

DHCS Strategy for Quality Improvement in Health Care



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*“Create a system devoted
to continual learning and
improvement of patient
care, top to bottom
and end to end.”*

-Don Berwick

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 2016 *DHCS Strategy for Quality Improvement in Health Care (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 fourth annual update of the *Quality Strategy*. 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, 2013, and 2014*](#) for historical perspective.

This is a time of rapid transformation for the health care system in California. At the end of December 2015, the Department received approval from the Centers for Medicare and Medicaid Services (CMS) on the terms and conditions of a new 1115 Medicaid Waiver, which will enable innovative approaches to financing and health care delivery. The waiver will continue critical funding of California's Medicaid program (Medi-Cal) for public hospital systems, including care transformation in a first-in-the-nation demonstration of global payments that promote primary and preventive care for the remaining uninsured in California. The waiver provides opportunities for new initiatives to promote dental care transformation and QI. The agreement also supports delivery system integration for complex populations through voluntary county-based whole person care pilot programs. The 2016 *Quality Strategy* was developed to align with this and other

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 QI in multiple priority areas;
- 2) Striving for 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.

innovative state initiatives as well as the [National Strategy for Quality Improvement in Health Care](#). Such alignment will accelerate progress by enabling partners and stakeholders to efficiently focus on the same priorities.

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 priorities are all viewed as critical to drive improvements in population health and care delivery.



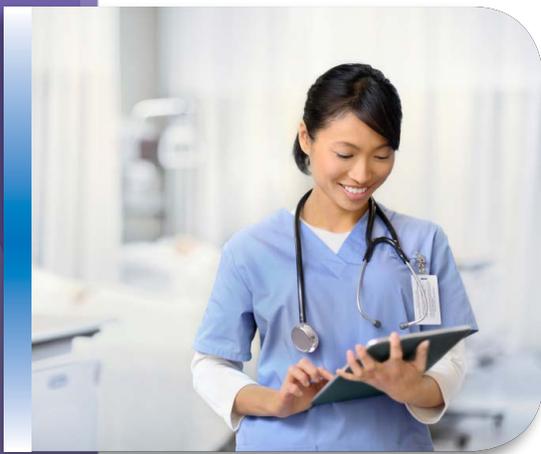
Sustaining a Culture of Quality

Sustaining a culture of quality is critical to meeting the goals of the *Quality Strategy* as well as the [DHCS Strategic Plan](#). The Department continues to support a continuous improvement approach in programs throughout the organization. This culture of quality values teamwork, evidence-based practice and innovation, measurement and analysis, and ongoing QI training. The following activities are some of the key efforts that help comprise a culture of quality:

- ***Kaizen Group:*** The Kaizen Group was created in 2012 to bring together DHCS team members from across the Department, who have an interest in promoting QI and implementing projects to advance the Three Linked Goals. From a handful of enthusiastic proponents convened by the Chief Deputy Director, Policy & Program Support, the Kaizen Group has expanded to over 75 active members across multiple divisions and offices. Team members from entry-level to executive staff help to advance quality and efficiency through specific Kaizen Group projects. The Kaizen Group has crafted its own charter and Advisory Committee to help guide efforts.
- ***Assessment and QI training:*** The Department is advancing QI knowledge and skills among DHCS team members and health care network partners in various ways:
 - » The Office of Workforce Planning and Development conducts an annual employee survey to measure job satisfaction and employee engagement within DHCS. The 2015 survey results were positive overall, and pointed to the need for further growth and training opportunities for staff, some of which are noted below;
 - » The Office of the Medical Director coordinates and teaches a full-day training on Lean quality improvement methods to help staff improve the efficiency of processes throughout DHCS;

“The first priority in bending the curve to slow growth in spending is less about searching for the handful of services that produce net savings and more about shifting spending from low-value to high-value services.”¹

- » The Managed Care Quality and Monitoring Division (MCQMD), in partnership with the Health Services Advisory Group, the Department's External Quality Review Organization (EQRO), and the Department's health plans, is fostering enhanced QI capacity across the managed care delivery system;
- » DHCS conducts a monthly learning series featuring local, state, and national experts and thought leaders in seminar and lecture formats. The Department also convenes both a journal club and QI book club to advance knowledge of evidence-based strategies in health and health care.



Medi-Cal Managed Care Plan QI: DHCS contracts with 23 full-scope Managed Care Plans (MCPs) and three specialty health plans to provide health care services to over 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 collaboration with the EQRO, MCPs, and CMS, the Department will continue to refine the QI plan required of all Medicaid managed care programs across the nation.

- **County Mental Health Plan (MHP) QI:** One in six California adults has a mental health need, and about one in 20 has a serious mental illness.² Roughly 70 percent of outpatient visits in California involve behavioral health-related issues,³ and approximately 70 percent of adults with behavioral health conditions have one or more physical health issues as well.⁴ There are 56 county MHPs that operate under contract with DHCS. The ultimate goal is to strengthen the

structure and processes of mental health delivery systems and share successful and cost-effective practices between MHPs. Strategies specifically focus on partnering, educating, and training MHPs and their providers on removing barriers to access mental health services.

- **Medicaid Information Technology Architecture Initiative (MITA):** The MITA Initiative has provided DHCS with a framework to continue to embrace a culture of quality. With its emphasis on continuous improvement to advance data systems and streamline business processes, the MITA Initiative provides for annual updates and monitoring of DHCS' progress. Additionally, DHCS is designating business champions to lead transformative change that drives MITA maturity and QI throughout the organization. Visit the [MITA website](#) for more information.
- **QI organizational survey:** In January 2014 and 2015, DHCS used an organizational QI 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:

(1) they were aware of the Department's QI plan; (2) key decision-makers at DHCS believe QI is very important; and (3) the Department's commitment to quality is aligned with most efforts, policies, and plans. Respondents also noted that there is a need for: (1) training in basic methods for evaluating and improving quality; (2)

incorporating specific responsibilities related to measuring and improving quality in job descriptions; and (3) using customer satisfaction information to improve programs and services.



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 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 will 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 improved data collection and analytic capacity, augmented infrastructure and funding, or, perhaps, changes in law or policy prior to being launched as formal QI projects.



Table 1

Priority 1: Improve Patient Safety

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; and 2) improving the monitoring of metabolic risk associated with the use of antipsychotics.

Priority 2: Deliver Effective, Efficient, Affordable Care

Audits & Investigations

Individual Provider Claims Analysis: Increase the accuracy of billing levels for Evaluation and Management procedure codes and reduce inappropriate and costly claims.

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

Medi-Cal Payment Error Study: Accurately measure the Medi-Cal paid claims error rate for eight different provider/service types. Identify where the Medi-Cal program is at greatest risk for payment errors.

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

Deliver Effective, Efficient, Affordable Care

Data & Reporting

California Virtual Pediatric Intensive Care Unit (PICU) Database: Improve care of critically ill infants and children in California by implementing a shared PICU database for California.

DHCS Dashboard Initiative: Strengthen public reporting practices throughout the Department while improving transparency and accountability. Help the Department consistently measure its progress toward goals, and more effectively communicate results and key information to Department staff, providers/partners, and stakeholders.

Delivery System

Achieve Better Understanding of Community Health and Emergency Medical Services (EMS) Needs of Critical Access Hospitals (CAHs): Conduct a statewide rural EMS needs assessment to identify issues and trends in population health management for CAHs and inform decisions regarding EMS program development activities.



Priority 2 continued...

Deliver Effective, Efficient, Affordable Care

California Children’s Services (CCS) Facility Review: Review CCS facilities, both new applications and periodic reviews of CCS-approved hospitals and Special Care Centers. These reviews focus on quality of care systems, reporting, and QI activities. Reviews of compliance of both facility and provider standards are performed to assist in improving local and regional medical care. This project represents one of the specific program-driven activities within a large portfolio of QI efforts overseen by CCS.

Public Hospital Redesign and Incentives in Medi-Cal (PRIME): Building upon the Delivery System Reform Incentive Payments (DSRIP) Program, as a component of the new, federal 1115 Medicaid Waiver, PRIME supports California’s public hospitals in achieving large-scale improvements in quality of care and health through system transformation.

Support CAH Participation in the Medicare Beneficiary QI Project (MBQIP): Engage CAHs in four MBQIP domains: (1) patient safety; (2) patient engagement; (3) care transitions; and (4) outpatient care; and provide technical assistance to improve public reporting to CMS Hospital Compare and Kansas Hospital Association Foundation’s Quality Health Indicators.

Support Improved CAH Services Administration and Operations: (1) Conduct financial and operational needs assessments to identify financial and operational strengths and challenges; (2) provide Lean methodology trainings and technical assistance to hospitals to support ongoing activities; and (3) implement new financial and operational improvement activities.

DHCS Employees

California Lean Academy White Belt Training: Provide an overview of Lean Management principles and provide instructional exercises on how to identify eight types of process waste including how to reduce non-value added waste and improve process performance.

Deliver Effective, Efficient, Affordable Care

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, analytical skills, QI, and leadership.

Long-term Care

Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (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. As DHCS redesigns the nursing facility waivers, continued advances in the quality of care will be an important goal.

Maternal, Infant & Child Health

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 NICU; (2) improve the neurodevelopmental outcomes of infants served by CCS HRIF Programs through collaboration between CMS/CCS and CPQCC; and (3) provide valuable data that informs infant and child health through the HRIF Quality of Care Initiative.

Medi-Cal Specialty Mental Health Services for Children and Youth: Develop and implement a performance outcome system 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.

Deliver Effective, Efficient, Affordable Care

National Governors Association (NGA) Learning Collaborative on Accelerating Statewide Improvements in Maternal and Child Health:

(1) Assist California in improving maternal and child health, with a specific focus on improving immunization rates for children under two, and tetanus, diphtheria, pertussis, and influenza immunizations during pregnancy; and (2) maximize enrollment in the California Immunization Registry to eliminate missed opportunities to immunize and unnecessary duplicate immunizations.

Pediatric Palliative Care Waiver: Continue to provide home-based care coordination and supportive pediatric palliative care services to medically fragile CCS members, while minimizing the use of institutions, especially hospitals. This waiver has enabled the creation of a high-quality service that has improved outcomes including patient and family satisfaction. In addition, there are ongoing efforts to further improve quality and access for those in need of these services.

Medi-Cal Dental Services

Dental Managed Care (DMC) QI Project—Access Dental Plan: (1) Identify baseline utilization for the enrolled population for established DMC performance measures; (2) identify variances within the enrolled population utilizing demographic information and statistics, such as ethnicity and cultural differences; and (3) utilize the demographic information and statistics to develop and test intervention strategies to increase utilization over a one-year period.



Priority 2 continued...

Deliver Effective, Efficient, Affordable Care

Dental Performance Measure Monitoring: Improve performance by DMC plans and the Fee-For-Service (FFS) program on several dental quality measures over a one-year period including: (1) annual dental visits; (2) continuity of care; (3) use of preventive services; (4) use of sealants; (5) treatment and prevention of caries; (6) exams/oral health evaluations; (7) overall utilization of dental services; and (8) usual source of care.

Medi-Cal Managed Care

Cal MediConnect: Continue implementation and evaluation of the Cal MediConnect program: (1) Transition seniors and persons with disabilities into Medi-Cal Managed Care; (2) coordinate Medicare and Medi-Cal benefits across care settings; (3) maximize 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. Cal MediConnect has created an integrated care system that has enabled a range of local QI efforts to advance population health for qualifying Medi-Cal members.

Strengthen Overall Care Provided by MCPs: Strengthen overall performance in a wide range of areas that affect population health, including identified priority areas such as childhood immunization rates, postpartum visit care, diabetes care, and control of high blood pressure. MCPs will continue to engage in rapid cycle QI efforts utilizing Plan-Do-Study-Act cycles when areas of poor performance are identified. Additionally, MCPs will continue to engage in two Performance Improvement Projects (PIPs) per MCP, with one of those PIPs focusing on one of the four identified priority areas. See the [Medi-Cal Managed Care–Quality Improvement & Performance Measurement Reports](#) for more information.

Priority 3: Engage Persons & Families in Their Health

Healthier U: (1) Establish the Department's East End Complex as a model worksite where labor and management work together to build a workplace culture that supports and encourages the health and wellbeing of all.

Health Literacy: Increase the use of health literacy tools and improve both internal and external communications by creating a set of guidelines on using plain language when developing DHCS letters, notices, and other materials for Medi-Cal members. This will allow them to make informed decisions about their health and health care options.

Reduce Overuse, Misuse, and Waste: Partner with the Center for Healthcare Decisions and the [Choosing Wisely®](#) initiative to conduct public deliberations with Medi-Cal members and gain their informed perspectives on misuse and overuse of health care services.

Text Messaging-based Mobile Health: Partner with [Text4baby](#), a free program for pregnant women, new parents, and their families to receive supportive, educational text messages timed to due date or delivery date. Help customize health messages with California-specific resources and services, promote the program to Medi-Cal members, and evaluate its impact on maternal and infant health.

Welltopia by DHCS Facebook Page and Welltopia Website: (1) Expand the [Welltopia by DHCS Facebook Page](#), an inspirational, prevention-focused page that creates a space for community members to share their ideas about wholehearted living and find information to help reach their full, healthful potential; and (2) expand the [Welltopia website](#), linking Medi-Cal members to resources that promote healthful living and support the social determinants of 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.

Encounter Data Improvement Project and 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.

Improve Palliative and End-of-Life Care Practices: Emphasize the importance of quality of life in the provision of health care by engaging patients, families, and providers to ensure personal preferences and values are respected. DHCS is developing a Medi-Cal palliative care policy to implement Senate Bill 1004 (Hernandez, 2014), with specific definitions of eligible conditions, services, providers, and quality measures. The policy will recognize that palliative care may be provided in an inpatient, outpatient, or community-based setting. For more information, please visit the [Palliative Care and SB 1004 website](#).



Priority 5: 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.

Mental Health Services Prevention and Early Intervention (PEI): Develop PEI programs for people at risk of, or showing early signs of, mental illness. Provide services, including brief treatment, in a timely manner before the illness develops or becomes more severe.

Newborn Hearing and Screening Program QI Learning Collaborative: (1) All infants with an initial inpatient referral result will receive a repeat screen prior to hospital discharge; (2) reduce the number of infants who missed screening in the hospital to less than three infants per hospital per quarter (excluding equipment malfunction); and (3) decrease no-show rate for outpatient screen appointments by 25 percent.

Reduce Overweight and Obesity Among Medi-Cal Members: Partner with the University of California, Davis Institute for Population Health Improvement (IPHI), California Department of Social Services (CDSS), and United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program–Education (SNAP–Ed) to conduct formative research, test, and evaluate a full-scale, community-based obesity prevention and management program designed to reduce the risk and prevalence of overweight and obesity among low-income Californians.

Advance Prevention

Substance Use

Implementing Tobacco Cessation Services: Develop and implement comprehensive tobacco prevention and cessation services for Medi-Cal members.

Improving Substance Use Disorder (SUD) Services Provided to Youth: (1) Refine and identify gaps in youth services; and (2) ensure all youth SUD services represent high-quality, effective, and developmentally appropriate care.

Interagency Prevention Advisory Council (IPAC): Increase participation from all IPAC members and encourage participation from county and local partners to identify and implement evidence-based alcohol, other drug, and mental health prevention priorities.

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

Prescription Opioid Misuse and Overdose Prevention Workgroup: Develop partnerships with existing statewide efforts to provide a comprehensive response to prescription drug misuse and abuse by ensuring the presence of a primary prevention component.

Women's Health

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.

Advance Prevention

Improve Chlamydia Screening in the Family Planning, Access, Care, and Treatment (Family PACT) Program:

(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.

Increase Breastfeeding among Medi-Cal Mothers: Enhance infant development and well-being by improving breastfeeding rates among Medi-Cal members. Participate in the Lactation Accommodation of the Low-Wage Earner workgroup. Clarify state and national workplace accommodation laws, identifying how lactation accommodation for low-wage earners is being addressed and developing action steps to collectively help employers understand pregnancy-related disability programs and Family and Medical Leave Act (FMLA) laws as a means to prevent discrimination of breastfeeding mothers and increase breastfeeding duration rates among low-wage workers.

Increase Provider Performance Related to the Provision of Contraceptives:

Increase the percentage of women receiving effective contraceptive methods by 50 percent among previously low-performing (bottom 5 percent) providers.

On-site Availability of Highly Effective Contraceptive Methods: Increase the percentage of Family PACT providers that provide highly effective reversible contraceptives (e.g., subdermal and/or intrauterine contraceptives) onsite.

Priority 5 continued...

Priority 6: Foster Healthy Communities

American Indian Infant Health Initiative - Health Promotion and Disease Prevention:

Provide all enrolled families with education regarding: drug use reduction, promotion of maternal mental health, proper nutrition, childhood immunizations, teen pregnancy prevention, prenatal care, and/or sexually transmitted infections.

American Indian Infant Health Initiative - Perinatal Health Program: Develop a comprehensive Perinatal Health Program to provide health education, referral services, primary care services, or targeted case management to improve the health status of American Indian women and babies in California.



Foster Healthy Communities

California Asthma QI Initiative: Foster and support linkages between community-based organizations conducting asthma home visits and health systems, with the goal of reducing asthma symptom days, acute health care visits, and direct health care costs. Conduct an extensive assessment of how asthma services are delivered; develop a competency-driven, evidence-based curriculum that builds skills for effective asthma management in accordance with the National Heart, Lung, and Blood Institute's Guidelines for the Diagnosis and Management of Asthma; and provide training for home visitors working with asthma patients.

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



Priority 6 continued...

Foster Healthy Communities

Healthy Stores for a Healthy Community (HSHC) Campaign: In collaboration with the California Department of Public Health (CDPH), (1) improve product placement and marketing in retail stores to reduce tobacco, alcohol, and unhealthful food consumption; (2) improve consumer knowledge of retail marketing strategies that influence tobacco, alcohol, and unhealthful food consumption; and (3) assist county administrators and prevention coordinators in using data from the HSHC Campaign to guide prevention-related activities in retail stores.

School-Based Health Center (SBHC) Asthma QI and Learning Collaborative:

Engage SBHC staff in an effort to identify students with asthma and provide them and other patients with asthma self-management education and action plans. As part of the learning collaborative, develop best practices necessary to create a model for supporting students with asthma.

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.



Priority 6 continued...

Priority 7: Eliminate Health Disparities

Cultural Competency: Increase awareness, support, and utilization of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) among DHCS employees to support the Department’s goals of advancing health equity, improving quality, and eliminating health care disparities experienced by Medi-Cal members.

Health Disparities in the Medi-Cal Population Fact Sheets: Continue to develop 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.

Health Disparities Website: Modify the DHCS health disparities website to reflect how the fact sheets relate to the DHCS *Quality Strategy*, with the ultimate goal of eliminating health disparities in the Medi-Cal population.



Emerging QI Focus Areas

The 2016 *Quality Strategy* and successive annual updates document a commitment to improving clinical quality and population health. To continue to make progress toward that vision, we understand the need for continued innovation in science and practice. Some of the emerging focus areas, looking ahead to 2017, are described within each of the DHCS *Quality Strategy* priority areas below.

“The United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of deaths from drug overdoses has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids...There is need for continued action to prevent opioid abuse, dependence, and death, improve treatment capacity for opioid use disorders, and reduce the supply of illicit opioids...”⁵

Improve Patient Safety

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. In response, DHCS will continue to use an internal workgroup to coordinate efforts aimed at reducing prescription-related opioid morbidity and mortality. In addition, DHCS participates in the Prescription Opioid Misuse and Overdose Prevention Workgroup convened by CDPH. The workgroup is gathering relevant data and will work to improve population health in this area while avoiding duplication of resources.

Deliver Effective, Efficient, Affordable Care

Section 1115 Medicaid Waiver renewal. DHCS received approval in December 2015 from CMS for the state’s next 1115 Medicaid Waiver, which will focus on four key areas: (1) continuation of critical funding for public hospitals linked to continuing QI; (2) implementation of a global payment

program to emphasize value over volume; (3) whole person care pilot projects; and (4) dental care transformation. DHCS and CMS share the overarching goals to further the delivery of high-quality and cost-effective care to Medi-Cal members, ensure long-term viability of the delivery system post-ACA expansion, and continue California's momentum and success in innovation achieved under the initial "Bridge to Reform" Waiver, which ended on October 31, 2015.

Improve data quality and systems, data management, and analytic capacity. The Chief Medical Information Officer and MCQMD staff 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 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, is in the midst of the CCS Redesign process. The Department has assembled an advisory board of individuals from various organizations and backgrounds with expertise in the CCS program, and conducted a series of redesign stakeholder meetings in 2015. The stakeholder process is being used to develop recommendations for DHCS on how to best improve health systems to benefit California's children and youth with special health care needs.

Drug Medi-Cal Organized Delivery System (ODS) Waiver. CMS approved the Drug Medi-Cal ODS Waiver, which allows California to improve the state's alcohol and drug abuse treatment system by organizing it into a coordinated continuum of

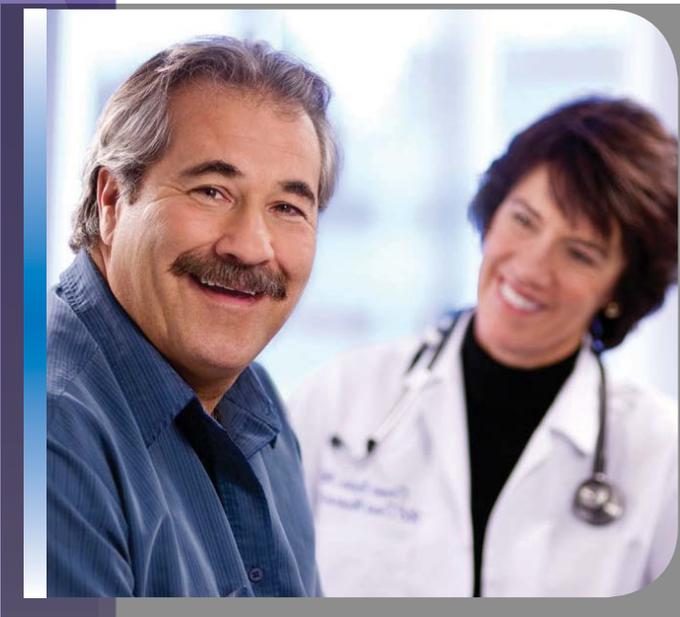


care – from outpatient treatment to residential centers, withdrawal management, recovery services and physician consultation. California is the first state in the nation to receive federal approval for such a waiver, and 53 of the state’s 58 counties have already expressed interest in participating in this program. The waiver gives more accountability and control to counties, requires evidence-based treatment practices, adds oversight and controls to improve care and ensure efficient use of resources, and ties substance use disorder treatment into the broader system of physical and mental health care. It also will open the door to expanded coverage of residential treatment, allowing treatment of all DMC members and removing the limits that only allowed coverage in treatment centers with 16 beds or fewer.

Engage Persons and Families in their 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 around the nation, DHCS has supported the development of HIE capacity in the state and recognizes the critical role technology will play in supporting payment reform efforts.



Social media and online technology.

Two promising ways to engage members, patients, and families in their care is through the use of social media and online technology. Access to cell phones and smartphones and other devices has increased rapidly in low-income populations and therefore represents an important channel for 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, and others.



The [Welltopia Facebook page](#) and [website](#) represent two successful ways the Department is continuing to use consumer demand and data to drive decision-making and engage members in their health. Both the Facebook page and website are undergoing exciting changes and growth in 2016. Since its inception in 2013, the Facebook page has grown exponentially and is now reaching more than 73,000 people, most of whom are low-income Californians. Because of this increased engagement, the page has been able to use consumer feedback to transform into a space that addresses much more than physical health and health care, but also aims to inspire and promote wholehearted living. Leveraging the lessons learned and successes of the Facebook page, the Welltopia website is also promoting whole-person health and wellness, focusing on healthy minds, bodies, and spirits. By the summer of 2016, there will be a new category of resources related to mindfulness and positivity, housed under the banner of Well Spirit.

The Welltopia website's success and high-quality was recognized with the [Digital Government Achievement Award 2015](#) from the [Center for Digital Government](#).

The Department will continue to build upon the successes of the Welltopia Facebook page and website as well as the [Text4Baby](#) demonstration project in order to fully engage members in their health.

Listening 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. A number of channels are being used including public deliberations, focus groups, and community roundtable discussions.

DHCS is partnering with the Center for Healthcare Decisions to conduct public deliberations with Medi-Cal members and other insured consumers on ways to reduce the use of harmful and/or wasteful medical services featured in the [Choosing Wisely® initiative](#). This is the first time the Department has been involved in public deliberations with Medi-Cal members. The findings from the public deliberations will help inform DHCS QI efforts in this important health care practice and policy area.

In 2016, DHCS will also be conducting focus groups and video ethnographies with Medi-Cal members in Northern, Central, and Southern California to identify the best approaches to reduce the risk and prevalence of overweight and obesity in low-income communities. The results of focus groups and video ethnographies will help inform the development and testing of a suite of community-based overweight and obesity prevention efforts, specifically tailored to the needs of Medi-Cal members

Enhance Communication and Coordination of Care

Improve care for super-utilizers. The Department continues to work with stakeholders to use data, interventions, policies, and evaluation to improve clinical care and population health for super-utilizers. This work cuts across divisions and involves physical, behavioral, and social aspects of health in both FFS and managed care systems. DHCS will use the new 1115 Medicaid Waiver to improve health and outcomes for high- and super-utilizers.

Improve palliative and end-of-life care. Improving access to and the delivery of palliative care and end-of-life planning can increase the quality of life for those most in need. DHCS continues work in this important area, in alignment with the Let's Get Healthy California Task Force Final Report. In addition to the implementation of Senate Bill 1004 (Hernandez, 2014), the Department is engaged in several activities in this area:

- 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/private effort to establish a statewide POLST registry and is currently planning a pilot project to test the registry.
- The Alzheimer's Association has reached out to the Department to ensure that the Association's resources in patient, family, and caregiver support, such as the [24/7 Helpline](#), are made available to all Medi-Cal members and their families that might benefit. Multiple channels are being explored to make these resources available to members, including the Welltopia website.

Coordinate physical and behavioral health. 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. 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 Prevention

Four modifiable behaviors — lack of physical activity, poor nutrition, tobacco use, and alcohol abuse — are the major risk factors for a substantial portion of chronic disease morbidity and mortality.⁶⁻⁸ Preventing disease or its progression is the most cost-effective and practical way to promote population health.⁹ Studies, however, indicate variable delivery and suboptimal use of preventive services, particularly among low-income populations, including those enrolled in Medicaid and the Children’s Health Insurance Program (CHIP).¹⁰⁻¹²

DHCS conducted an assessment of [health promotion and disease prevention services delivered through MCPs](#). The findings indicated that immediate opportunities exist to improve the delivery and effectiveness of these services. To advance health promotion in Medi-Cal, achieve outcomes consistent with high-performing systems, and inform the broader dialogue about preventive care improvements in Medicaid, DHCS plans to determine: (1) how the MCPs assess health risks among Medi-Cal members and how risk-related data are used to inform intervention delivery; (2) the best approach to set QI targets and accountability systems, starting with the leading causes of preventable mortality and illness, to ensure that evidence-based interventions are delivered to Medi-Cal members in a timely, prudent, and effective manner; (3) methods to optimize the delivery of the United States Preventive Services Task Force A and B recommendations and other evidence-informed best practice interventions;¹³ (4) opportunities to ensure that health care and community prevention efforts are available, integrated, mutually reinforcing, and address multiple determinants of health; and (5) methods to implement a monitoring system for tracking the delivery and performance of health promotion services. Such a system will help to deploy resources to the most effective programs while curtailing ineffective ones.

Million Hearts® initiative. DHCS was invited to participate in a 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 1 million hearts 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 2016:

1) Reducing tobacco use. DHCS has an overall goal to reduce smoking prevalence among adult Medi-Cal members from 17.3% to the level of the general state population, 11.7%.¹⁴ In order to address disparities and achieve this significant reduction, several important strategies will be implemented. DHCS is working with MCPs to provide the best standard of care for tobacco cessation.

This includes:

- Encouraging the active referral and promotion of the free California Smokers' Helpline;
- Implementing clinical standards of practice to support cessation;
- Making available the seven Food and Drug Administration-approved medications without preauthorization to treat tobacco use;
- Providing evidence-based best practice resources for physicians, including "Ask, Advise, Refer" trainings; and
- Ensuring the use of tailored and culturally appropriate cessation materials for members.

2) Improving high blood pressure control. DHCS is working with CDPH, the Right Care Initiative, MCPs, academia, and other partners to improve high blood pressure control in the Medi-Cal population. Efforts are underway to share 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.

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

Reducing overweight and obesity in the Medi-Cal population. The prevalence of overweight and obesity in children, adolescents, and adults requires immediate attention. Currently, there are multiple efforts in the Department to decrease overweight and obesity among Medi-Cal members.



The Child Health and Disability Prevention Program (CHDP) trains providers on the use of Body Mass Index (BMI) to identify children at risk for overweight and obesity, methods of conducting nutrition assessments, and counseling techniques and practices that enable providers to promote a healthy weight at CHDP well-child visits. In addition, CHDP implemented the Active and Healthy Families (AHF) childhood obesity program in a number of counties throughout California. AHF is a family-based medical group appointment program that teaches healthful eating and physical activity habits to low-income families served by Federally Qualified Health Centers. In the counties with an AHF or similar program, CHDP: (1) trains the AHF team, which consists of a provider, a registered dietitian, and a promotora or community health worker; (2) monitors the sessions; and (3) evaluates the program. In one county, preliminary results showed a significant decrease in BMI and a trend toward lower triglyceride levels.

In partnership with IPHI, the Department is working with USDA SNAP-Ed and CDSS to: (1) conduct key informant interviews with leading experts, focus groups with Medi-Cal members, and video ethnographies with Medi-Cal members and community leaders to inform the development of a comprehensive obesity prevention program;

(2) test a full-scale, community-based approach to reduce the risk and prevalence of overweight and obesity among low-income Californians; and (3) evaluate the impact on health, especially BMI, fruit and vegetable consumption, and physical activity. This work will help complement CHDP efforts and inform Medi-Cal and public health policy. This project marks the largest effort by DHCS to collaborate with low-income communities to decrease overweight and obesity.

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 system that addresses population health. 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 continues to explore 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 examples, there is strong collaboration and coordination between our Medi-Cal Incentives to Quit Smoking Project and CDPH's Tobacco Control, and Heart Disease and Diabetes Prevention Programs. Likewise, CDPH and DHCS have joined forces to improve product placement and marketing in retail stores to reduce tobacco, alcohol, and unhealthful food purchasing in low-income communities through the Healthy Stores for a Healthy Community Campaign. Many public health and health care partners have also contributed content to both the *Welltopia by DHCS* Facebook page and *Welltopia* website.

Eliminate Health Disparities

Addressing health disparities. DHCS will continue to work with stakeholders and partners to develop and deploy aggressive interventions to eliminate addressable disparities. As part of the partnership, DHCS has 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. In an effort to effectively reach all members and reduce inequities in the delivery system, DHCS is also working with MCPs and other partners to improve health literacy skills and tailor communication to meet the needs of Medi-Cal members.

Using data to drive decision-making. DHCS is using data to identify health disparities among the Medi-Cal population and ultimately drive intervention approaches in high-need areas. In addition, plans are underway for DHCS to conduct a Department-wide assessment to identify innovative and effective interventions and programmatic approaches addressing a variety of health disparities and inequities. Findings of the assessment will be placed on the website, connecting users with real-time, on-the-ground programs and services that narrow the health gap between different Medi-Cal sub-populations.

Quality Strategy Coordination

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

Summary

The *Quality Strategy* is an annual blueprint 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 purposes of the *Quality Strategy* are to improve health, enhance quality, and reduce per capita health care costs. In partnership with stakeholders, DHCS will use the *Quality Strategy* to further sustain a culture of quality that benefits Medi-Cal members and all Californians.



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