

DHCS



Department of
HealthCareServices

Toby Douglas, Director

**Strategy for Quality Improvement
in Health Care**

November 2012

Introduction and Background

The Department of Health Care Services (DHCS) is placing a renewed emphasis on achieving high quality and optimal clinical outcomes in all departmental programs. This focus closely aligns with the Department's mission: to preserve and improve the health of all Californians. To help achieve this mission, we are initiating the *DHCS Strategy for Quality Improvement in Health Care* (referred to hereafter as the *Quality Strategy*), which describes the goals, priorities, guiding principles, and specific programs related to quality improvement.

Why the renewed emphasis on quality and outcomes in DHCS? Most importantly, we have an ethical obligation to provide the best possible care and service to Californians and to be responsible stewards of public funds. In addition, there is a confluence of other drivers. Addressing the issue of limited and declining health care resources, Donald Berwick, MD, former Administrator, Centers for Medicare and Medicaid Services (CMS) has noted on many occasions that the most effective and appropriate way to reduce health care costs is to do so by improving quality.

Another driver is the Department's five-year 1115 federal waiver, entitled *Bridge to Reform*, which is improving clinical quality through better coordination of care for vulnerable populations, care delivery redesign, population-focused interventions, and enhanced patient safety. By improving quality, these efforts will help to bend the health care cost curve. Finally, the Affordable Care Act (ACA) (P.L. 111-148)¹ addresses many important health care quality issues in domains such as prevention and health promotion, patient safety, coordinated and complex care, community health, and new care delivery models.

Development of the DHCS Quality Strategy

This initial version of the *DHCS Quality Strategy* was developed using the National Strategy for Quality Improvement in Health Care (National Quality Strategy or NQS) as a foundation (see Appendix for a summary of the NQS). Because quality improvement is challenging and resource-intensive, it is important to look for areas of vertical alignment—meaning there is consensus at the federal, state, regional, and provider levels. The NQS used an extensive and broad stakeholder engagement process, making it a reasonable starting point for the *Quality Strategy*. The *DHCS Quality Strategy*, however, specifically addresses the needs of Californians and focuses on the Department's programs.

Three Linked Goals

Consistent with the Institute for Healthcare Improvement's Triple Aim and the Three Aims of the NQS, *DHCS's 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.

¹ Patient Protection and Affordable Care Act, Public Law No. 111-148, enacted March 23, 2010.

The Three Linked Goals are integral to the development, implementation, and ongoing updates of the *Quality Strategy*.

The Department's Seven Priorities

The Department's 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
7. Eliminate health disparities

The first six priorities are very similar to those in the NQS since they are relevant to public- and private-sector care delivery across many patient populations. The seventh priority, "Eliminate Health Disparities," is particularly significant for the population served by DHCS programs, including Medi-Cal, and it is very similar to NQS Principle #3—which is a cross-cutting commitment to eliminate disparities due to race/ethnicity, gender, age, socioeconomic status, geography, and many other factors. The order of the seven priorities does not indicate prioritization. All seven domains are of high priority.

Additional commentary and specific examples associated with each priority is provided below. The examples are not an inventory of current DHCS quality efforts, which are extensive. An inventory is being completed and will be released at a later date. Instead, the examples are intended to illustrate the types of efforts that will be developed fully within the *Quality Strategy*.

Improve patient safety. In spite of the national attention devoted to patient safety since the publication of the Institute of Medicine (IOM) report, *To Err is Human: Building a Safer Health System*,² the burden of death and disability attributable to preventable medical error remains unacceptably high. It is essential that DHCS work closely with stakeholders to design policy and program interventions aimed at reducing health care-acquired conditions. Progress must also be tracked, quantitatively, to ensure the achievement of better health outcomes.

Examples of Patient Safety Initiatives

- ***Reduce Provider-Preventable Conditions through Implementation of Section 2702, ACA.*** Working closely with stakeholders, the Department will reduce 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-

² Kohn KT, Corrigan JM, Donaldson MS. *To Err Is Human: Building a Safer Health System*. Washington, DC: National Academy Press; 1999.

called never events involving surgery: wrong procedure, wrong site, and wrong patient. The State Plan Amendment to implement Section 2702 was recently approved by CMS with an effective date of July 1, 2012.

- ***Advance Patient Safety in California's Public Hospitals.*** The Delivery System Reform Incentive Pool (DSRIP) Program is an important component of the 1115(a) Medicaid Demonstration program, "Bridge to Reform." A significant portion of the DSRIP Program is devoted to patient safety. Details of this work can be found at: <http://www.dhcs.ca.gov/provgovpart/Pages/DSRIP1.aspx>. Two areas of focus for all 17 designated public hospital systems are: (1) improved detection and management of sepsis (serious, life-threatening blood infections); and (2) central line-associated bloodstream infection prevention. In addition, each public hospital system will be implementing other quality improvement initiatives that are relevant to the individual institutions. Each quality improvement focus will: (1) specify a measureable impact on population health; (2) have a strong evidence base; and (3) have the potential to reduce morbidity, mortality, or both in the public hospital population. Beginning July 2013, many of the designated public hospital systems will be launching a program to advance the quality of care provided to HIV/AIDS patients. This quality improvement program is part of the Low-Income Health Program (a component of the 1115(a) waiver).
- ***Enhance Maternal Quality of Care and Improve Obstetrical Outcomes.*** With over 45% of births covered by Medi-Cal, DHCS is committed to improving maternal quality of care and reducing the rate of elective deliveries prior to 39 weeks of gestation. Research indicates that elective deliveries before 39 weeks increase the risk of significant complications for the mother and the baby, as well as long-term health problems. DHCS will monitor the recently announced federal Strong Start Initiative, a public-private partnership to reduce the rate of early elective deliveries, that will make available a funding opportunity for providers, states and other applicants to test the effectiveness of enhanced prenatal care approaches to reduce preterm births for women covered by Medicaid and at risk for preterm births. In addition, DHCS will partner with the California Maternal Quality Care Collaborative on efforts to implement clinical best practices and quality improvement techniques to end preventable morbidity, mortality, and disparities in California maternity care.
- ***Reduce Neonatal Nosocomial Infections.*** Working with the California Perinatal Quality Care Collaborative (CPQCC), DHCS will reduce/eliminate catheter-associated blood stream infections and other hospital-acquired infections in California Children's Service (CCS)-approved Neonatal Intensive Care Units (NICUs). In addition to improving patient safety, the opportunity to share best practices with other NICUs will result in improved communication among hospitals and their staffs, and should also produce cost-savings for hospitals.
- ***Identify Quality Improvement Opportunities for Neonatal Intensive Care Units.*** Through the High Risk Infant Follow-up (HRIF) Quality of Care Initiative, DHCS, in collaboration with CPQCC, has developed a web-based HRIF Reporting System to

collect data for the CCS HRIF Program. The reporting system will: 1) identify quality improvement opportunities for NICUs in the reduction of long-term morbidity; 2) allow programs to compare their activities with all sites throughout the state; and 3) allow the state to assess site-specific successes. The system, collecting data on high-risk infants up to their third birthday who are enrolled in the CCS HRIF Program, will add value to the current CPQCC data already collected.

- ***Reduce Harm Caused in Hospitals.*** DHCS will engage stakeholders to determine the best ways to support the National Partnership for Patients (PfP) Initiative, which aims to: 1) keep patients from getting injured or sicker, and 2) help patients heal without complication. The goals of this public-private partnership are to decrease hospital-acquired conditions by 40% and preventable readmissions by 20% by 2013.
- ***Reduce Potentially Preventable Events (PPEs).*** DHCS is committed to improving all aspects of patient safety and the overall quality of care provided to its members. As such, DHCS will place an emphasis on reducing Potentially Preventable Admissions (PPAs), Potentially Preventable Readmissions (PPRs), Potentially Preventable Complications (PPCs), Potentially Preventable Emergency Department Visits (PPVs), and Potentially Preventable Ancillary Services (PPSs). DHCS will work with its contracted managed care plans and contracted actuary, Mercer Health & Benefits LLC, to develop an evidence-based payment method focused on reducing PPAs as a first step. Development of a method such as this is justified by the need to reduce the incidence of PPEs, coupled with the strong evidence base that such reductions are achievable using readily available system-change strategies.

Deliver effective, efficient, affordable care. It is no longer tenable to simply look at the effectiveness or cost of care in isolation. As embodied in the Department's commitment to the Three Linked Goals, we must simultaneously consider the perspectives of population health, quality of care, and the per capita cost of care, given finite and shrinking budgets and the need to serve more Californians. The complexities of this challenge will require the development and testing of new models of care such as medical homes and accountable care organizations. Also included in this priority area is the need to eliminate ineffective care as well as fraud and abuse.

Examples of Effective, Efficient, Affordable Care Initiatives

- ***Improve Care Coordination for Seniors and Persons with Disabilities.*** The 1115 Waiver allows DHCS to achieve care coordination, better manage chronic conditions, and improve health outcomes by transitioning the Seniors and Persons with Disabilities (SPD) population into Medi-Cal Managed Care. Beginning June 2011, DHCS began enrolling the SPD population into managed care in 16 counties. The Governor's 2012-13 budget proposes to expand Medi-Cal managed care statewide starting in June 2013. The proposal combines strong beneficiary protections with centralized responsibility for the broader continuum of care. This combination will promote accountability and coordination, align financial incentives

and improve care continuity across medical services, long-term services, and behavioral health services.

- ***Integrate Care for Dual Eligible Individuals.*** DHCS is developing a pilot program to test innovative payment and person-centered delivery models that integrate the full range of acute, behavioral health, and long-term supports and services for members that are dually eligible for Medicare and Medi-Cal. DHCS is using federal funding to support this work through the federal Coordinated Health Care Office. The pilot goals are to: 1) coordinate Medicare and Medi-Cal benefits across care settings; 2) 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 3) minimize or eliminate cost-shifting between Medicare and Medicaid. DHCS aims to achieve significant efficiencies and improved care for members that are dually eligible.
- ***Develop a Performance Outcome System for Early and Periodic Screening, Diagnosis, and Treatment in Mental Health Services.*** DHCS, in collaboration with stakeholders, is designing a mental health services performance outcome system for Early and Periodic Screening, Diagnosis, and Treatment as mandated by Senate Bill 1009 (Chapter 34, Statutes of 2012). The specific aims of the system are to: (1) ensure access of eligible children and youth to appropriate mental health services; (2) provide information that improves quality at the patient and system levels; and (3) evaluate services, over time, for effectiveness and efficiency. While the focus of this system is on children, the Department plans to use what it learns from this process to similarly improve how it measures and continuously improves the mental health system's performance and outcomes for adults.
- ***Improve Health Outcomes for Members with Severe Mental Illness and Children with Serious Emotional Disorders.*** DHCS is committed to providing safe, effective, efficient, patient-centered care to Medi-Cal members with chronic physical and mental health conditions. Through the California Mental Health Care Management Program (CalMEND) Pilot Collaborative, DHCS has partnered with six California counties to implement care management quality improvement processes at the local level to improve the integration of mental health care and primary care services to Medi-Cal members with severe mental illness (SMI) and children with serious emotional disorders (SED). Going forward, CalMEND hopes to continue its quality improvement efforts in promoting safe and effective use of pharmacotherapy treatment for the SMI and SED populations.
- ***Improve Psychotropic Medication Use in Children and Youth in Foster Care.*** Building on the experience from the CalMEND project, DHCS is working with the California Department of Social Services (CDSS) to develop a project that seeks to dramatically improve psychotropic medication use within this population by 2015. Abuse of psychotropic medication in children and youth is prevalent among those in foster care. Measures of system improvements will include: improving care coordination, removing barriers and improving the efficient use of a health and

education passport, and improving care through strengthening partnerships with youth and families. Key elements of the project include: 1) strategies to engage providers to improve adherence to guidelines for prescribing and administering psychotropic medications; and 2) establishing an engaged partnership among youth and adults. Together, these elements will help to achieve success for the project.

- ***Improve Care Coordination for Children with Special Health Care Needs.*** DHCS will demonstrate improved care coordination for children with special health care needs through a Demonstration Project using four proposed pilot models: 1) Existing Managed Care Plans; 2) Enhanced Primary Care Case Management; 3) Specialty Health Care Plans; and 4) Provider-Based Accountable Care Organizations. Improved care coordination for this vulnerable population will result in improved health outcomes, improved cost-effectiveness and clearer accountability, improved satisfaction with care, and the promotion of timely access to family-centered care.
- ***Control Rising Cost of Care and Improve Quality of Care Through Implementation of Diagnosis-Related Group-Based Hospital Reimbursement.*** DHCS, in consultation with stakeholders, is developing a new method of paying for hospital inpatient services in the fee-for-service Medicaid program. Instead of paying hospitals on a cost or charge basis, effective January 1, 2013, hospitals will be paid prospectively on a fixed-price system based upon the diagnosis-related group (DRG) into which a patient is classified. By discouraging unnecessary and potentially harmful procedures, and by encouraging the concentration of complex procedures in facilities that conduct them frequently, DRGs have become widely recognized as one of the most important cost control and quality improvement tools that governments and private payers have implemented.

Engage persons and families in their health. There are many reasons why person and family engagement is important. Fundamentally, adult patients have the right to make informed decisions on all aspects of their care. Therefore, they must be engaged actively in health care decision-making. In addition, in many situations (e.g., when the patient is a minor), families must have an active role in health choices. Furthermore, engaging persons and families in their health is appropriate to foster adherence to lifestyle, medication, behavioral, and other medical recommendations that can have a major impact on health.

Example of an Emerging Engagement Initiative

- ***Leverage Social Media and Other Community Outreach Tools to Engage Members in their Health and Health Care.*** Social media tools such as Facebook, Twitter, text messaging, and blogs have the potential to transform relationships between health care providers and their members, as these tools provide opportunities for bi-directional conversations to take place. DHCS recognizes the importance of members taking an active role in their health and health care and is committed to collaborating with partners, including health plans and hospitals, to use social media and other community outreach tools to: (1) enhance transparency; (2) engage members to solicit their ideas, suggestions, and feedback; (3) connect

members to health-promoting resources in their communities; and (4) foster health-promoting social networks.

Enhance communication and coordination of care. To achieve coordinated care, it is essential to have rapid, consistent communication of all necessary clinical information among providers. Such communication will help to reduce medical errors and duplicative care and to advance health care quality. Effective communication among providers is especially important for persons with one or more chronic conditions to achieve effective and efficient management of their complex care needs. Enhanced communication and coordination depends primarily on thoughtful system design, which ensures that clinical decision-making can occur with ready access to all necessary information. Technology, such as electronic health records, e-prescribing, and telehealth, can support and facilitate effective coordinated care but will not be effective unless underlying information flow is designed appropriately.

Examples of Communication and Coordination Initiatives

- **Increase the Adoption of Electronic Health Records.** Electronic Health Records (EHRs) are a key enabling technology for improving the quality, safety, and efficiency of the health care system. By administering the Medi-Cal EHR Incentive Program, which is part of the Health Information Technology for Economic and Clinical Health (HITECH) Act, it is DHCS' goal that by 2015, 90% of Medi-Cal providers eligible for incentive payments will have adopted EHRs for meaningful use in their practices. EHR adoption will result in: 1) improved care coordination among Medi-Cal providers, as Medi-Cal providers and members will be able to use available electronic information to make informed health care decisions at the point of care; 2) greater member engagement, as members will have electronic access to their Personal Health Record and self-management tools by 2015; and 3) population health improvement, as member and population health data from EHRs will be shared bi-directionally between providers, DHCS, the California Department of Public Health (CDPH), the Office of Statewide Health Planning and Development, and other approved institutions. Such data sharing will support the essential functions of public health and assessment of the effectiveness, quality, accessibility, and cost of care.
- **Participate in and Contribute to the Development of the Health Information Exchange (HIE) in California.** The HITECH Act was passed nationally as part of the American Recovery and Reinvestment Act to provide the technology framework for care delivery transformation. DHCS is partnering with the other HITECH grantees and partners to develop and implement the policy framework, standards, and funding models for health information to be exchanged electronically to improve outcomes and reduce cost.
- **Optimize Clinical and Administrative Data and Information to Advance the Three Linked Goals.** To provide leadership and coordination for clinical data and information flows, the Department has recently appointed Linette Scott, MD, MPH as

Chief Medical Information Officer (CMIO) to work with counterparts in health plans and health care environments to improve clinical and administrative data necessary to monitor success in this priority area. The CMIO will also work across DHCS programs to maximize the impact of initiatives affecting data availability, such as the Medicaid Information Technology Architecture (MITA), HITECH, and Health Insurance Portability and Accountability Act (HIPAA) 5010 and International Classification of Diseases (ICD)-10 conversions. DHCS recognizes the importance of both clinical and administrative data to monitor progress throughout all aspects of the *Quality Strategy*.

Advance prevention. Advancing prevention encompasses primary, secondary, and tertiary prevention. Primary prevention prevents disease in healthy people. Secondary prevention prevents or reverses disease at an early or precursor stage. Tertiary prevention reduces mortality and morbidity in patients with established disease. Prevention interventions are usually not cost-saving. However, they are frequently cost-effective, meaning they are “good buys” when compared with other alternatives. More importantly, there is an ethical imperative that it is better to prevent rather than treat disease, where possible, because the goal of care at the individual and societal level is to preserve and enhance health.

Examples of Prevention Initiatives

- **Reduce the Smoking Rate Among Medi-Cal Members.** Although California has the second lowest smoking rate in the country at 12 percent, 3.6 million Californians are current smokers. Approximately 725,000 of these smokers are adult members in the Medi-Cal program. In addition, smoking rates are disturbingly high among certain subgroups such as low-income residents with diabetes and other chronic diseases. Through a coordinated, system-wide initiative, DHCS will promote adoption of the policy and systems-change strategies outlined in the Public Health Service-sponsored Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update* as recommended by the Agency for Healthcare Research and Quality (AHRQ). By making available the full complement of effective tobacco use treatments, adapting clinical systems to assess all patients for tobacco use, strongly advising those that smoke about the importance of quitting, referring smokers to evidence-based treatments, and training Medi-Cal providers on evidence-based tobacco use treatment strategies, DHCS will reasonably be able to reduce smoking prevalence by 25% among adult Medi-Cal members.

Through the Medicaid Incentives for the Prevention of Chronic Diseases (MIPCD) Program, authorized under section 4108 of the ACA, DHCS will test the effectiveness of providing incentives directly to Medicaid members who participate in the Medi-Cal Incentives to Quit Smoking (MIQS) Project and change their health risks and outcomes by adopting healthy behaviors. The MIQS Project will focus on offering incentives to Medi-Cal members for participation in tobacco cessation services through the nationally renowned California Smokers’ Helpline. MIQS is expected to demonstrate that tobacco cessation benefits, including both pharmacological and behavioral treatments that are well promoted, barrier-free, and include modest incentives for

utilization and retention, are effective in increasing attempts to quit smoking, reducing smoking prevalence, and lowering Medi-Cal health care costs. The MIQS Project term is September 2011 through September 2016.

- **Support the Million Hearts Initiative.** Million Hearts™(MHI) is a national public-private sector initiative that was launched by the United States Department of Health and Human Services (DHHS) in September 2011 to prevent 1 million heart attacks and strokes over five years. The initiative aims to help millions of Americans improve their heart health by preventing and treating high blood pressure, high cholesterol, and tobacco use. Working with our own public and private partners, DHCS will determine the best way to support MHI through its existing programs and emerging quality improvement initiatives.

Foster healthy communities. Approximately half of all preventable mortality is attributable to four lifestyle issues: smoking, poor nutrition, physical inactivity, and alcohol abuse. While these are often viewed as individual choice issues, the most effective means of improving these risk factors in populations is through fostering healthy communities. For example, creation of the social and physical environment in California where non-smoking became the social norm led to a 50% reduction in the smoking rate over 20 years. Therefore, it is essential that the state commit to creating healthier communities to address the obesity and diabetes epidemics (and other public health problems) that threaten to overwhelm the health care system in California. CDPH, voluntary health agencies, community-based organizations, and many other stakeholders play leadership roles in fostering healthy communities. DHCS will work to coordinate with these partners to support this important priority.

Examples of Collaborations to Foster Healthy Communities

- **Strengthen DHCS' Health Promotion Efforts.** 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. As such, DHCS remains committed to its continued collaboration with CDPH to bridge the gap between health care and community-based improvements that promote healthy choices and environments. In addition to this collaboration, DHCS has established an Interagency Agreement with the U.C. Davis Institute for Population Health Improvement (IPHI), led by Kenneth W. Kizer, MD, MPH to provide thought leadership and technical assistance. Emphasizing the close working relationship, the Department has designated an IPHI scientist, Desiree Backman, DrPH, MS, RD as Chief Prevention Officer for DHCS, to improve population health by enhancing the link between health care and population health promotion.

Eliminate health disparities. Eliminating disparities in care is a key facet of health care quality according to the IOM,³ and it is a core principle of the NQS. Disparities in health care include, but are not limited to, those based on race, color, national origin, sex, age, disability, language, health literacy, sexual orientation and gender identity, source of payment, socioeconomic status, and geography. The National Health Care Disparities Report⁴ is a useful resource to better understand disparities linked to health care and will be used to provide context for the Department's efforts to eliminating such disparities.

Examples of Efforts to Eliminate Health Disparities

- ***Continue to Increase DHCS' Capacity to Eliminate Health Disparities and Support the Activities of the Office of Health Equity.*** DHCS is committed to eliminating disparities in the full continuum of care delivered to its members. As part of this commitment, DHCS will work to both identify and address health disparities using effective intervention and policy. A key partner in this work will be the newly created Office of Health Equity (OHE) within CDPH. Established through legislative mandate, effective July 2012, OHE consolidates DHCS' Office of Women's Health, CDPH's Office of Multicultural Health, Health in All Policies Task Force, the Healthy Places Team, and the Department of Mental Health's Office of Multicultural Services. This reorganization was implemented to better identify and ameliorate health disparities for disadvantaged and underserved communities by examining these issues through a more integrated approach to public health, behavioral health, and health care issues. DHCS recognizes that significant health disparities continue to exist within health care. Working with OHE and other stakeholders, the Department will strive to eliminate disparities in health and health care and to ensure that culturally competent care is provided equitably to those we serve.

Quality Strategy Guiding Principles

The *DHCS Quality Strategy* is anchored in a core set of guiding principles shared by stakeholders throughout California. These principles will guide the achievement of the Three Linked Aims and seven priorities of the *Quality Strategy*. The guiding principles include the following:

1. Person-centeredness and family engagement are central to high-quality care. Health outcomes and patient satisfaction can improve when: (1) patients' needs, experiences, and preferences are taken into account; (2) they are supported by a strong social system at the provider, community and family levels; and (3) they receive clear, understandable information that enables them to actively participate in their own care. DHCS is committed to improving systems of care to ensure the "whole person" is supported throughout the care delivery process.

³ Smedley BD, Stith AY, Nelson AR, editors. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: Institute of Medicine; 2002.

⁴ 2010 National Disparities Report, <http://www.ahrq.gov/qual/qdr10.htm>

2. Science provides the foundation for policy. Medicine and population health are rapidly evolving fields. New findings from research can reduce mortality and disability, improve health, and help to bend the cost curve. To accomplish these goals, the Department will use evidence-based approaches, including best practices in quality improvement. A valuable resource is the *Quality and Patient Safety* section within the Agency for Healthcare Research and Quality (AHRQ) website.⁵ The section provides extensive information on consumer assessment, standardized quality methods, quality metrics, the National Quality Measures Clearinghouse, patient safety, quality diagnostic tools for states, and other important topics. Other organizations providing useful resources for quality improvement include the National Committee for Quality Assurance, the National Quality Forum, the Joint Commission, the Institute for Healthcare Improvement, professional organizations, voluntary health organizations and many other public and private entities.

In the area of clinical prevention, the United States Preventive Services Taskforce (USPSTF) recommendations have been broadly adopted and are referenced in the ACA. Reflecting the constant advances in clinical sciences, the ACA mandates that the USPSTF provide an annual report to Congress that identifies gaps in the evidence base and recommends priority areas that deserve further examination. To bridge clinical practice and population health, with a focus on the social and environmental determinants of health, the National Prevention Strategy and the Guide to Community Preventive Services provide approaches that have been proven effective.

3. Integration and coordination of services and systems within the Department and among its partners will accelerate. Vertical and horizontal integration among the Department's programs and services is essential to positively impact the rapidly changing health care environment. Leveraging the efforts of our partners is equally important in creating an effective, patient-centered, continuum of care for our members. For example, one of the biggest opportunities for improving health care and overall health is improving the way we treat and prevent chronic illnesses. Health care providers can offer recommendations on how to stay healthy, but making changes in diet, physical activity, tobacco use, and other lifestyle behaviors is often difficult without community supports and resources. The Department is committed to advancing close coordination between health care providers and those working to improve the conditions in which people live.

4. Policy, interventions, and new innovations are designed and implemented with substantive stakeholder engagement and collaboration. As an entity of state government, DHCS exists to serve the people of California. Certainly patients and beneficiaries of the Department's programs are key stakeholders. Others include, but are not limited to the general public, other units of state government, local government, communities, the provider network, advocacy organizations, and others. DHCS values the voice of its stakeholders and appreciates that collaboration and engagement is necessary to drive innovation and system-wide advancements in care.

⁵ AHRQ Quality and Patient Safety Page, <http://www.ahrq.gov/qual/>.

5. Ongoing evaluation and updates of the Quality Strategy represent a commitment to strive for the highest quality and best possible outcomes. DHCS will continually strive to provide the best possible care to Californians eligible for departmental services. This commitment to continuous quality improvement (CQI) includes:

- Developing integrated, efficient data systems;
- Using rapid-cycle learning and improvement;
- Advancing workforce and organizational development in CQI; and
- Disseminating quantitative and qualitative evidence.

Looking Forward

Initial Version of the Quality Strategy

This version of the *DHCS Quality Strategy* is meant to provide an overview of the Department's approach to quality, but will not have all of the detailed intervention methods and metrics that will be included in successive versions. The intent of releasing an overview was to engage stakeholders at the earliest stage of planning. The Department conducted a statewide webinar to introduce the *Quality Strategy* and administered a statewide stakeholder survey to obtain feedback from the health community. This version of the *Quality Strategy* includes feedback from DHCS staff and stakeholders.

To help inform future versions of the *Quality Strategy*, the Department recently conducted a comprehensive baseline assessment of its current quality improvement activities. The results of the baseline assessment will help inform the development of the next version of the *Quality Strategy*, which will incorporate specific aims, metrics, quality improvement strategies and initiatives, timelines, and evaluation reporting plans. We will focus on quality initiatives that meet the following criteria:

1. Addresses a significant population health issue;
2. There is good evidence that interventions, including program and policy, can improve outcomes and ideally reduce costs;
3. Specific aim(s), with timeframes, are clearly defined;
4. Valid and reliable metrics are employed;
5. Quality improvement management techniques are used; and
6. Ongoing evaluation and reporting are conducted.

The Department will continue to work with stakeholders as the *Quality Strategy* evolves and DHCS lays the groundwork for the next, more specific *Quality Strategy Implementation Plan*.

Quality Strategy Coordination

Neal Kohatsu, MD, MPH, DHCS Medical Director, in collaboration with DHCS senior leadership and in close partnership with stakeholders, is coordinating the development and implementation of the *Quality Strategy*. In addition, DHCS has developed a formal partnership with the U.C. Davis (UCD) IPHI directed by Kenneth W. Kizer, MD, MPH, Distinguished Professor, UCD School of Medicine and the Betty Irene Moore School of

Nursing. Dr. Kizer and associates are providing thought leadership, technical assistance, consultation, and training for the Department and they are supporting the development, implementation, and evaluation of the *Quality Strategy*. Dr. Kizer has also assembled and is overseeing a national caliber advisory group to provide advice on the *Quality Strategy*.

Summary

The *DHCS Quality Strategy* is a living document that describes goals, priorities, guiding principles, and specific programs related to quality improvement within the Department. The ultimate purpose of the *Quality Strategy* is to improve health, enhance quality, and reduce per capita health care costs. In partnership with stakeholders, we will use the *Quality Strategy* to build and sustain a culture of quality that benefits Medi-Cal members and all Californians.

APPENDIX— Summary of the National Quality Strategy

Overview. As required by the ACA, the Secretary of DHHS established the NQS, which was published in March 2011.⁶ 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
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 (available at www.ahrq.gov/workingforquality) that were developed with extensive national stakeholder input. They 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;

⁶ National Strategy for Quality Improvement in Health Care: Report to Congress. Washington, D.C.: U.S. Department of Health and Human Services, 2011.

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 that 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.

Other 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). The Partnership 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% 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% 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%	65%
Blood pressure control	46%	65%
Effective treatment of high cholesterol (LDL-C)	33%	65%
Smoking prevalence	19%	17%
Sodium intake (average)	3.5g/day	20% reduction
Artificial trans fat consumption (average)	1% of calories/day	50% reduction