

DHCS Strategy for Quality Improvement in Health Care



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Introduction

The vision of the California Department of Health Care Services (DHCS) is to preserve and improve the physical and mental health of all Californians. In alignment with this vision, the Department is committed to continual improvement in population health and health care in all departmental programs. The *DHCS Strategy for Quality Improvement in Health Care, 2014 (Quality Strategy)* provides a blueprint to advance this commitment by highlighting the goals, priorities, guiding principles, and specific programs that advance population health and high-quality health care. This is the third version of the *Quality Strategy*, which is updated annually. In addition to outlining specific Quality Improvement (QI) projects, the *Quality Strategy* identifies important policy and program areas in development that address essential needs of the populations served by DHCS.

Please refer to the [*DHCS Strategy for Quality Improvement in Health Care, 2012*](#) and the [*DHCS Strategy for Quality Improvement in Health Care, 2013*](#) for historical perspective.

This is a time of rapid transformation for the health care system in California. Currently, the Department is enlisting broad stakeholder input to develop a new 1115 Medicaid Waiver, which would enable new approaches to financing and health care delivery design.

The 2014 *Quality Strategy* has been developed to align with innovative state initiatives as well as the *National Strategy for Quality Improvement in Health Care* (see Appendix A). Such alignment will accelerate progress by enabling partners and stakeholders to efficiently focus on the same priorities.

The 2013 *Quality Strategy* was recognized in the 2014 Annual Progress Report to Congress on the *National Strategy for Quality Improvement in Health Care* for:

- 1) Setting clear targets for quality improvement in multiple priority areas;
- 2) Emphasizing high quality and clinical outcomes;
- 3) Engaging in an extensive and broad stakeholder process; and
- 4) Tailoring to fit the needs of California's diverse population.

Three Linked Goals

The DHCS *Quality Strategy* is anchored by three linked goals:

- 1) Improve the health of all Californians;
- 2) Enhance quality, including the patient care experience, in all DHCS programs; and
- 3) Reduce the Department's per capita health care program costs.

The three linked goals are integral to the development, implementation, and ongoing updates of the *Quality Strategy*.

Seven Priorities

The seven priorities of the *Quality Strategy* are to:

- 1) Improve patient safety;
- 2) Deliver effective, efficient, affordable care;
- 3) Engage persons and families in their health;
- 4) Enhance communication and coordination of care;
- 5) Advance prevention;
- 6) Foster healthy communities; and
- 7) Eliminate health disparities.

These seven priorities of the *Quality Strategy* are not in priority order. Instead, all are viewed as critical to drive QI system-wide.



Building a Culture of Quality

Growing and nurturing a culture of quality is paramount to meeting the goals of the *Quality Strategy*, as well as the DHCS [Strategic Plan](#). The Department continues to embrace a continuous improvement philosophy throughout the organization. This culture of quality values teamwork, evidence-based practice and innovation, ongoing measurement and analysis, and QI training and education. Following is a sample of activities the Department is supporting to advance a culture of quality:

- **Kaizen Group:** The Kaizen Group was created in 2012 to bring DHCS executive management and staff together who have an interest in promoting QI and initiating projects to advance the three linked goals. Early on, a particular emphasis was placed on streamlining administrative functions and business processes since almost all of these directly or indirectly impact the delivery of services and, ultimately, health outcomes. A key component of the group has been the establishment of Quality Circles—small teams working together to improve efficiency and effectiveness in a variety of critical organizational operations.
- **QI training:** Many forms of QI education and training are implemented throughout the Department to equip staff with the skills they need to advance quality system-wide. For example:
 - » The Office of Workforce Planning and Development coordinates a full-day training on Lean methodologies to improve business processes in government;
 - » The Medi-Cal Adult Quality Care Improvement Initiative is providing training on the core principles of QI and a longitudinal course in the application of QI methodology among a cross-section of DHCS clinicians and staff, who are working to improve diabetes and maternal care in Medi-Cal; and
 - » DHCS hosts a monthly learning series, journal club, and book club to foster scientific and policy dialogue and to inspire innovation in health care quality.

- **Medi-Cal Managed Care Plan QI:** DHCS contracts with 23 full-scope Medi-Cal Managed Care Plans (MCPs) and three specialty health plans to provide health care services to nearly 11 million Medi-Cal members in all 58 California counties. The Medi-Cal Managed Care Program produces an annual quality strategy report, which evaluates the performance of MCPs, lists measurable objectives for key quality indicators, describes changes in service delivery and contractual standards, and outlines enhancements in DHCS oversight and monitoring of MCPs to advance quality in health care.

In 2015, the MCPs, in collaboration with DHCS, will focus their QI efforts in three important areas: 1) maternal and child health (i.e., timely postpartum care and immunizations of 2-year-old children); 2) chronic disease management (i.e., hypertension control and diabetes care); and 3) tobacco cessation. DHCS also convenes a QI Learning Collaborative with MCPs, with subgroups on postpartum care, diabetes care, and controlling hypertension (in coordination with the Million Hearts Initiative®). To learn more, please email MMCDHealthEducationMailbox@dhcs.ca.gov.

- **County Mental Health Plan QI:** In California, more than four million people have mental health care needs. Of those, one million adults have severe mental illness and approximately 714,000 children have what qualifies as serious emotional disturbances. There are 56 county Mental Health Plans (MHPs) that operate under contract with DHCS. The shared goal is to strengthen the structure and processes of mental health delivery systems and to share and implement successful and cost-effective practices among MHPs. Strategies will specifically focus on partnering, educating, and training MHPs and their providers on removing barriers to access mental health services.



- **Medicaid Information Technology Architecture Initiative:** The Medicaid Information Technology Architecture (MITA) Initiative has provided DHCS with a framework to continue to embrace the culture of quality. With its emphasis on continuous improvement to advance maturity and streamline business processes, the MITA Initiative provides annual updates and monitoring of our progress. Additionally, DHCS is designating business champions to lead transformative change that drive MITA maturity and quality improvements throughout the organization.
[Please visit the MITA website for more information.](#)
- **QI maturity survey:** In January 2014, DHCS used an organizational QI maturity survey developed by the Minnesota Public Health Research to Action Network to measure the culture of quality, QI capacity and competency, and QI alignment and spread.

Survey respondents reported that key decision-makers at DHCS believe QI is very important and they were aware of the QI plan. Respondents also noted there is a need for: training in basic methods for evaluating and improving quality; increasing capacity to engage in QI efforts; incorporating specific responsibilities related to measuring and improving quality in job descriptions; and routine use of customer satisfaction information to improve programs and services. The QI maturity survey will be administered annually to identify and address challenges and successes in promoting a culture of quality at DHCS.



Advancing Quality Improvement

Table 1 provides a high-level synthesis of current QI activities within DHCS and throughout the Medi-Cal delivery system. QI activities were categorized using the seven priorities within the *Quality Strategy* to provide a very general representation of the distribution of resources. Table 1 also captures QI activities currently under development. Many of these activities will become formal QI projects or be advanced in policy initiatives over the next one to three years. Some of these activities have a well-defined problem and intervention plan, but may require additional components such as increased data collection and analytic capacity, augmented infrastructure and funding, or, perhaps, changes in law or policy prior to being launched as formal QI projects.

A major area of expanded activity in the coming year will be Priority 3, *Engaging Persons and Families in their Health*. The Department will work closely with stakeholders to develop additional strategies and metrics to advance this priority. As one example, the Office of the Medical Director engaged in initial planning with the Center for Healthcare Decisions to determine how members, patients and families can help advance the *Choosing Wisely* campaign. *Choosing Wisely* is a national effort to advance quality and efficiency in health care.



Table 1

Priority 1: Improve Patient Safety

Payment Adjustment for Provider-Preventable Complications, including Health Care-Acquired Conditions: Vascular Catheter-Associated/Central Line-Associated Bloodstream Infections in Neonatal Intensive Care Units/Pediatric Intensive Care Units:

Implement best practices of central line insertion and maintenance resulting in a decrease in preventable infections, improvement in clinical outcomes, decreased length of stay, and decreased cost.

Improve Psychotropic Medication Use for Children and Youth in Foster Care: Achieve improved psychotropic medication use for children and youth in foster care by: 1) reducing the rate of antipsychotic polypharmacy; 2) improving the antipsychotic dose prescribed to be within the recommended guidelines; and 3) improving the monitoring of metabolic risk associated with the use of antipsychotics.

Maternal Health QI Project, Adult Medicaid Quality Grant: Improve rates of timely postpartum care among Medi-Cal members and in California.

Reduce Provider-Preventable Conditions and Potentially Preventable Events System-wide: Reduce conditions and events such as: a foreign object retained after surgery, advanced pressure ulcers, falls and trauma, and surgical site infections. Also includes surgical events that involve the wrong procedure, wrong site, and/or the wrong patient.

Reduce Opioid Overdose (Under Development): Collect and analyze data and information to characterize the nature and magnitude of the opioid overdose problem and develop effective policies and programs to reduce the adverse impact of opioids. Develop educational and other interventions for Medi-Cal members in the areas of misuse/abuse and proper storage/disposal. In addition, coordinate DHCS activities to optimize effectiveness and efficiency.

Table 1

Priority 2: Deliver Effective, Efficient, Affordable Care

Managed Care Statewide Collaborative-All-Cause Readmissions: Plans reduce the number of all-cause readmissions within 30 days of an acute inpatient discharge for members 21 years and older.

Improve Care Provided by MCPs: Plans engage in plan-specific QI Program(s), such as: diabetes care, prenatal/postpartum care, immunization, hypertension control, and medication management for asthma. [Please request the Medi-Cal Managed Care Quality Strategy Report for further information.](#)

Delivery System Reform Incentive Payments (DSRIP) Program: Support California's designated public hospitals in achieving large-scale improvements in quality of care and health through system transformation. Please view the [DSRIP website](#) for further information.

Cal MediConnect: 1) Transition seniors and persons with disabilities into Medi-Cal Managed Care; 2) coordinate Medicare and Medi-Cal benefits across care settings; 3) maximize the ability of dually eligible individuals to remain in their homes and communities with appropriate services and supports in lieu of institutional care; and 4) minimize or eliminate cost-shifting between Medicare and Medicaid.

Dental QI Project: Improve performance by dental MCPs on several dental quality measures over a one-year period, including: 1) annual dental visit; 2) continuity of care; 3) use of preventive services; 4) use of sealants; 5) treatment and prevention of caries; 6) exams/oral health evaluation; 7) overall utilization of dental services; and 8) usual source of care.

Deliver Effective, Efficient, Affordable Care

California Children’s Services (CCS)/California Perinatal Quality Care Collaborative (CPQCC) High Risk Infant Follow-up (HRIF) Quality Care Initiative: 1) Identify infants who might develop CCS-eligible conditions after discharge from a CCS-approved Neonatal Intensive Care Unit; and 2) improve the neurodevelopmental outcomes of infants served by CCS HRIF Programs through collaboration between Centers for Medicare and Medicaid Services (CMS)/CCS and the CPQCC.

Pediatric Palliative Care Waiver: Provide care coordination and supportive pediatric palliative care services to medically fragile CCS members, while minimizing the use of institutions, especially hospitals.

HIV/AIDS Waiver: Provide services that allow persons with mid-to-late-stage HIV/AIDS to remain in their homes, rather than hospitals or nursing facilities, by providing a continuum of care, resulting in improved quality of life and the stabilization and maintenance of optimal health.

Home and Community-Based Services Waiver for Californians with Developmental Disabilities: Serve Medi-Cal members with developmental disabilities in their own homes and communities as an alternative to placing them in hospitals, nursing facilities, or intermediate care facilities.

DHCS Academy: Improve the knowledge, skills, and abilities of Medi-Cal program managers, senior managers, and executives throughout the Department with an emphasis on Medicaid policy, analytic skills, and leadership.

Deliver Effective, Efficient, Affordable Care

DHCS QI Training, Adult Medicaid Quality Grant: Conduct training for DHCS supervisors, managers and staff on the core principles of QI over a 12-month period and coach staff conducting diabetes management and maternal QI projects through the CMS grant.

Return on Investment Manual: Quantify the value/results of Audits & Investigations by comparing cost recoveries, savings, and avoidance against the resources expended to complete the work.

Fraud Detection and Deterrence: Field Audit Reviews: 1) Ensure Medi-Cal providers are appropriately compensated based on: a) medical necessity; b) appropriateness of care; c) documentation of services rendered; d) qualifications of provider; e) Medi-Cal rules of billing; and f) statutes and regulations; and 2) identify substandard care or behavior that puts patients at risk.

Medi-Cal Payment Error Study: Accurately measure the Medi-Cal paid claims error rate for eight different groups of provider/ service types.

Improve the Accuracy of the Third Party Health Insurance Records in the Medi-Cal Eligibility Data System (MEDS): 1) Improve the accuracy of MEDS Health Insurance System and other health coverage records; and 2) provide verified Medicare/Medi-Cal (duals) eligibility to Medicare Advantage and Medicare Special Needs Plans.

Family Planning, Access, Care, and Treatment (Family PACT) Program QI/Utilization Management Monitoring Activities: 1) Identify inappropriate use of Family PACT services; and 2) identify cost-aversion areas in the Family PACT program.

Deliver Effective, Efficient, Affordable Care

Improve Critical Access Hospitals' (CAHs) Quality Reviews and Service Delivery through Multi-Hospital Benchmarking: 1) Achieve at least 75 percent of CAHs use of the Kansas Hospital Association Foundation's Quality Health Indicators (QHi) for benchmarking and reporting purposes; and 2) demonstrate improvement in at least one QHi per hospital.

CAHs Operational Performance through Support of Onsite Technical Assistance using the Lean Methodology: 1) Support at least 2 CAHs participation in at least one Lean project; and 2) demonstrate improvement in operational QI/Performance Improvement measures.

CAHs Participation in the Medicare Beneficiary QI Project (MBQIP) using Selected Measures from the CMS Hospital Compare (CMSHC) Data Reporting Program:

Engage CAHs in: 1) QI initiatives to improve their patient care across a broad population; 2) reporting to CMSHC to allow for clear benchmarking and identification of best practices; and 3) improve hospital services administration and operations.

Medi-Cal Specialty Mental Health Services for Children and Youth: Develop and implement a Performance Outcome System (POS) for Early and Periodic Screening, Diagnosis, and Treatment of mental health services for eligible children and youth that will improve outcomes at the individual and system levels. The primary objectives of the POS will be to ensure that consistent, high-quality, and fiscally effective services are delivered to children/youth and their families and to improve the functioning in all areas affecting the lives of children and youth. The POS implementation will establish a process for bringing together information from multiple sources in order to better understand the results of Medi-Cal specialty mental health services provided to children and youth for ongoing QI processes and decision-making.

Deliver Effective, Efficient, Affordable Care

Substance Use Disorder (SUD) Treatment Workforce Development: Launch a workforce development initiative that will improve outcomes and the SUD system of care. Components of this initiative include: 1) Conduct a thorough and comprehensive assessment of California’s SUD workforce’s size, composition, and professional capacity designed to guide future workforce development planning and activities; 2) expand existing training and technical assistance services to ensure that the SUD workforce develops capacity in areas that are critical to providing comprehensive and evidence-based SUD treatment; 3) develop strategies to increase compensation for the SUD treatment workforce; 4) implement the Substance Abuse and Mental Health Service Administration (SAMHSA) career ladder for SUD counseling; 5) collaborate with institutions of higher education to increase recruitment and effectively train the SUD workforce; 6) work with SUD providers on a statewide effort of succession planning which has a component of recruitment across age groups, males, and racial/ethnic minorities to create a more diverse SUD workforce; and 7) train medical and mental health professionals working in integrated care settings on the basics of substance use/misuse and its impact on health.

Improve Data Quality and Management to Drive Decision-Making (Under Development): Enhance the quality and flow of data to support robust program evaluation, quality measurement, and drive health care and organizational decision-making.

Reduce Overuse, Misuse, and Waste: Facilitate the use of evidence-based care, which is not duplicative, harmful and is truly necessary through the *Choosing Wisely* campaign.

Deliver Effective, Efficient, Affordable Care

Implement DHCS Kaizen Group Projects to Increase Administrative Efficiency and Effectiveness:

Initiate and implement department-wide projects initiated by the DHCS Kaizen Group, including the following: 1) develop protocols and trainings to streamline and standardize responses to incoming phone calls; 2) develop short videos to highlight prevention strategies and provide “how-to” summaries to perform administrative and program tasks; and 3) investigate and implement systems to streamline and facilitate the tracking of selected administrative activities.

California Virtual Private Server Pediatric Intensive Care Unit (PICU) Database:

Improve care of critically ill infants and children in California by implementing a shared PICU database for California.

Safety Net Financing Division (SNFD) Data Group: Create an in-house forum within SNFD to share ideas, data analysis and validation skills, eligibility and policy information, and report writing and presentation techniques.

Medi-Cal Fraud Hotline Call Migration: Provide better customer service to fraud reporting parties and increase the efficiency of the Fraud Intake Process.

Audits and Investigation Information Technology Review: Implement an all audits and investigation system that is coordinated, robust, and customizable.

Deliver Effective, Efficient, Affordable Care

Audits and Investigation Process Improvements: Become more efficient and effective through reengineering current processes.

CMS Maternal Health Initiative: DHCS was chosen by CMS to participate in a 9-month QI project to improve the rate of timely postpartum care as well as to improve the quality of postpartum services delivered, including access to breastfeeding counseling and services, effective contraception, and ensuring follow-up for medical conditions during and after pregnancy. To most effectively achieve its goals, DHCS has partnered with the California Department of Public Health (CDPH), MCPs, the California Maternal Quality Care Collaborative (CMQCC), and other partners for this project.



Priority 2 continued...

Table 1

Priority 3: Engage Persons & Families in Their Health

Welltopia by DHCS Facebook Page: Maintain a DHCS Facebook Page, linking Medi-Cal members to prevention resources (e.g., nutrition, physical activity, smoking cessation, stress management, social services, and more).

Text Messaging-Based Mobile Health: Partner with [Text4baby](#), a free program for pregnant women and new parents to receive supportive, educational text messages timed to due date or delivery date, to help customize and promote California-specific resources and services that address physical, behavioral and social health.



Priority 4: Enhance Communication & Coordination of Care

Adoption of Electronic Health Records (EHRs): Increase adoption of EHRs by Medi-Cal providers to facilitate informed health care decisions at the point of care; improve care coordination and member engagement; and improve population health.

Free the Data Initiative: Improve the DHCS internal data analytic processes to make information easier to find and more accessible to the public, staff, and stakeholders.

Diabetes QI Project, Adult Medicaid Quality Grant: Improve overall diabetes management in Medi-Cal by developing and implementing a two-pronged program including both provider education and patient outreach and engagement.

“Blue Button” Adoption (Under Development): Establish the “Blue Button” feature, a nation-wide initiative characterized by a “Blue Button” image displayed on patient portals and other secure web sites, which would allow Medi-Cal members to view and download their health information electronically, giving members control over their own health information and making it easy to share with their doctors, caregivers, or anyone else they choose.

Improve Palliative and End-of-Life Care Practices (Under Development): Emphasize the importance of quality of life in the provision of health care by engaging members, patients, and families to ensure personal preferences and values are respected. DHCS received a technical assistance grant in 2014 from the Robert Wood Johnson Foundation to fund a white paper outlining recommendations for improving access to quality palliative and end-of-life care for Medi-Cal members. This white paper served as the foundation for a department-wide workgroup committed to improving palliative care and end-of-life services for Medi-Cal members.

Enhance Communication & Coordination of Care

Improve Care Coordination of Super-Utilizers (Under Development): Conduct data analysis to better understand the demographic traits, service utilization, and disease co-morbidities of the 5 percent of Medi-Cal members that account for approximately 50 percent of health care expenditures. This analysis will help identify potential interventions to drive breakthrough improvements in quality, health and health outcomes, and reduce costs.

Welltopia: Connect Californians, especially those with limited incomes, with credible resources for healthy personal, family, and community development, starting with topics that address the leading causes of preventable mortality and the social determinants of health.

Encounter Data Improvement Project & Encounter Data Quality Unit: Develop the Encounter Data Quality Monitoring and Reporting Plan and establish a unit within DHCS to implement and maintain the plan.



Priority 4 continued...

Priority 5: Advance Prevention

Medi-Cal Incentives to Quit Smoking (MIQS): Increase utilization of the California Smokers' Helpline among Medi-Cal members through the use of appropriate incentives.

Standard of Care for Treating Tobacco Use: Establish a minimum standard of care for treating tobacco use in the MCPs by implementing the recommendations included in the *Treating Tobacco Use and Dependence: 2008 Update, Clinical Practice Guideline*.

Mental Health Services Prevention and Early Intervention (PEI): Mental Health Services Act (MHSA) funding used by counties to develop prevention and early intervention programs for people at risk of, or showing early signs of, mental illness. The aim is to provide services, including brief treatment, in a timely manner before the illness develops or becomes more severe. A central goal of PEI is making mental health a socially accepted aspect of community wellness, and diminishing stigma and discrimination against those identified as having mental illness.

SUD Prevention Workforce Training: 1) Increase the number of prevention practitioners/professionals trained in SUD prevention theories and frameworks; and 2) increase the number of prevention competency curricula implemented.

American Indian Infant Health Initiative: Educate families on health promotion and disease prevention including: tobacco use, nutrition, alcohol and drug use, immunizations, teen pregnancy prevention, prenatal care, and sexually transmitted diseases.

Advance Prevention

Increasing Children’s Use of Preventive Dental Services and Dental Sealants:

1) Increase the rate of children, ages 1-20 years, enrolled in Medi-Cal who receive any preventive dental service by 10 percentage points over a 5-year period; and 2) increase the rate of children, ages 6-9 years, enrolled in Medi-Cal who receive a dental sealant on a permanent molar by 10 percentage points over a 5-year period.

Newborn Hearing and Screening Program QI Learning Collaborative: 1) Complete hearing screening by 1 month of age; 2) complete diagnostic audio logic evaluation by 3 months of age; and 3) enroll infants with hearing loss in early intervention by 6 months of age.

Core Program Performance Indicators for Every Woman Counts: 1) Ensure timely and complete diagnostic follow-up of abnormal breast and cervical cancer screening results; 2) ensure timely and complete treatment initiated for cancers diagnosed; and 3) deliver breast and cervical cancer screening to priority populations.

Family PACT Provider Profiles with Two Clinical Indicators: 1) Improve clinical quality outcomes for chlamydia screening of female members, age 25 years and younger; and 2) improve clinical quality outcomes for chlamydia targeted screening of female members over age 25 years.

Reduce Overweight and Obesity Among Medi-Cal Members: Conduct formative research in collaboration with CDPH’s Nutrition Education and Obesity Prevention Program to inform the development of a clinical and community overweight and obesity prevention model.

Advance Prevention

Increase Breastfeeding Among Medi-Cal Mothers (Under Development): Enhance infant development and well-being by improving breastfeeding rates among Medi-Cal members.

Implementing Screening, Brief Intervention and Referral to Treatment (SBIRT) Benefit for Alcohol Misuse in California: Reduce alcohol misuse or abuse by increasing utilization of SBIRT services in primary care settings.

Healthy Stores for a Healthy Community Campaign: Develop, plan, and implement a campaign that will allow local public health and alcohol and other drug advocates to work collectively to survey local merchants and collect data to inform and evaluate future efforts.



Priority 5 continued...

Table 1

Priority 6: Foster Healthy Communities

Increase Food Security for Medi-Cal Members: In collaboration with the California Department of Social Services (CDSS), increase CalFresh enrollment among eligible Medi-Cal members.

Strategic Prevention Framework State Incentive Program: Decrease underage and excessive drinking among adolescents and young adults (ages 12 to 25) by implementing evidence-based environmental prevention strategies.

Friday Night Live Compliance: Increase the number of counties achieving 100 percent compliance with the Friday Night Live Member in Good Standing process.



Priority 7: Eliminate Health Disparities

Disparity Analysis, Adult Medicaid Quality Grant: Assess the data quality of key demographic characteristics that may be used for comparison of quality measures between different populations. The stratified data that the Adult Medicaid Quality grant provides has allowed the maternal health QI team the opportunity to work on improving lower rates of timely postpartum care among African American women in Medi-Cal.

Health Disparities in the Medi-Cal Population Fact Sheets: Develop a set of fact sheets, highlighting the Let's Get Healthy California Task Force Indicators, to identify health inequalities among Medi-Cal members, and then develop initiatives to eliminate disparities.



Emerging QI Focus Areas

The 2014 *Quality Strategy* and successive annual updates are intended to be aspirational. We are committed, as a Department, to provide those we serve with the best possible care, striving to achieve the highest levels of health and health outcomes.

To continue to make progress toward that vision, we understand the need for continued innovation in science and practice. DHCS is working on several important themes related to quality in 2015. While these concepts are at different stages of development, we believe that it is important to identify areas requiring sustained planning and commitment. The emerging focus areas are described within each of the *Quality Strategy* priority areas below.

One of the major policy initiatives that would advance the *Quality Strategy* across all priority areas is the 1115 Medicaid Waiver renewal proposal. Currently, the Department has convened seven work groups of stakeholders and policy and practice experts to help develop the proposal. The new 1115 Medicaid Waiver is being designed to achieve breakthrough progress in population health and clinical quality. An initial 1115 concept paper will be submitted by DHCS to CMS in February 2015. A program start date for the new 1115 Medicaid Waiver is targeted for fall 2015.

Improve Patient Safety

Reduce provider-preventable conditions through implementation of section 2702, Affordable Care Act (ACA).

Working closely with stakeholders, the Department is reducing preventable adverse events known as Provider-Preventable Conditions (PPCs). PPCs include events such as: a foreign



object retained after surgery, advanced pressure ulcers, falls and trauma, and surgical site infections. They also include so-called never events involving surgery: wrong procedure, wrong site, and wrong patient.

This effort was further supported via provisions within the 2014-15 Budget Act (Senate Bill 857, Chapter 31, Budget and Fiscal Review Committee), which ensures the Department has the necessary state authority to implement the federal PPC mandate. These provisions allow the Department to exclude from Medi-Cal coverage certain increases in charges billed to the Medi-Cal program directly related to PPCs and requires providers to report PPCs to DHCS, within Medi-Cal's fee-for-service (FFS) and managed care delivery systems.

The Department is also reducing central line associated bloodstream infections through a collaborative with CPQCC and neonatal intensive care units.

Reduce opioid-related morbidity and mortality. Drug overdose deaths have reached epidemic proportions in the United States; overdose now outranks motor vehicle crashes as the number one cause of unintentional injury deaths. Nationally, prescription opioid overdose death rates have nearly tripled since 1999. California has seen similar increases, and is now seeing an increase in heroin deaths as well. Furthermore, the magnitude of opioid-related morbidity and mortality is reportedly greater in the Medicaid population in comparison with the private sector. DHCS is just one of many state and local agencies who has a stake in reversing these alarming trends, in partnership with health care providers, patients, families, and communities. In response, DHCS is convening internal and external stakeholders, including being a part of a CDPH-convened, statewide opioid use workgroup, to develop an effective action plan to address this critical health area. The plan will include collecting and analyzing data and information to characterize the nature and magnitude of the problem in Medi-Cal and developing effective policies and programs to reduce the adverse impact of opioids. One powerful tool for California prescribers is naloxone, the opioid antagonist which quickly reverses overdose and counteracts the potentially fatal respiratory depression opioids may cause. In March, 2014, DHCS released a bulletin announcing that naloxone has been added to the Medi-Cal formulary, and encouraged the routine provision of take-home naloxone to patients who are prescribed long-term and/or high dose opioids.

Deliver Effective, Efficient, Affordable Care

Section 1115 Medicaid Waiver renewal. The current 1115 Medicaid Waiver will end on October 31, 2015, and so DHCS has been working with CMS to develop proposals for the next 1115 Medicaid Waiver. DHCS and CMS share the overarching goals to further the delivery of high quality and cost efficient care to Medi-Cal members, ensure long-term viability of the delivery system post-Affordable Care Act expansion, and continue California's momentum and success in innovation achieved under the initial "Bridge to Reform" Waiver. The four core objectives of the next 1115 Medicaid Waiver are to: 1) strengthen primary care and delivery access; 2) avoid unnecessary institutionalization and services by building the foundation for an integrated health care delivery system that incentivizes quality and efficiency; 3) address social determinants of health; and 4) use California's sophisticated Medicaid program as an incubator to test innovative approaches to whole-person care.

Improve data quality and systems, data management and analytic capacity. Data and information are the foundation for the entire *Quality Strategy*. Under the senior leadership of Linette Scott, MD, MPH, DHCS' Chief Medical Information Officer (CMIO), substantial progress has been made to enhance the flow of data to drive health care and organizational decision-making. For example, in December 2012, DHCS was awarded a two million dollar, two-year grant from CMS to improve the ability to collect, report, and advance adult quality metrics.

As part of the Cal MediConnect Program, the CMIO and Medi-Cal Managed Care Division have been leading a business process improvement project to improve the quality of encounter data received



from MCPs. Encounter data is necessary to support robust program evaluation and quality measurement. Additional organizational improvements to support information management in DHCS are being driven by requirements of the MITA, which emphasizes use of national standards, automation, and improved efficiencies.

California Children's Services Redesign. DHCS, in its continued efforts to improve health care quality and coordination for children and youth with special health care needs, has begun the California Children's Services (CCS) Redesign process. The Department has assembled an advisory board of individuals from various organizations and backgrounds with expertise in the CCS program, and is conducting a series of redesign stakeholder meetings through the first half of 2015. The stakeholder process is expected to result in recommendations to the Director on viable health care delivery system alternatives for the development of an organized system of care for CCS eligible children and that will influence health care delivery for all of California's children and youth with special health care needs.

Engage Persons and Families in their Health

Social media and mobile technology. Two promising ways to engage members, patients, and families in their care is through the use of social media and mobile technology. Access to cell phones and smartphones is increasing rapidly in low-income populations and therefore represents an important channel of two-way information sharing and engagement. In addition, there are a growing number of applications that may have health-promoting uses including Facebook, Twitter, Pinterest, text messaging, among others.

DHCS has a prevention-focused Facebook page called [Welltopia by DHCS](#). *Welltopia by DHCS* provides information, free applications, and videos on nutrition, physical activity, smoking cessation, and stress management. It also creates a space for community members to share their ideas about healthful living. A website to support the Facebook page, called *Welltopia*, is scheduled to launch in early 2015. *Welltopia* will offer a robust suite of credible resources to encourage healthful lifestyle choices, as well as link Medi-Cal members to social services, job placement and training, education resources, and more.

Another communication channel for health education and member engagement is text messaging-based mobile health. Through a federally funded pilot project to improve maternal and infant health, DHCS partners with [Text4baby](#), a free program for pregnant women and new parents to receive supportive, educational text messages timed to their delivery dates. DHCS helps customize and promote message content to connect families in California with state-specific resources and services that address physical, behavioral, and social health. Text4baby is an effective tool to directly engage and empower members by increasing health knowledge, promoting healthful behaviors, and increasing access to services in a format they know and frequently use.

Listen to the voices of members, patients, and families.

Central to the concept of member- and patient-centered care is the need to directly engage members, patients, and families to: better understand the care experience from their perspective, assess their needs, gather their recommendations, and develop more effective programs and policies that best serve identified needs. A number of channels are being considered including focus groups and community roundtable discussions, advisory panels, surveys, and webinars. We are aware that partners and stakeholders have extensive experience in this area and hope to build on their successful approaches.



Enhance Communication and Coordination of Care

Improve care for super-utilizers. Identifying so-called “super-utilizers” using “hot-spotting” techniques has garnered national attention through the work of Jeffrey Brenner, MD (Camden Coalition of Health Care Providers) and others.

It is well known, now, that health care utilization in Medicaid populations is typically skewed where five percent of members account for approximately 50 percent of health care expenditures. In Camden, NJ, Dr. Brenner observed that one percent of residents accounted for 30 percent of health care costs. The good news is that there is a growing body of experience from many different parts of the country, including California, demonstrating that effective models of intensive case management can show dramatic improvements in health and health outcomes accompanied by equally dramatic reductions in costs, achieving the Triple Aim. DHCS intends to work closely with partners in academia and the community to explore this promising area that uses data to drive breakthrough improvements in quality.

Improve palliative and end-of-life care. Palliative care and end-of-life planning have the potential to increase quality of life for those most in need of sensitive, cohesive care. One of the goals in the *Let's Get Healthy California Task Force Final Report* is to maintain dignity and independence at the end-of-life. This goal speaks to the importance of quality of life in the provision of health care. In addition, engaging members, patients, and families to ensure personal preferences and values are respected is very relevant to this goal. The Department will be exploring the indicators identified by the Let's Get Healthy California Task Force to determine what can be done to improve palliative and end-of-life care.

Additionally, several concurrent statewide care programs and initiatives exist with the goal to improve the quality of end-of-life care. These statewide programs and initiatives include:

- SB 1004 (Hernandez): This legislation, enacted in September 2014 and effective January 1, 2015, directs DHCS to establish standards and provide technical assistance to MCPs to ensure delivery of palliative care services, including hospice benefits. DHCS is currently working with stakeholders and other partners on implementation of this important legislation.
- Participation in foundation and stakeholder efforts to develop electronic Physician Orders for Life-Sustaining Treatment (POLST) registry.

- The California Healthcare Foundation (CHCF) is coordinating a public and private effort to establish a statewide POLST registry, and is currently planning a pilot project to test the registry. Several states have had initial success creating and maintaining a successful registry.

Coordinate physical and behavioral health. The prevalence of mental health and alcohol/drug concerns are high in many low-income populations. Many individuals have both physical and behavioral health needs, which require coordinated care, if improvements in overall health are to be achieved. The recent incorporation of mental health services and alcohol and drug treatment programs into DHCS provides an important opportunity to look at care delivery in a more comprehensive way. Ensuring access to coordinated mental health and physical health services is imperative to improving population health outcomes. Effective 2014, MCPs cover evaluation and treatment of members with mental health conditions resulting in mild to moderate impairment of mental or emotional functioning. Coordination efforts between the MCPs and MHPs are key when determining how best to efficiently refer beneficiaries to each system. Using data and best evidence, DHCS will be working to better bridge physical and behavioral health service delivery to improve overall clinical quality and population health.

Advance adoption of Health Information Technology (HIT) and Health Information Exchange (HIE). One of the five priorities for the EHR Incentive Program is to engage patients and families in their care. This has been seen across the state with increased adoption of personal health records and the use of the “Blue Button.” DHCS plans to follow the Medicare model and develop the “Blue Button” capacity so that members can view their personal health information represented by claims and other reporting mechanisms. Another priority for the



EHR Incentive Program is care coordination. In partnership with other Health Information Technology for Economic and Clinical Health (HITECH) programs in California and nationally, DHCS has supported the development of HIE capacity in the state and recognizes the critical role technology will play in supporting payment reform efforts such as DSRIP and Cal MediConnect Program.

Advance Prevention

Million Hearts Initiative®. DHCS was invited to participate in the CMS Prevention Learning Network, with the goal of aligning services, delivery systems, and partnerships to support the Million Hearts Initiative® in Medi-Cal. This Initiative was established by the Department of Health and Human Services to prevent one million heart attacks and strokes by 2017. The goals include reducing tobacco use, improving high blood pressure control, increasing aspirin use for secondary prevention, increasing cholesterol management, and reducing sodium and trans fat consumption. DHCS is emphasizing three of the six areas in 2015:

- 1) Reducing tobacco use.** The Department's five-year, \$10 million MIQS Program is an important component of a larger effort to significantly reduce the smoking prevalence among the approximately 700,000 Medi-Cal members who currently smoke. In order to achieve this reduction, DHCS is working with its MCPs to provide the best standard of care for tobacco cessation by making available all seven Food and Drug Administration-approved medications to treat tobacco use; eliminating barriers for tobacco treatment benefits (e.g., co-pays, cost sharing, utilization restrictions, and Treatment Authorization Requests); and providing ready access to individual, group, and telephone counseling. DHCS is also committed to providing physician education to ensure the system-wide use of "Ask, Advise, and Refer," as well as helping long term care facilities, including mental health facilities, substance abuse centers, and nursing homes, to adopt smoke-free campus policies.
- 2) Improving high blood pressure control.** DHCS is working with MCPs to implement a QI workgroup to improve high blood pressure control in the Medi-Cal population. The workgroup, which is scheduled to launch in January 2015, will feature best practices in high blood

pressure control from national Million Hearts Initiative® experts, as well as health plans and practitioners, who have achieved outstanding performance in this area. State-of-the-science tools and resources, such as the American Medical Group Foundation’s *Measure Up Pressure Down Provider Toolkit to Improve Hypertension Control*, will be available, as well as high blood pressure-related data from DHCS researchers to help inform QI activities. Importantly, the workgroup will cultivate an exchange of ideas where peers can overcome challenges and identify opportunities for on-the-ground success.

- 3) Improving aspirin use for secondary prevention.** DHCS researchers and pharmacy experts are exploring aspirin prescribing and use in the Medi-Cal population. The research will help inform whether an aspirin QI project should be developed and implemented in the delivery system.

Improve nutrition and physical activity. The prevalence of overweight and obesity in children, adolescents, and adults requires immediate attention. We are working with MCPs, low-income communities, and CDPH to develop, test, and implement community and health care programs, environmental changes, and policies to address obesity. The Department works with Child Health and Disability Prevention (CHDP) programs to develop and provide resources and training materials to assist providers and their staff with screening, counseling and prevention related to the obesity epidemic.

Alcohol Screening, Brief Intervention, and Referral to Treatment. In order to support providers in implementing the new SBIRT benefit, DHCS received a grant to provide face-to-face trainings across the state, to primary care providers, clinic administrators, medical directors, and others, on how to effectively deliver SBIRT to those with alcohol use disorders. To learn more about SBIRT, visit <http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx>.



Foster Healthy Communities

Strengthen the link between health care and public health. There is a need to create a stronger bridge between health care and public health to transform our disease management, sick care system, into a true health care system that addresses population health. This is especially critical given that merely four modifiable health behaviors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption—are responsible for much of the illness, suffering, and early death related to chronic disease. DHCS recognizes the importance of the collaboration between medicine and public health, acknowledging that behavioral patterns, social circumstances, and environmental exposures oftentimes have unfavorable effects on health outcomes. To that end, DHCS is investigating models of care and patient navigation approaches that connect the health care delivery system with community resources to address the social determinants of health, including access to food, housing, education, job placement, and other social factors.

The health care, public health interface is growing stronger through collaborations among DHCS, CDPH, and CDSS. As an example, DHCS is collaborating with CDPH and CDSS to increase CalFresh enrollment among the nearly two million Medi-Cal members who are eligible but not currently enrolled in the nutrition assistance program. In addition, strong collaboration and coordination exists between CDPH's Tobacco Control and Diabetes Programs and our MIQS Program. Many public health and health care partners have also contributed content to the [Welltopia by DHCS](#) Facebook page.

Eliminate Health Disparities

Addressing health disparities. The Department completed its first set of fact sheets, titled [Health Disparities in the Medi-Cal Population](#), using 24 of 39 health indicators featured in the *Let's Get Healthy California Task Force Final Report*, and is working on a new set of fact sheets to continue identifying health disparities in the Medi-Cal population. The fact sheets and other data are informing QI projects that specifically address disparities, including the MIQS

Program and new MCP QI projects in postpartum care, high blood pressure control, and diabetes care.

DHCS will continue to work with stakeholders and partners to develop aggressive intervention plans to eliminate addressable disparities. As part of the partnership, DHCS has developed an Interagency Agreement with the CDPH Office of Health Equity to optimize effectiveness and efficiency in shared efforts to combat known differences in health and health outcomes.



Quality Strategy Coordination

On behalf of the Directorate, the [Office of the Medical Director \(OMD\)](#) coordinates the development, implementation, and evaluation of the *Quality Strategy* in partnership with all departmental divisions and offices. The [U.C. Davis Institute for Population Health Improvement](#) provides key, technical support and consultation through an Interagency Agreement that created the Medi-Cal Quality Improvement Program.

Summary

The *Quality Strategy* is a living document that describes goals, priorities, guiding principles, and specific programs related to QI in population health and health care throughout DHCS and the Medi-Cal delivery system. The fundamental purpose of the *Quality Strategy* is to serve as the Department's blueprint to improve health, enhance quality, and reduce per capita health care costs. In partnership with stakeholders, DHCS will use the *Quality Strategy* to further build and sustain a culture of quality that benefits Medi-Cal members and all Californians.



APPENDIX A

Summary of the National Quality Strategy (NQS)

Overview. As required by the ACA, the Secretary of the United States Department of Health and Human Services (DHHS) established the NQS, which was published in March 2011.¹ The NQS was developed with the engagement of a broad range of stakeholders representing all health care sectors. It serves as a roadmap for improving the quality of care in both the public and private sectors. The NQS will be updated annually and enhanced to provide more detail related to goals, measures, and actions required for each component of the nation's health care system.

Three Aims. The NQS will pursue three broad aims:

- 1) Better Care—Improve the overall quality, by making health care more patient-centered, accessible, and safe;
- 2) Healthy People/Healthy Communities—Improve the health of the United States population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care; and
- 3) Affordable Care—Reduce the cost of quality health care for individuals, families, employers, and government.

Six Priorities. To advance the three aims, the NQS will focus on six priorities:

- 1) Making care safer by reducing harm caused in the delivery of care;
- 2) Ensuring that each person and family are engaged as partners in their care;
- 3) Promoting effective communication and coordination of care;
- 4) Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease;
- 5) Working with communities to promote wide use of best practices to enable healthy living; and

1 National Strategy for Quality Improvement in Health Care: Report to Congress. Washington, D.C.: U.S. Department of Health and Human Services, 2011.

- 6) Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

Ten Principles. The NQS is guided by [ten principles](#) developed with extensive national stakeholder input. The ten principles are:

- 1) Person-centeredness and family engagement, including understanding and valuing patient preferences, will guide all strategies, goals, and health care improvement efforts;
- 2) Specific health considerations will be addressed for patients of all ages, backgrounds, health needs, care locations, and sources of coverage;
- 3) Eliminating disparities in care—including, but not limited to, those based on race, color, national origin, gender, age, disability, language, health literacy, sexual orientation and gender identity, source of payment, socioeconomic status, and geography—will be an integral part of all strategies, goals and health care improvement efforts;
- 4) Attention will be paid to aligning the efforts of the public and private sectors;
- 5) Quality improvement will be driven by supporting innovation, evaluating efforts around the country, rapid-cycle learning, and disseminating evidence about what works;
- 6) Consistent national standards will be promoted, while maintaining support for local, community, and state-level activities that are responsive to local circumstances;
- 7) Primary care will become a bigger focus, with special attention towards the challenges faced by vulnerable populations, including children, older adults, and those with multiple health conditions;
- 8) Coordination among primary care, behavioral health, other specialty clinicians, and health systems will be enhanced to ensure these systems treat the “whole person;”
- 9) Integration of care delivery with community and public health planning will be promoted; and
- 10) Providing patients, providers, and payers with the clear information they need to make choices that are right for them, will be encouraged.

Related National Quality Initiatives

There are two national quality initiatives, both public-private partnerships supported by DHHS that dovetail with the NQS.

Partnership for Patients (PfP). PfP consists of a range of health care stakeholders (including hospitals, employers, physicians, nurses, patient advocates, state and federal government, and others) committed to developing improved models of care to achieve two goals:

- 1) Keep patients from getting injured or sicker. By the end of 2013, preventable hospital-acquired conditions would decrease by 40 percent compared to 2010. Achieving this goal would mean approximately 1.8 million fewer injuries to patients with more than 60,000 lives saved over three years.
- 2) Help patients heal without complication. By the end of 2013, preventable complications during a transition from one care setting to another would be decreased such that all hospital readmissions would be reduced by 20 percent compared to 2010. Achieving this goal would mean more than 1.6 million patients will recover from illnesses without suffering a preventable complication requiring re-hospitalization within 30 days of discharge.

DHHS will be using \$1 billion from the ACA to address these goals. It is anticipated that other entities from the public and private sectors also will be committing resources to PfP.

Million Hearts Initiative® (MHI). The MHI sets the ambitious national goal of preventing 1 million heart attacks and strokes in five years. The interventions will involve public health efforts to encourage healthier nutritional choices as well as improved clinical management of risk factors (targeting the “ABCS”—Aspirin, Blood Pressure, Cholesterol, and Smoking Cessation) that has been proven to reduce cardiovascular disease mortality and morbidity. Specific goals are listed in the table below:

Indicator	2011 Baseline	2017 Goal
Aspirin use for people at high risk	47 percent	65 percent
Blood pressure control	46 percent	65 percent
Effective treatment of high cholesterol (LDL-C)	33 percent	65 percent
Smoking prevalence	19 percent	17 percent
Sodium intake (average)	3.5g/day	20 percent reduction
Artificial trans-fat consumption (average)	1 percent of calories/day	50 percent reduction

See the [NQS website](#) for additional information.

