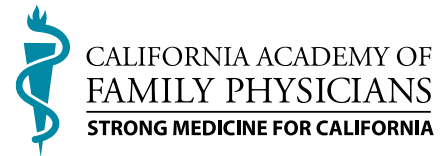


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Jennifer Kent
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Submitted via email to publicinput@dhcs.ca.gov

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Re: DHCS' Medi-Cal Managed Care Quality Strategy Report

Dear Director Kent:

The California Academy of Family Physicians (CAFP), representing more than 10,000 family physicians, residents and medical students, submit the following comments and recommendations concerning the Department of Health Care Services' (DHCS) *Medi-Cal Managed Care Quality Strategy Report* dated March 28, 2018. CAFP appreciates the opportunity to submit comments and the work DHCS does to ensure managed care plans (MCPs) adhere to quality standards.

Quality Measures

CAFP's primary concern is that quality measures employed by DHCS to achieve the goals of its Managed Care Quality Strategy must produce consistent (reliable) and credible (valid) results. The measure should be precisely defined and specified, easily interpreted and risk-adjusted as appropriate. Data required must be readily available or captured without undue burden. Similar and competing measures, including those of the Core Quality Measures Collaborative (available [here](#)), should be compared and harmonized with the best measure retained and duplicate measures removed.

To meet these goals, CAFP recommends utilizing a series of criteria developed by the Performance Measurement Committee of the American College of Physicians to assess the validity of performance measures on the basis of importance, appropriateness, clinical evidence, specifications, feasibility and applicability. The application of these criteria has been explored in a recent article in the *New England Journal of Medicine* (available [here](#)). This study found that "only 37% of measures proposed for a national value-based purchasing program were found to be valid with a standardized method."

Pre-Authorization

On page 12 (Section 4: Evidence-Based Clinical Practice Guidelines; 4.1 Managed Care Plans), DHCS writes:

"DHCS also requires through its contracts that MCPs ensure that their pre-authorization, concurrent review and retrospective review decisions are based on a set of written criteria or guidelines for utilization review that is based on sound medical evidence, is consistently applied, regularly reviewed, and updated. MCPs must utilize evaluation criteria and standards to approve, modify, defer, or deny services, and must document

the manner in which providers are involved in the development and or adoption of specific criteria used by the MCP.”

CAFP strongly believes that MCPs’ pre-authorization practices reduce access to care and place an administrative burden upon family physicians without clear benefit to patients. Our members consistently indicate that contending with pre-authorization requirements and denials of authorization reduces the capacity of family physicians to deliver the right care at the right time in the right setting. Arbitrary hoops and barriers to care **reduce** the quality of care they can provide. There is no reason that physicians and patients without a history of irregular practice or abuse of the system should be subject to these obstacles to care. Furthermore, CAFPs’ members have reported that MCPs at times fail to respond within legislatively mandated timeframes concerning requests for authorization. If pre-authorization is allowed to persist, it must adhere to sound medical evidence and, to that end, should involve clinicians in the development and adoption of criteria. **We recommend that MCPs be required to document and report the services that are most often denied authorization, the effects of denials of authorization on access and quality of care, and the average response time to requests for authorization.**

Network Adequacy

On page 17 (5.1. Managed Care Plans; Quality Metrics and Performance Targets), DHCS states that the outcome measures for hypertension and diabetes indicate progress but an unlikelihood to meet 2018 targets. DHCS also states that, for tobacco cessation, 2015 targets were not met. CAFP maintains that it is unlikely that these and other targets will be met without addressing the two key barriers to access:

- 1) The supply, distribution and mix of primary care providers.
- 2) Increasing Medi-Cal payment rates for primary care providers to reflect the value of these services.

While we appreciate that these factors are beyond the scope of DHCS’s Quality Strategy Report, it is our position that a comprehensive approach to quality improvement in managed care requires these issues to be front and center.

Alignment with the Medical Board of California

On page 19 (Quality Metrics and Performance Targets; Fostering Healthier Communities), DHCS writes:

“Objective 2: Continue to work with MCPs on strategies to support judicious prescribing practices, to improve beneficiary outcomes, to provide alternative therapies for pain, to facilitate patient review and restriction programs, and to promote the use of naloxone.”

- “Progress towards goal: DHCS continues to work with MCPs and external partners on promoting safe opioid prescribing, facilitating patient review and restriction programs, and providing alternative therapies for pain.”

In all areas, especially safe opioid prescribing and pain management, CAFP recommends that DHCS and MCPs avoid confusion among providers by aligning its communications (e.g., schedule, terminology) with the Medical Board of California.

Thank you for your time and consideration. Please do not hesitate to contact me if you have any questions or concerns at camenta@familydocs.org

Sincerely,

Conrad Amenta
Director, Health Policy
California Academy of Family Physicians