**DEPARTMENT OF HEALTH CARE SERVICES** 

## COMPREHENSIVE QUALITY STRATEGY EXECUTIVE SUMMARY 2022

The Department of Health Care Services' (DHCS) ten-year vision for the Medi-Cal program is that the people served by Medi-Cal should have longer, healthier, and happier lives. In this whole-system, person-centered, and population health approach to care, health care services are only one element of supporting better health in the population. Partnerships with Medi-Cal members, communities, community-based organizations (CBO), schools, public health agencies, counties, and health care systems will be essential to preventing illness, supporting health care needs, addressing health disparities, and reducing the impact of poor health.

The COVID-19 public health emergency (PHE) has made DHCS' vision more relevant than ever. The pandemic's impacts, including a reduction by one and a half years in national life expectancy in 2020 (almost three years for Black and Latino communities), outbreaks in nursing homes and correctional facilities, schools shifting to virtual instruction, job losses, risks for essential workers, and enormous stresses on public health and health care delivery systems, have been devastating. And yet, the pandemic also fostered unprecedented collaborations across silos, demonstrating the power of partnerships, especially in implementing COVID-19 testing, vaccination, and community education and outreach efforts. These partnerships can serve as models to help achieve DHCS' ten-year vision for Medi-Cal.

The 2022 DHCS Comprehensive Quality Strategy (CQS) lays out DHCS' quality and health equity strategy to support this vision. Section 1 of the CQS, in accordance with the Managed Care Final Rule, provides an overview of the Medi-Cal program and the quality management structure at DHCS, including the process for developing and reviewing the CQS.

Section 2 outlines DHCS' quality and health equity strategy. The CQS takes a more expansive view of quality, beyond access and clinical outcomes, to address multiple drivers of health at the individual and system. To achieve this, the CQS incorporates and builds upon the policy framework outlined in CalAIM, and leverages the Home and Community-Based Services (HCBS) Spending Plan, upcoming Medi-Cal managed care procurement, and historic health investments in the fiscal year (FY) 2021-22 state budget to define a path for how we can ensure high-quality and equitable care for all Medi-Cal members. As mentioned in the CQS, given numerous forthcoming policy changes that will affect dual-eligibles, seniors and persons with disabilities (SPDs), those receiving long-term supports and services (LTSS), as well as numerous transformative CalAIM initiatives for the behavioral health delivery system, DHCS anticipates issuing an

addendum to this quality strategy for all of these domains next year.

The CQS goals and guiding principles (summarized below) are built upon the Population Health Management (PHM) framework that is the cornerstone of CalAIM, and they stress DHCS' commitment to health equity, member involvement, and accountability in all of our programs and initiatives, and for all populations.

## **QUALITY STRATEGY GOALS Keeping families Engaging Providing early Providing whole** and communities person care for members as interventions for owners of their healthy via rising risk and high-risk prevention patient-centered populations, own care addressing chronic disease drivers of health management QUALITY STRATEGY GUIDING PRINCIPLES >> Eliminating health disparities through anti-racism and community-based partnerships >> Data-driven improvements that address the whole person >> Transparency, accountability, and member involvement

Section 2.3 of the CQS outlines the implementation of PHM, which aims to help *all* members stay healthy via preventive and wellness services, identify and assess member risks to guide care management and care coordination needs, and identify and mitigate social drivers of health to reduce health care disparities. Coupled with PHM, the CQS outlines three clinical focus areas – children's preventive care, maternity care and birth equity, and behavioral health integration – that are designed to address the foundations of health (i.e., preventive efforts that have long-lasting impact from infants to seniors). Addressing child and maternal health and behavioral health for all populations will reduce chronic diseases and serious illnesses in the decades to come. These clinical focus areas are designed to complement the significant CalAIM and HCBS initiatives that are targeted at specific high-risk and vulnerable populations, especially foster children, justice-involved, dual-eligibles, SPDs, and those receiving LTSS.

Section 2.4 of the CQS outlines specific clinical goals across the Medi-Cal program. Centered on specific clinical focus areas, the CQS introduces DHCS' *Bold Goals: 50x2025* 

initiative that, in partnership with stakeholders across the state, will help achieve significant improvements in Medi-Cal clinical and health equity outcomes by 2025. Additional high-priority goals with measurable targets are included for each managed care delivery system (Medi-Cal managed care, behavioral health, and dental). These goals were identified to ensure a comprehensive quality approach across multiple populations. A complete set of all measures reported and tracked across Medi-Cal programs are available in **Appendix D**.

In order to achieve DHCS' vision of eliminating health care disparities, DHCS has defined

## BOLD GOALS: 50x2025

Close racial/ethnic disparities in wellchild visits and immunizations by 50%



Close maternity care disparity for Black and Native American persons by 50%



STATE

Improve maternal and adolescent depression screening by 50%



Improve follow up for mental health and substance use disorder by 50%



Ensure all health plans exceed the 50th percentile for all children's preventive care measures

needed improvements in data collection and stratification, workforce diversity and cultural responsiveness, and disparity reduction efforts. The Health Equity Roadmap in Section 2.5 shows DHCS' existing initiatives in each of these domains, and outlines gaps and questions that should only be answered with the involvement of Medi-Cal members and communities most affected by health care disparities. DHCS will launch a Health Equity Roadmap co-design process in 2022 with individuals and communities to refine and build upon existing work, and to help DHCS complete a project plan for addressing key health disparities.

The CQS also introduces a set of priority clinical outcome metrics (a subset of its Medi-Cal managed care measures) that align with a population health approach for all ages

(colorectal cancer, high blood pressure, diabetes, prenatal and postpartum care, well-child visits, childhood and adolescent immunizations, and follow up for mental health and substance use disorder needs). These will also serve as health equity metrics, stratified by race and ethnicity, to inform disparity reduction efforts. Given that value-based payments (VBP) are an essential lever to support quality improvement and health equity efforts, these measures, along with member experience reviews and scores, will be incorporated into Medi-Cal managed care rates and member-assignment algorithms in 2023. Additional VBP efforts are outlined in section 2.6 of the CQS and the 2024 managed care procurement Request for Proposal.

Lastly, Section 3 of the CQS outlines significant changes at DHCS in terms of its quality management structure and managed care monitoring and oversight activities. Specifically, DHCS is centralizing and elevating core quality and health equity functions under its new Quality and Population Health Management (QPHM) Program. It will also align and standardize managed care policies, as possible, across delivery systems, and institute standard, proactive monitoring strategies (including user-friendly public dashboards) to support transparency and accountability.

DHCS is unwaveringly committed to addressing quality and health equity in Medi-Cal, as described in this strategy. However, as the COVID-19 pandemic and national awakening to racial injustice have demonstrated, incremental improvements are insufficient. The transformative investments in Medi-Cal through California Advancing and Innovating Medi-Cal (CalAIM) and the FY 2021-22 state budget, coupled with the disruption of COVID-19 and a society-wide desire for change, offer us a unique opportunity to transform Medi-Cal and achieve high-quality, equitable health care for all. This will not be an easy journey. It will require significant transformation and partnerships at all levels, and in different ways than have been attempted before, to achieve the ambitious goals we have outlined in this strategy. We invite you to join us.