline)

Attributes/Barriers to Outcomes:

- Not applicable; proposal submission

CalOptima: Avoidable Emergency Room (ER) Visits (SWC)

Relevance:

- CalOptima is participating in the Statewide ER Collaborative. In 2006, 18.02 percent of the plan's ER visits were identified as avoidable.

Goals:

- Decrease the rate of members seen in the ER to 31 visits per 1,000 member months by remeasurement 1
- Decrease avoidable ER visits by five percent by remeasurement 1

Best Interventions:

- Interventions are being developed

Outcomes:

- HEDIS® rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 33.89 visits per 1,000 member months (Baseline)
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 18.02% (Baseline)

Attributes/Barriers to Outcomes:

- Not applicable; proposal submission

Community Health Group: Avoidable Emergency Room (ER) Visits (SWC)

Relevance:

- In 2006, Community Health Group had 28.7 ER visits per 1,000 member months. The plan's top three diagnoses for emergency room care which did not result in a hospitalization included: vomiting, fever, and earache; all three diagnoses are related to avoidable ER visits.

Goals:

- Decrease the rate of members seen in the ER to 25 visits per 1,000 member months by remeasurement 1
- Decrease avoidable ER visits to five percent by remeasurement 1

Best Interventions:

- Interventions are being developed

Outcomes:

- HEDIS® rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 28.7 visits per 1,000 member months (Baseline)
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 6.87% (Baseline)

Attributes/Barriers to Outcomes:

- Not applicable; proposal submission

Inland Empire Health Plan: Decreasing Antibiotic Overuse in the Treatment of Children with Upper Respiratory Infections (IQIP)

Relevance:

- A 15.3 percent increase in antibiotic utilization was noted in 2005, when compared to the previous year. Antibiotics were identified as the most utilized therapeutic class of drugs for Inland Empire.

Goal:

- Achieve a rate of 82.67 percent for the HEDIS® indicator, Appropriate Treatment for Children With Upper Respiratory Infection (URI), by remeasurement 2

Best Interventions:

- Provider profiles outlining prescribing patterns for URIs were distributed to practitioners
- In lieu of antibiotic prescriptions, “Cough & Cold” kits were distributed to children during clinic visits to reassure parents regarding appropriate treatment of coughs and colds and when antibiotics are indicated.

Outcomes:

- HEDIS® rate of Appropriate Treatment for Children With Upper Respiratory Infection:
 - ◊ 2005: 58.67%
 - ◊ 2006: 73.04% *Remeasurement 1 is not comparable to baseline data due to an identified error in the HEDIS® source code.

Attributes/Barriers to Outcomes:

- Barrier: Baseline data is not relevant due to an error in HEDIS® source code discovered in data collection procedures.

Kaiser Permanente (Sacramento): Avoidable Emergency Room (ER) Visits (SWC)

Relevance:

- Kaiser (Sacramento) is participating in the Statewide ER Collaborative. In 2006, the plan had 38.0 ER visits per 1,000 member months. During that time period, 7.6 percent of visits were considered avoidable.

Goals:

- Decrease the rate of members seen in the ER to 33.6 visits per 1,000 member months by remeasurement 1
- Decrease avoidable ER visits by three percent by remeasurement 1

Best Interventions:

- Interventions are being developed

Outcomes:

- HEDIS® rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 38.0 visits per 1,000 member months (Baseline)

- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 7.6% (Baseline)

Attributes/Barriers to Outcomes:

- Not applicable; proposal submission

Kaiser Permanente (San Diego): Avoidable Emergency Room (ER) Visits (SWC)

Relevance:

- Kaiser (San Diego) had a rate of 50 ER visits per 1,000 member months in 2006. To support the need for the project, the plan referenced a study conducted by Yolo County Health Department that determined Medi-Cal pediatric members primarily seek care in the ER due to lack of available appointments in urgent care.

Goals:

- Decrease the rate of members seen in the ER to 48.1 visits per 1,000 member months by remeasurement 1
- Decrease avoidable ER visits by three percent by remeasurement 1

Best Interventions:

- Interventions are being developed

Outcomes:

- HEDIS® rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 50.0 visits per 1,000 member months (Baseline)
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 7.6% (Baseline)

Attributes/Barriers to Outcomes:

- Not applicable; proposal submission

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

Relevance:

- Kern Family Health Plan stated, “ERs in Kern County are frequently overcrowded and a reduction in avoidable visits to the ER would benefit members, providers, and the health plan”. In 2006, 13.4 percent of ER visits were considered avoidable.

Goals:

- Decrease the HEDIS® ER visits indicator by five percent by remeasurement 2
- Decrease avoidable ER visits by 10 percent by remeasurement 2

Best Interventions:

- Interventions are being developed

Outcomes:

- HEDIS® rate of members seen in the ER (per 1,000 member months):
 - ◊ 2006: 41.18 visits per 1,000 member months (Baseline)
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006: 13.4% (Baseline)

Attributes/Barriers to Outcomes:

- Not applicable; proposal submission

Santa Clara Family Health Plan: Adolescent Obesity Prevention (IQIP)

Relevance:

- In 2007, 424 medical records were reviewed and results indicated that 19 percent of Santa Clara's adolescents were at risk for obesity and 28 percent were obese. Adolescents comprise 21 percent of the plan's Medi-Cal managed care population.

Goals:

- Achieve 70-80 percent compliance for the rate of adolescent members 12-18 years of age with BMI documented in their health records by remeasurement 2
- Achieve 70-80 percent compliance for the rate of adolescent members 12-18 years of age with counseling and/or referral on healthy lifestyles, nutrition, and/or weight management documented in their health records by remeasurement 2

Best Interventions:

- Interventions are being developed

Outcomes:

- Rate of adolescent members 12-18 years of age with BMI documented in their health records:
 - ◊ Baseline rates have not been reported (baseline data year is 2007)
- Rate of adolescent members 12-18 years of age with counseling and/or referral on healthy lifestyles, nutrition, and/or weight management documented in their health records:
 - ◊ Baseline rates have not been reported (baseline data year is 2007)

Attributes/Barriers to Outcomes:

- Not applicable; proposal submission

Western Health Advantage: Improving the Timeliness of Prenatal and Postpartum Care (IQIP)

Relevance:

- Western Health Advantage indicated that women of childbearing age comprise approximately half of its female population. In 2001, Sacramento County's percent of births with late entry into prenatal care was higher than California's rate, 19.3 percent compared to 16.1 percent.

Goals:

- Achieve 74.21 percent for the HEDIS® Timeliness of Prenatal Care indicator by remeasurement 3
- Achieve 49.72 percent for the HEDIS® Postpartum Care indicator by remeasurement 3

Best Interventions:

- Annual collaborative meetings are held to review HEDIS rates and discuss barriers and opportunities
- The plan mailed literature encouraging prenatal care to women of child bearing age
- An incentive gift offer was initiated to encourage women to keep their postpartum appointments

Outcomes:

- HEDIS® Prenatal and Postpartum Care - Timeliness of Prenatal Care:
 - ◊ 2004: 67.72%
 - ◊ 2005: 66.67%
 - ◊ 2006: 56.44% *Due to a coding error, results are not accurate and were not reportable for HEDIS®.
- HEDIS® Prenatal and Postpartum Care - Timeliness of Postpartum Care:
 - ◊ 2004: 44.09%
 - ◊ 2005: 50.00%
 - ◊ 2006: 35.98% *Due to a coding error, results are not accurate and were not reportable for HEDIS®.

Attributes/Barriers to Outcomes:

- Barrier: A coding error resulted in inaccurate rates; results were not reported for HEDIS®.