

From: Jennifer Wong
To: [DHCS DIR PUBLICINPUT](#)
Subject: Public Comment on Medi-Cal Managed Care Quality Strategy Report
Date: Friday, April 27, 2018 4:22:33 PM

Dear DHCS,

Thank you for the opportunity to allow public comment on the Medi-Cal Managed Care Quality Strategy Report. My name is Jennifer Wong and I am the project manager for [Smart Care California](#), which is a public private partnership that brings together multiple stakeholders (including purchasers, health plans and providers) to align improvement efforts to address the opioid epidemic, lower C-section rates, and improve lower back pain care. This effort is led by California's three largest purchasers including DHCS, Covered CA, and CalPERS. Julia Logan, MD, MPH and previously Neal Kohatsu, MD, MPH represented DHCS in this effort and have provided significant leadership on the work to address opioids as well as the two other focus areas.

I very much appreciate the emphasis on evidence-based clinical guidelines and continuous quality improvement in the draft Medi-Cal Managed Care Quality Strategy Report. However, I noticed that C-section for low risk first birth was not included as a program goal or objective for maternal and child health in the Managed Care Quality Strategy report, while it is mentioned in the [2018 DHCS Strategy for Quality Improvement in Health Care](#) (Strategy) document.

Based on my work with Smart Care and other statewide efforts to reduce unnecessary C-sections, there is significant momentum across the state to reduce the low-risk, first birth C-section rate, and there is an existing quality improvement organization, California Maternal Quality Care Collaborative (CMQCC), that can accelerate improvement in this area. Given that Medi-Cal pays for half the births in the state, and birth is the number one reason for hospitalization, reducing unnecessary C-section should be an important focus for Medi-Cal managed care plans. Partnership HealthPlan and Inland Empire Health Plan have also already included a quality metric on low risk, first birth C-sections in their hospital P4P programs and they both also encourage/incent hospital participation in CMQCC. This provides an example that other MCPs can follow to make sure payment for birth aligns with the desired outcome of only providing medically necessary C-sections. Including a focus on C-section in the managed care report would create greater alignment among existing quality efforts.

Thank you,
Jennifer

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