DHCS Strategy for Quality Improvement in Health Care

Jennifer Kent, Director

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"Systems awareness and systems design are important, but are not enough…It is the ethical dimension of individuals that is essential to a system's success."

-Avedis Donabedian, MD, MPH, Pioneer in Quality Improvement

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, DHCS is committed to continual improvement in population health and health care in all departmental programs. The 2017 *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 fifth annual update of the *Quality Strategy*. The first section of the document reports on progress in specific quality improvement (QI) projects; the second section, *Looking to the Future—Programs and Policies in Development*, highlights important initiatives that are either in the planning stage or early in development.

This is a time of rapid transformation for the health care system in California. The Department and its partners in health care, including health plans, hospitals, and individual care providers, are in the midst of implementing exciting advances in health systems, behavioral health, prevention, health disparities, and social determinants of health. For example, DHCS is using several federally approved waivers, including a $7.2 billion 1115 Medicaid Waiver, to test innovative models aimed at improving clinical care and population health.

With a new administration in Washington DC, state policymakers will be considering how Medicaid and other health policy may evolve. Regardless of the possible changes that may occur at the federal level, the Department remains committed to providing Californians with the highest quality health and health care services in ways that maximize efficiency and value.

As with previous versions of the *DHCS Strategy for Quality Improvement in Health Care*, the 2017 *Quality Strategy* was developed to align, where possible, with other state QI initiatives, and with the National Strategy for Quality Improvement in Health Care. Such alignment will accelerate progress by creating

a critical mass among partners and stakeholders to advance population health in the state's highest priority areas. Please refer to the DHCS Strategy for Quality Improvement in Health Care, 2012-2016 for historical perspective.

Three Linked Goals

The *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.

The seven priorities of the *Quality Strategy* are all viewed as equally important and critical to drive improvements in population health and care delivery.

Sustaining a Culture of Quality

The Department remains committed to a culture of quality. Across divisions, attention to outcomes, process improvement, and sustainability is as important to achieving the goals of both the *DHCS Strategic Plan* as well as the *Quality Strategy*. Here are a few examples of specific initiatives in this area:

- ***Kaizen Group:*** The Kaizen Group continues to provide a monthly forum where employees from throughout the Department meet to learn about specific process improvement techniques and to share progress and successes regarding specific QI projects.
- ***Assessment and QI training:*** The Department is advancing QI knowledge and skills among DHCS team members and health care network partners in various ways, including: an annual employer survey; Lean training; and a monthly seminar (the Learning Series) featuring internal and external experts discussing advances in health care and population health.
- ***Managed Care Plan (MCP) QI:*** The Managed Care Quality and Monitoring Division continues work with the External Quality Review Organization (EQRO), Health Services Advisory Group, and the Department's health plans to continually improve quality across the managed care delivery system. The Department contracts with 21 full-scope MCPs and three specialty health plans. MCPs provide health care services to approximately 10.7 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 Centers for Medicare and Medicaid Services (CMS), EQRO, and MCPs, the Department will continue to refine the QI plan required of all Medicaid managed care programs across the nation.

The Medi-Cal Managed Care Program's Innovation Award, designed to:

1) highlight innovative interventions developed by MCPs;
2) improve the quality of health care for Medi-Cal members; and
3) share best practices, was awarded to *Health Plan of San Mateo*.

- ***County Mental Health Plan (MHP) QI:*** There are 56 county MHPs that operate under contract with DHCS. The goal of each plan is to provide Medi-Cal members with timely access to mental health services and treatment through a continuous QI approach that strengthens the structure and processes of mental health delivery systems.
- ***Medicaid Information Technology Architecture Initiative (MITA):*** The Department continues to advance the MITA Initiative, which serves as a framework to improve and streamline business processes. The MITA Initiative provides for annual updates and monitoring of DHCS' progress. Visit the MITA website for more information.

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. Some of these activities have a well-defined problem and intervention plan, but may require additional components such as increased data collection and analytic capacity, augmented infrastructure and funding, or, perhaps, changes in law or policy prior to being launched as formal QI projects.

Table 1

Priority 1: Improve Patient Safety

Appropriate Use of Diagnostics and Treatments: Reduce inappropriate utilization of high-cost imaging, pharmaceutical therapies, and blood products by: 1) providing incentives to increase the use of cost-effective, evidence-based, targeted clinical services; 2) reducing broad-spectrum antibiotic use and decreasing inappropriate use of antibiotics; and 3) reducing hospital-associated Clostridium difficile infections.

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. Additionally, DHCS has joined a CMS-led affinity group to address antipsychotic drug use in children.

Perinatal Safety: 1) Decrease statewide Cesarean section (C-section) rate and variability in C-section rates in hospitals throughout California; and 2) improve maternal morbidity and mortality related to obstetrical hemorrhage statewide via a combined effort with the California Maternal Quality Care Collaborative, the Patient Safety First Collaborative, and the Hospital Quality Institute.

Reduce Errors in the Ambulatory Care Setting: 1) Ensure that abnormal test results are conveyed to the ordering clinician and appropriate follow-up is implemented; 2) annual monitoring is being done for patients on persistent medications; and 3) increase rates of cancer screening and completion of follow-up across targeted prevention services.

Improve Patient Safety

Reduce Opioid-related Morbidity and Mortality: Participate in the Prescription Opioid Misuse and Overdose Prevention Workgroup and use pay-for-performance incentives to: 1) develop safe and effective prescribing practices; 2) improve the use of multi-modal pain management strategies; 3) improve the effective use of non-opioid medications; and 4) increase access to naloxone for providers caring for patients with chronic pain.

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 Audits and Investigations and Third Party Liability 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 patients with chronic pain.

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. For more information, visit our website, DHCS Dashboard Initiative.

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

Global Payment Program (GPP): A component of the federal 1115 Medicaid Waiver, the GPP streamlines funding for care delivered to California's remaining uninsured population and creates a value-based mechanism to incentivize the provision of primary and preventive care and other high-value services, including the use of telemedicine and other alternative delivery methods.

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.

Priority 2 continued...

Deliver Effective, Efficient, Affordable Care

Whole Person Care Pilot Program (WPC): A component of the federal 1115 Medicaid Waiver, the WPC regional pilots focus on the coordination of health, behavioral health, and social services, as applicable, in a patient-centered manner with the goals of improved beneficiary health and well-being through more efficient and effective use of resources.

DHCS Employees

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

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

Home and Community-Based (HCB) Alternatives (Under Development): Formerly known as the Nursing Facility/Acute Hospital (NF/AH) Waiver, the HCB Alternatives Waiver is intended to: 1) allow Medi-Cal members who are medically fragile or have a disability, who would otherwise reside in an institutional setting, an opportunity to remain in their own homes and/or community setting; and 2) serve as an alternative to more costly nursing facility care. The state's primary goals when developing this proposal were to: 1) keep the member at the center of decision-making; 2) provide the best quality care in a timely manner to both current and future participants; and 3) continue to meet federal requirements.

Priority 2 continued...

Deliver Effective, Efficient, Affordable Care

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: Add and refine assessment measures to improve the performance outcome system for Early and Periodic Screening, Diagnosis, and Treatment of mental health services for eligible children and youth.

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.

Priority 2 continued...

Deliver Effective, Efficient, Affordable Care

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.

Medi-Cal Dental Services

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.

Dental Transformation Initiative (DTI): A component of the federal 1115 Medicaid Waiver, the DTI provides direct incentives to providers through program domains that promote overall children's utilization of preventive services and oral health disease management, expand prevention and risk assessment models, and increase dental continuity of care.

Deliver Effective, Efficient, Affordable 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. For more information, visit our website Medi-Cal Managed Care–Quality Improvement & Performance Measurement Reports.

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 well-being 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.

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, including the creation of a Spanish-language and Yolo County site, linking Medi-Cal members to resources that promote healthful living and support social risk factors for health.

Public Affairs Social Media Outreach: 1) Use social media outlets to promote effective messaging and assist California residents interested in benefits, services, or information about DHCS programs; and 2) increase public awareness of DHCS programs and activities.

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: DHCS is implementing a Medi-Cal palliative care policy as required by Senate Bill (SB) 1004 (Hernandez, Chapter 574, Statutes of 2014), with specific definitions of eligible conditions, services, providers, and quality measures. This policy, developed with extensive stakeholder engagement, will improve quality of care for Medi-Cal members. For more information, visit our website Palliative Care and SB 1004.

Enhance Communication & Coordination of Care

Integration and Coordination of Patient Care: 1) Achieve improved communication between inpatient and outpatient care teams and improved medication management with reconciliation to ensure continuity of health care as patients move from the hospital to the ambulatory care setting; and 2) reduce avoidable acute care utilization such as emergency department visits, hospital admissions, and readmissions to facilitate the appropriate coordinated delivery of health care services.

Public Affairs Stakeholder Engagement: Evaluate and revamp current stakeholder processes for timeliness and transparency to include: 1) timely notice of public stakeholder meetings and posting of meeting materials; 2) web pages for all stakeholder efforts; and 3) standards for meeting summaries and follow up to action items.

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.

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.

Advance Prevention

Reduce Overweight and Obesity Among Medi-Cal Members (Project Connect): 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 multi-component, community-based obesity prevention program designed to reduce the risk and prevalence of overweight and obesity among low-income Californians.

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.

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 screenings to priority populations.

Advance Prevention

Improve Chlamydia Screening in the Family Planning, Access, Care, and Treatment (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 develop 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.

SB 999 Annual Supply of Contraceptives: Continue partnering with MCPs to implement SB 999, which allows for pharmacists to dispense up to 12-month supplies of contraceptives at the patient's request.

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.

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.

HIV Affinity Group: DHCS joined a CMS-led affinity group that assesses current efforts, capacities, and strengths to improve HIV care delivery and prevention for the Medi-Cal population. DHCS, in partnership with CDPH, will work to strengthen data systems and data sharing statewide to improve the health outcomes for people living with HIV.

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.

Eliminate Health Disparities

Health Disparities Website: Modify the DHCS health disparities website to reflect how the fact sheets relate to the DHCS *Quality Strategy*, and create and add intervention models that address at least 10% of all fact sheets, with the ultimate goal of eliminating health disparities in the Medi-Cal population.

Prematurity Leadership Council: Partner with statewide stakeholders to eliminate disparities in African American preterm births in California. The group will develop comprehensive guiding principles for collective impact of African American community groups, perinatal health care, community services, and statewide organizations resulting in a reduction of African American preterm births to 8.1% by 2020 and 5.5% by 2030.

Looking to the Future—Programs and Policies in Development

In this section of the 2017 *Quality Strategy*, we highlight areas that are emerging as important in health care quality and population health. In addition, we hope that these sections begin a dialogue with our stakeholders on how we can launch initiatives, in partnership, to effectively address these newer issues.

Improve Patient Safety

Strengthen safety infrastructure in the ambulatory care setting. Despite progress in this field, improving patient safety continues to be a critical issue for health care systems. The ambulatory environment is prone to problems and errors that include missed/delayed diagnoses, delay of proper treatment or preventive services, medication errors/adverse drug events, and ineffective communication and information flow.[1]

Expanding on current projects in this area, DHCS has reached out to leaders and innovative thinkers in this field to explore avenues for collaboration. DHCS' goal is to identify proven models that effectively improve workflows in the ambulatory care setting and explore methods for implementation across the state. Areas of interest include: 1) provider education through the use of academic detailing; 2) economic impact and sustainability studies to evaluate the equity of potential projects; and 3) advances in information technology including EHR systems that may complement and enhance safety infrastructure while improving efficiency.

Deliver Effective, Efficient, Affordable Care

Address substance use in pregnancy. Substance use is highly prevalent in pregnant women in California, and the use of opioids in pregnancy has risen significantly over the past decade. These increases in maternal substance use have led to increases in neonatal disorders such as Neonatal Abstinence Syndrome (NAS). Through the perinatal project in PRIME as well as partnerships with statewide partners, DHCS will be working to better understand the complexities of maternal substance use and create opportunities for safe, effective, and equitable treatment for both mother and baby.

Improve use of the controlled substances database. DHCS will participate in the implementation of SB 482, which requires prescribers to consult the Controlled Substances Utilization Review and Evaluation System (CURES) prior to prescribing an opioid medication to a patient for the first time. Consistent use of CURES is important to policy and program efforts to eliminate opioid abuse in California.

Reduce overuse and waste through Smart Care California (SCC). SCC is a public-private partnership working to promote safe, affordable health care in California. The group currently focuses on three issues: 1) C-sections; 2) opioid overuse; and 3) low back pain. Collectively, SCC participants purchase or manage care for more than 16 million Californians, or 40% of the state's population. SCC is co-chaired by the state's leading health care purchasers: DHCS, Covered California, Covered California, and CalPERS with support from the California Health Care Foundation.

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.

Engage Persons and Families in their Health

Support 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. Sixty-four percent of US adults now own a smartphone. Low-income populations are more likely to be smartphone-dependent and more likely to use their phones to navigate health-related resources.[2] In addition, a growing number of applications have health-promoting uses, including Facebook.

The Welltopia by DHCS Facebook page, Welltopia website, and the Medi-Cal App represent three successful ways DHCS is continuing to use consumer feedback and technology to engage members in their health. Both the Facebook page and Welltopia website are undergoing exciting changes and growth in 2017. Since its inception in 2013, the Facebook page has grown and is now reaching nearly 100,000 users, most of whom are low-income Californians. DHCS is testing the use of small incentives to drive traffic to both the Facebook page and website. Preliminary results show significant improvements in traffic and engagement in both platforms.

DHCS recently launched new components to the Welltopia website, including a new Spanish-language and Yolo County site, both emphasizing whole-person health – mind, body, and spirit. In 2017, the Department plans to add additional county-level sites.

The Medi-Cal app is the official app of Medi-Cal, and was launched as part of the 50 years of service celebration. Members can use the app to find services, learn about enrollment, coverage, benefits, and preventive services available to them.

Listen to the voices of members, patients, and families. Central to the concept of member- and patient-centered care is the need to directly engage members, patients, and families to better understand the care experience from their perspectives, assess their needs, gather their recommendations, and develop more effective programs and policies. A number of approaches are being used to engage with members, including public deliberations, focus groups, and community roundtable discussions.

In 2016, DHCS conducted focus groups and video ethnographies with Medi-Cal members across California to identify the best approaches to reduce the risk and prevalence of obesity in low-income communities. Results from the two studies, as well as key informant interviews are helping to inform the development and testing of a multi-component community-based intervention to reduce obesity rates among Medi-Cal members.

The Welltopia website's success and high-quality was recognized with the Digital Government Achievement Award from the Center for Digital Government for the Government-To-Citizen State Government Category

In 2016, DHCS partnered with the Center for Healthcare Decisions on a project called Doing What Works (DWW) to conduct 10 public deliberations with Medi-Cal members and other insured consumers on ways to reduce the use of harmful and/or wasteful medical services as supported by the Choosing Wisely® initiative. Across all groups, participants expressed strong support for value-based care. SCC, a work group of DHCS, CalPERS, and Covered California, is working to improve high-value care delivery by addressing overuse and misuse of services.

The enhanced understanding gained from the work and other efforts will be applied to system re-design efforts across the Department including programs within the 1115 Medicaid Waiver.

Advance Prevention

Million Hearts® initiative. The Million Hearts® initiative was established by the Department of Health and Human Services and co-led by CMS and the Centers for Disease Control and Prevention (CDC) in 2012 to prevent 1 million heart attacks and strokes by 2017. Because of the complexity of the problem, the initiative will be extended another 5 years. DHCS is engaging in large-scale efforts to advance Million Hearts® in the Medi-Cal delivery system. As part of the PRIME project, 16 California public hospitals are implementing the Million Hearts® initiative. Additionally, in 2017, DHCS is committed to the following areas:

1) **Reducing tobacco use.** Tobacco remains the leading cause of preventable death and disability for California and the US. DHCS has recently completed a 5-year federally funded study of smoking cessation that demonstrated the effectiveness of telephone-based cessation counseling. DHCS is redoubling its efforts to reduce smoking prevalence among adult Medi-Cal members from 17.3% to the level of the general state population, 11.7%.[3] In order to address disparities and achieve this significant reduction, several important strategies will be implemented, including:
    - Using data sources such as CAHPS to ascertain MCP-specific smoking prevalence rates;
    - Developing methods to leverage recent changes in California state law enabling pharmacists to recommend and dispense nicotine replacement therapy;
    - Ensuring the active referral and promotion of the free California Smokers' Helpline or other effective counseling resources;

- Implementing systematic approaches to clinical tobacco control as has been done for cardiovascular disease prevention and opioid abuse prevention;
- 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 conducted a QI collaborative with 9 MCPs between January and December, 2015. Participating MCPs demonstrated an average increase of 5 percentage points in their rates of controlled hypertension. Lessons from this effort will continue to inform other DHCS strategies to improve hypertension control among Medi-Cal members in 2017.

3) **Improving aspirin use for secondary prevention.** DHCS researchers and pharmacy experts conducted a data research study to explore the rate of aspirin prescribing and use in the Fee-for-Service Medi-Cal population. Findings from this effort are helping to inform whether QI work is warranted in this area since aspirin is known to reduce morbidity and mortality in selected high-risk populations.

4) **Alcohol abuse.** According to the CDC, excessive alcohol use leads to approximately 88,000 deaths and 2.5 million years of potential life lost (YPLL) each year in the US, shortening the lives of those who died by an average of 30 years.

To address the problems associated with excessive alcohol use, DHCS is implementing the Strategic Prevention Framework State Incentive Grant. The grant helps create partnerships with SUD prevention programs and law enforcement at the community level using evidence-based environmental and media strategies (i.e., responsible beverage service training, DUI checkpoints, party patrols, minor decoy operations; and audio, paper, and electronic media). Additionally, a majority of California's 58 counties identify goals in their strategic prevention plans that address binge drinking, past 30-day use of alcohol among youth, and age of onset of alcohol use.

Reduce obesity in the Medi-Cal population. The prevalence of overweight and obesity in all age groups requires immediate attention. Obesity prevalence rates for most subgroups remain at all-time highs.[4,5] In addition, due to obesity, life expectancy may be decreasing.[6] African Americans, Latinos, and those with low socioeconomic status, including those enrolled in Medi-Cal, are more likely to be obese.[7] The health consequences of obesity are numerous, including: coronary heart disease, hypertension, stroke, certain types of cancer, sleep apnea, diabetes, osteoarthritis, and adverse social impacts.[8]

To address this epidemic, the Department, in partnership with IPHI, received a 5-year, $8 million grant from USDA SNAP-Ed to conduct formative research, test, and study the impacts of a multi-component, community-based intervention to reduce the risk and prevalence of obesity among Medi-Cal members. This effort, called Project Connect, is in the study design and program planning phase. Results from formative research conducted in 2016, including key informant interviews, focus groups, and video ethnographies, demonstrated a need for increased social connection, improved

neighborhood safety, greater access to healthful foods and physical activity, and efforts to address other social aspects of health.

As part of the PRIME project, nine California public hospitals are implementing obesity prevention screening and referral to treatment protocols as well as the Hospital Healthier Food Initiative, an effort from the Partnership for a Healthier America, to deliver healthier food and beverage options throughout hospital systems' facilities.

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 affect 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 social aspects of health, including social cohesion, safety, access to food and physical activity, housing, education, and job training/placement.

The health care, public health interface is growing stronger through collaborations among DHCS, CDPH, and CDSS. For example, 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 the Welltopia website.

Eliminate Health Disparities

DHCS is continuing to work with stakeholders and partner organizations, including the CDPH Office of Health Equity, to develop and deploy effective interventions to eliminate addressable health disparities and improve health literacy skills to meet the needs of Medi-Cal members. DHCS continues to use data to drive decision-making by creating health disparities fact sheets on a wide variety of health, behavioral, and disease topics, including disaggregated data by race/ethnicity and a high level of granularity, when possible. DHCS will continue to publish additional fact sheets on high-priority health areas.

DHCS is sharing its efforts to address health disparities on an ongoing basis by leading internal and external webinars, presentations, sharing research at prominent health disparities convenings, and participating in site visits to learn about work being done to tackle health disparities at all system levels. To stay connected to real-time, on-the-ground programs and services that narrow the health gap between Medi-Cal sub-populations, visit our health disparities website.

DHCS is conducting Department-wide surveys and interviews to identify innovative and effective interventions and programmatic approaches that address a variety of health disparities and inequities. Preliminary survey and interview findings suggest that DHCS programs are collaborating with a wide array of partners to serve members' needs and collect data to help inform and target interventions for eliminating health disparities.

As part of the new 1115 Medicaid Waiver, DHCS is serving as the data steward for the collection of Race, Ethnicity, and Language (REAL) and Sexual Orientation and Gender Identity (SO/GI) data. Participating hospitals are working to systematically collect accurate and complete, REAL and SO/GI data. These data will be used to develop and implement REAL and SO/GI disparity reduction interventions.

Summary

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 Institute for Population Health Improvement provides key technical support and consultation through an Interagency Agreement that created the Medi-Cal Quality Improvement Program.

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 purpose of the *Quality Strategy* is 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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