



*Medi-Cal Managed Care Division*

# *state of california*



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

**Quality Improvement Projects Report  
2nd Quarter 2008**

*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 eight projects to Delmarva in the second quarter of 2008, the period of April 1 – June 30, 2008. Validations were completed for all eight projects received during the quarter.

### QIP Reporting

Of the eight QIP projects reviewed during the period, three of the projects were proposals, three were annual submissions, and two were close outs. Five projects were Internal QIPs (IQIPs), and three were Small Group Collaborative (SGC) QIPs. The topics for the eight projects reviewed are shown below.

Table I. QIP Topics for Submissions April – June 2008

Plan	Project Name	Year	Status	Improvement Achieved
Alameda Alliance for Health	Improving Asthma Outcomes by the Use of Asthma Tools (IQIP)	Close Out Baseline 2005	Validation completed	No
Central Coast Alliance for Health	Improving the Effectiveness of Complex Case Management (IQIP)	Proposal Baseline 2007	Validation completed	Not applicable
Community Health Group	Increasing Screens for Postpartum Depression (IQIP)	Proposal Baseline 2007	Validation completed	Not applicable
Health Plan of San Mateo	Increasing Cervical Cancer Screening (IQIP)	Proposal Baseline 2006	Validation completed	Not applicable
Kaiser Permanente (Sacramento)	Decreasing ED and Hospital Utilization Rates for Chronic Asthmatics (IQIP)	Close Out Baseline 2002 Remeasurement 5	Validation completed	Yes
Molina Healthcare of California (Riverside/San Bernardino)	Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)	Annual Baseline 2006	Validation completed	Not applicable

Plan	Project Name	Year	Status	Improvement Achieved
Molina Healthcare of California (Sacramento)	Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)	Annual Baseline 2006	Validation completed	Not applicable
Molina Healthcare of California (San Diego)	Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)	Annual Baseline 2006	Validation completed	Not applicable

## 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

During the second quarter of 2008, only one health plan submitted remeasurement data. The level of improvement could not be assessed for the majority of projects, as plans submitted proposals or projects that included only baseline data. Table II below summarizes project status.

Table II. QIP Improvements April – June 2008

Plan and Project Name	Substantial Improvement	Minimal Improvement	No Improvement
Alameda Alliance for Health: Improving Asthma Outcomes by the Use of Asthma Tools (IQIP)	No	No	No new data was reported. See appendix for additional detail.
Central Coast Alliance for Health: Improving the Effectiveness of Complex Case Management (IQIP)	Not applicable (proposal submission)	Not applicable (proposal submission)	Not applicable (proposal submission)
Community Health Group: Increasing Screens for Postpartum Depression (IQIP)	Not applicable (proposal submission)	Not applicable (proposal submission)	Not applicable (proposal submission)
Health Plan of San Mateo: Increasing Cervical Cancer Screening (IQIP)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Kaiser Permanente (Sacramento): Decreasing ED and Hospital Utilization Rates for Chronic Asthmatics (IQIP)	Hospital admissions for asthma exacerbations decreased (improved) by 41 percent when compared to remeasurement 3 (new baseline; see appendix for additional detail).  Emergency department encounters decreased (improved) by 52 percent when compared to remeasurement 3 (new baseline; see	Not applicable	Not applicable

Plan and Project Name	Substantial Improvement	Minimal Improvement	No Improvement
	appendix for additional detail).		
Molina Healthcare of California (Riverside/San Bernardino): Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Molina Healthcare of California (Sacramento): Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)
Molina Healthcare of California (San Diego): Appropriate Treatment for Children with an Upper Respiratory Infection (SGC)	Not applicable (baseline submission)	Not applicable (baseline submission)	Not applicable (baseline submission)

## Recommendations

Delmarva recommends the following strategies as potential adjunctive efforts that may be useful in achieving and sustaining improvement:

### General Recommendations

- Project resubmissions are requested when plans don't include appropriate project rationales. Plans should include plan-specific data that describes why the activity is important to members and/or providers and why there is an opportunity for improvement.
- In lieu of selecting ambitious long-range goals, some health plans are selecting very achievable targets that require little effort to attain. Goals should reflect the desired level of achievement that the plan sets for itself as a standard of care.
- 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 sustaining improvement in its QIP report.

### Plan-Specific Recommendation

- Alameda Alliance discontinued its original asthma study and submitted an appendix with new asthma-related indicators. When a project or indicators are discontinued, plans should consult with DHCS before modifying existing projects or starting new ones.

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

## Appendix

### Alameda Alliance for Health: Improving Asthma Outcomes by the Use of Asthma Tools (IQIP)

➤ **Relevance:**

- Alameda Alliance's survey of clinics indicated that not all staff are comfortable with or familiar with the various methods of asthma medication delivery, resulting in a negative impact on member education. However, survey results also noted staff willingness to learn these medication delivery techniques.

➤ **Goals:**

- Goals were not provided.

➤ **Best Interventions:**

- Trained clinic staff in asthma medication device usage
- Provided asthma educational materials to clinics for patients
- Collaborated and developed asthma-related action plans with practices

➤ **Outcomes:**

- Patients' knowledge of using asthma medications (survey):
  - ◊ 2005: 82.9%
  - ◊ 2006: 76.5%
  - ◊ 2007: No survey administered
- Use of asthma action plan (survey):
  - ◊ 2005: 41.6%
  - ◊ 2006: 35.8%
  - ◊ 2007: No survey administered
- Patients missing school or day care because of asthma (survey):
  - ◊ 2005: 41.6%
  - ◊ 2006: 54.1%
  - ◊ 2007: No survey administered

➤ **Attributes/Barriers to Outcomes:**

- Comment: In the 2008 project submission, Alameda Alliance stated that no survey data was collected for the 2007 remeasurement period. In lieu of submitting survey data for the remeasurement period, an appendix was submitted with *new* asthma-related measures. As a result of the plan's actions and project status, the current asthma project was closed out, and the plan was advised to submit a proposal using the newly identified asthma measures.

### Central Coast Alliance for Health: Improving the Effectiveness of Complex Case Management (IQIP)

➤ **Relevance:**

- Central Coast Alliance for Health (CCAH) focused its QIP on complex case management and specifically targeted diabetes and congestive heart failure (CHF). In calendar year 2006, there were over 500 admissions with a diagnosis of diabetes, with a net cost of almost \$4 million. Based on administrative data (6/06-5/07), CHF yielded the third highest cost per member.

➤ **Goals:**

- Reduce hospital admissions for uncontrolled diabetes by five percent by remeasurement 1
- Reduce hospital admissions for CHF by five percent by remeasurement 1

➤ **Best Interventions:**

- A multidisciplinary team has been established to work on the QIP.
- Interventions are being developed.

➤ **Outcomes:**

- Hospital admissions for uncontrolled diabetes:
  - ◊ Baseline data not submitted (proposal only)
- Hospital admissions for CHF:
  - ◊ Baseline data not submitted (proposal only)

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

### Community Health Group: Increasing Screens for Postpartum Depression (IQIP)

➤ **Relevance:**

- In 2006, only 55 percent of Community Health Group (CHG) postpartum mothers were screened for depression.

➤ **Goals:**

- Increase postpartum depression screening rate to 60 percent by remeasurement 1
- Increase utilization of screening tool during postpartum depression screening to 50 percent by remeasurement 1

➤ **Best Interventions:**

- Interventions are being developed.

➤ **Outcomes:**

- Rate of members screened for postpartum depression during postpartum visits:
  - ◊ Baseline data not submitted (proposal only)
- Rate of members screened for postpartum depression utilizing a screening tool:
  - ◊ Baseline data not submitted (proposal only)

➤ **Attributes/Barriers to Outcomes:**

- Not applicable; proposal submission

**Health Plan of San Mateo: Increasing Cervical Cancer Screening (IQIP)**

➤ **Relevance:**

- In 2006, Health Plan of San Mateo's (HPSM's) Healthcare Effectiveness Information and Data Set (HEDIS®) Cervical Cancer Screening rate was 55 percent, below the national Medicaid 25<sup>th</sup> percentile of 58.6 percent.

➤ **Goal:**

- Increase the HEDIS® Cervical Cancer Screening rate to 58.6 percent by remeasurement 1

➤ **Best Interventions:**

- The plan formed a subcommittee of internal staff and provider champions from the community to discuss barriers impacting a low cervical cancer screening rate and interventions aimed at improving the rate.
- A *Living Healthy* women's program was created and includes member education and incentives. A health promotion specialist tracks member cervical screenings and follows up as needed.

➤ **Outcomes:**

- HEDIS® Cervical Cancer Screening rate:
  - ◊ 2006: 55.0% (baseline)

➤ **Attributes/Barriers to Outcomes:**

- Barrier: HPSM discovered that many women who had not received a pap test in the past three years were developmentally disabled, living in a sheltered environment at home, and noted to have never been sexually active. Many of these women cannot even undergo a cervical cancer screening unless they are sedated. HPSM brought this issue to the attention of the National Committee for Quality Assurance (NCQA) and the Centers for Medicare and Medicaid Services (CMS). NCQA has agreed to consider making a change to specifications the next time the measure comes up for review. When the plan excludes these members, its cervical cancer screening rate is approximately 67 percent, compared to the reported rate of 55 percent.

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

➤ **Relevance:**

- Kaiser Permanente (Sacramento) indicated that asthma is among its top 20 diagnoses for ambulatory visits, emergency department visits, and inpatient admissions.

➤ **Goals:**

- Reduce hospital admissions due to asthma exacerbations to 34 per 1,000 members by remeasurement 5

- Reduce emergency room encounters due to asthma exacerbations to 194 per 1,000 members by remeasurement 5.

➤ **Best Interventions:**

- Kaiser (Sacramento) implemented Chronic Care and Specialized Care programs that reach out to asthmatic members and assist with disease management.
- Electronic medical records and revised software assisted with monitoring and coordinating care of asthmatics.

➤ **Outcomes:**

- Hospital admissions for asthma exacerbation diagnosis:
  - ◊ 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 - The plan developed measure follows the HEDIS® persistent asthma definition.
  - ◊ 2006: 34.2 admissions per 1,000 members
  - ◊ 2007: 26.5 admissions per 1,000 members
- Emergency room encounters for asthma exacerbation diagnosis:
  - ◊ 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 - The plan developed measure follows the HEDIS® persistent asthma definition.
  - ◊ 2006: 193.7 encounters per 1,000 members
  - ◊ 2007: 108.6 encounters per 1,000 members

➤ **Attributes/Barriers to Outcomes:**

- Attribute: Kaiser (Sacramento) achieved significant and sustained improvement in both project indicators.

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

➤ **Relevance:**

- According to the National Center for Health Statistics, approximately 75.0 percent of all outpatient prescriptions for antimicrobial (antibiotic) medications have been issued for five conditions: otitis media (ear infection), sinusitis, bronchitis, pharyngitis (sore throat), or non-specific upper respiratory tract infections. The rates of antimicrobial drug use are highest in children. Children age 19 years or less comprise 75.8 percent of Molina's Medi-Cal population in Riverside and San Bernardino counties. Molina's HEDIS® rate for the upper respiratory infection (URI) measure in pediatrics in

2006 was 74.1 percent, below the Medi-Cal Managed Care minimum performance level of 76.9 percent.

➤ **Goals:**

- Decrease the rate of pediatric providers prescribing an antibiotic for a URI to 4.8 percent by remeasurement 1
- Increase the HEDIS® Appropriate Treatment for Children With Upper Respiratory Infection rate to 78.4 by remeasurement 1

➤ **Best Interventions:**

- Molina updated URI clinical guidelines and held a CME event for providers
- The plan mailed letters to providers who inappropriately treat URIs

➤ **Outcomes:**

- Percentage of pediatric providers prescribing an antibiotic for a URI for a member under 19 years of age:
  - ◊ 1/07-6/07: 7.3%
  - ◊ 7/07-12/07: 10.1%
- HEDIS® Appropriate Treatment for Children With Upper Respiratory Infection rate:
  - ◊ 2006: 70.9% (Baseline)

➤ **Attributes/Barriers to Outcomes:**

- Attribute: Molina completed an analysis based on ethnicity and noted that Hispanic members were most frequently prescribed an antibiotic for URI. In CY 2007, Hispanic members accounted for 60-74 percent of all members prescribed an antibiotic for a URI.

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

➤ **Relevance:**

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

➤ **Goals:**

- Decrease the rate of pediatric providers prescribing an antibiotic for a URI to 0.7 percent by remeasurement 1
- Increase the HEDIS® Appropriate Treatment for Children With Upper Respiratory Infection rate to 89.6 by remeasurement 1

➤ **Best Interventions:**

- Molina updated URI clinical guidelines and held a CME event for providers
- The plan mailed letters to providers who inappropriately treat URIs

➤ **Outcomes:**

- Percentage of pediatric providers prescribing an antibiotic for a URI for a member under 19 years of age:
  - ◊ 1/07-6/07: 5.4%
  - ◊ 7/07-12/07: 2.5%
- HEDIS® Appropriate Treatment for Children With Upper Respiratory Infection rate:
  - ◊ 2006: 88.2% (Baseline)

➤ **Attributes/Barriers to Outcomes:**

- Attribute: Molina completed an analysis based on ethnicity and noted that Hispanic members were most frequently prescribed an antibiotic for URI. In CY 2007, Hispanic members accounted for 60-74 percent of all members prescribed an antibiotic for a URI.

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

➤ **Relevance:**

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

➤ **Goals:**

- Decrease the rate of pediatric providers prescribing an antibiotic for a URI to 3.1 percent by remeasurement 1
- Increase the HEDIS® Appropriate Treatment for Children With Upper Respiratory Infection rate to 88.9 by remeasurement 1

➤ **Best Interventions:**

- Molina updated URI clinical guidelines and held a CME event for providers
- The plan mailed letters to providers who inappropriately treat URIs

➤ **Outcomes:**

- Percentage of pediatric providers prescribing an antibiotic for a URI for a member under 19 years of age:
  - ◊ 1/07-6/07: 5.6%
  - ◊ 7/07-12/07: 4.0%

- HEDIS® Appropriate Treatment for Children With Upper Respiratory Infection rate:
  - ◊ 2006: 87.8% (Baseline)

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

Attribute: Molina completed an analysis based on ethnicity and noted that Hispanic members were most frequently prescribed an antibiotic for URI. In CY 2007, Hispanic members accounted for 60-74 percent of all members prescribed an antibiotic for a URI.