



Adult Medicaid Quality Grant

Grantee Agency: California Department of Health Care Services (DHCS)

Grant Period: December 21, 2012–April 20, 2015

(No-Cost Extension: December 20, 2014–April 20, 2015)



QUALITY IMPROVEMENT PROJECT #1

TOPIC

Improving Comprehensive Diabetes Care by Increasing Hemoglobin A1c Testing Rates

TARGET POPULATION

Adult Medicaid beneficiaries with diabetes.

SETTING

Statewide Managed Care Organizations (MCOs) with an emphasis on low-performing, high-volume MCOs.

GOALS

- Increase the overall Hemoglobin A1c Testing rate 6.1 percentage points from 61.6% in 2012 to 67.7% by measurement year 2015.
- Increase the Hemoglobin A1c Testing rate among African American Medicaid MCO beneficiaries 5.5 percentage points from 55.4% in 2012 to 60.9% by measurement year 2015.

INTERVENTIONS

- Partnered with the Institute for Population Health Improvement (IPHI) at the UC Davis Health System to create and implement monthly quality improvement (QI) training programs for the DHCS employees working in programs affecting diabetes management.
- Surveyed MCOs regarding Hemoglobin A1c Testing rates.

- Interviewed personnel from four low-performing MCOs to identify common barriers to HbA1c testing and to learn about best practices related to HbA1c testing.
- Developed a survey to assess MCO's QI capacity and experiences with DHCS's QI process.
- Created a dashboard for diabetes measures to give MCOs monthly feedback on performance measures.
- Performed quarterly assessment of Plan-Do-Study-Act (PDSA) cycles and technical assistance for all six MCOs that performed below the minimum performance level for the Hemoglobin A1c Testing measure.
- Hosted two diabetes-specific Managed Care QI Learning Collaboratives.
- Stratified the Hemoglobin A1c Testing measure to identify disparities in testing rates and to better target resources toward these populations.
- Performed root-cause analyses and created fishbone diagrams to determine potential barriers to HbA1c testing.

RESULTS AND SUCCESSES

- The statewide Hemoglobin A1c Testing rate increased 3.8 percentage points from 61.6% in 2012 to 65.4% in 2013. The increase may be attributable to the monthly feedback given to plans, point-of-care HbA1c testing at the provider and plan level, and increased state- and plan-level understanding of the lower testing rates among the African American community.
- QI training programs taught the basics of QI, QI vocabulary, and QI principles. They were well attended, with over 200 participants attending one "QI 101" session. Participants responded positively to the course.
- DHCS monthly QI meetings have generated department-wide discussions about improving diabetes care, leading to an increase in departmental collaboration.

CHALLENGES AND BARRIERS TO SUCCESS

- Developing the methodology for HbA1c dashboards proved challenging because the measure is intended to be reported on an annual basis, but DHCS needed to calculate on a monthly basis in order to send MCOs

monthly dashboards. To address this challenge, DHCS calculated the number of beneficiaries diagnosed with diabetes in the 2 years before the measurement month, included only beneficiaries who were enrolled in one MCO plan for that month and 10 of the 11 months prior to that month, and excluded from the denominator anyone who already completed an HbA1c test during the previous year. The remaining beneficiaries diagnosed with diabetes who were enrolled in the same MCO and not tested in the previous year will be included in the numerator. Dashboards also include a rolling annual measure that is more comparable to the annual measure.

- The large size of the California Medicaid program, which had 23 full-scope MCOs at the end of 2014, led to challenges focusing and coordinating QI efforts. In response, DHCS focused on providing technical assistance related to QIPs to participating MCOs. For example, California Medicaid provided technical assistance for all MCOs that fell below the minimum performance level of 25th percentile for the Hemoglobin A1c Testing measure and worked with them to create a performance improvement plan.
- California Medicaid experienced delays executing contracts with partners because of California's complex contracting environment.



QUALITY IMPROVEMENT PROJECT #2

TOPIC

Improving Maternal Health Outcomes by Improving Postpartum Care

TARGET POPULATION

Female Medicaid beneficiaries of childbearing age.

SETTING

Statewide MCOs and fee for service (FFS).

GOALS

- Increase the California Medicaid weighted average of the Postpartum Care Rate measure 4.9 percentage points from 48.6% in 2012 to 53.5% by measurement year 2015.
- Increase the percentage of African American women with timely postpartum care by 3.3 percentage points from 33.0% in 2012 to 36.3% by measurement year 2015.

QUALITY IMPROVEMENT PROJECT IMPLEMENTATION

- Partnered with IPHI at the UC Davis Health System to create and implement monthly QI training programs for DHCS employees working in programs affecting maternal health.
- Designed and implemented the QIP with coaching from IPHI trainers. Following the QIP launch, the DHCS Maternal Health QI team identified areas for improvement, set goals, performed root cause analysis, implemented activities, and continued the project with PDSA cycles and monitoring.
- Developed, pilot tested, and disseminated a survey to MCOs regarding their postpartum care rates.
- Interviewed four low-performing MCOs to identify common barriers to high-quality postpartum care as well as best practices for postpartum care.
- Initiated work with MCOs to develop improvement plans for low-performing counties, improve notification of deliveries, develop process maps of routes and options for notifications, compile best practices, and evaluate financial incentives.
- Convened and hosted two conference calls for the Postpartum Care QI Learning Collaborative with MCOs, which included in-depth presentations from managed care plans on interventions for improving postpartum care with a focus on sharing best practices.
- Developed a driver diagram for postpartum care to clearly identify and share the aims, primary drivers, secondary drivers, MCO interventions, and DHCS interventions for the QIP.
- Facilitated implementation of the Text4Baby program, which delivers maternal and child health messages, including information about the postpartum visit, to California Medicaid beneficiaries via text message.
- Participated in the CMS Postpartum Care Action Learning Series and partnered with a Federally Qualified Health Center to establish baseline postpartum care rates and conduct outreach to women who missed their postpartum care visit.
- QIP #2 initially focused on reducing early elective deliveries (EEDs) prior to 39 weeks but shifted focus because of the progress California has already made in recent years in reducing EEDs.

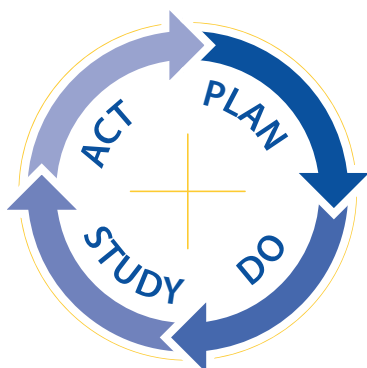
RESULTS AND SUCCESSES

- QI training programs were attended by approximately 200 staff of all levels, and participants responded positively to the course.

- The MCOs reported that they benefited from the Postpartum Care QI Learning Collaborative by learning from other MCOs’ challenges, planned projects, and population data.
- One participating MCO launched the Healthy Mom Postpartum Program, which identifies beneficiaries with recent deliveries, assists with scheduling the postpartum appointment, and provides transportation and interpretation services. The MCO found that postpartum phone outreach was no less effective than in-person hospital visits and reported high attendance at the postpartum visits among those who were reached (76% in 2014).
- Monthly QI meetings generated department-wide discussions about improving maternal health and brought together divisions across DHCS to identify levers for change in postpartum care. Participating divisions included Managed Care, Benefits, Audits and Investigations, Enterprise Innovations for Technology Services, Office of the Medical Director, and Information Management.

CHALLENGES AND BARRIERS TO SUCCESS

- California’s complex contracting environment delayed execution of the contracts with IPHI and UCLA.
- California has transitioned almost 80% of Medicaid beneficiaries to managed care; however, nearly 50% of births are still covered by FFS because these women are only eligible for pregnancy-related services. Beneficiaries in California also move frequently between MCOs, FFS, and Covered California (the health benefits exchange), making tracking of beneficiaries for postpartum care particularly challenging.
- Debate exists on the value of the Postpartum Care Rate measure because it is an outcome measure that does not provide information regarding specific goals or outcomes of the postpartum visit, such as whether family planning or depression screening took place during the visit.
- California plans to launch a monthly dashboard as part of the QIP to show each plan’s current postpartum care rate and monitor effectiveness of future interventions.



PARTNERSHIPS



INTERNAL

- **California Department of Public Health Diabetes Prevention Program:** Promoted evidence-based diabetes self-management programs for QIP #1 by providing clinical content, best practices, and technical assistance for the diabetes workgroup of the Managed Care QI Learning Collaborative.



EXTERNAL

- **California Maternal Quality Care Collaborative:** Supported development and reporting of the quality measures improvement model for QIP #2.
- **California Department of Public Health:** Engaged in the Maternal Child and Infant Health and Black Infant Health initiatives. Partnership with DHCS on postpartum care and postpartum visits is ongoing.
- **University of California, Los Angeles (UCLA):** Evaluated managed care diabetes QI for QIP #1 and provided staff trainings for both QIPs through a subcontracting agreement. UCLA will continue to support DHCS in evaluating MCO progress on specific measures after the grant concludes.



DEVELOPING STAFF CAPACITY AND INFRASTRUCTURE

STAFF CAPACITY

- Hired four Research Scientists to work with programs to analyze the data and develop the quality measures and reporting methods.
- Hired a Staff Services Analyst, who served as the Adult Medicaid Quality (AMQ) Grant Project Manager.
- Contracted with the IPHI at the UC Davis Health System, which provides technical support for staff development in clinical quality and implementation support for both QIPs, including monthly QI training programs for DHCS employees working in programs affecting diabetes management (for QIP #1) and maternal health (for QIP #2).
- Trained DHCS managers and supervisors about QI to expand departmental capacity for both QIPs and for future QI efforts. Conducted 11 QI training sessions (e.g., Managing Organization Change, Root Cause Analysis, and Changing Clinical Behavior).

INFRASTRUCTURE

- Established a Managed Care QI Learning Collaborative that meets quarterly with managed care plan volunteers and includes workgroups to address diabetes care and postpartum care.

LESSONS LEARNED

- The department now places greater emphasis on data linkages, due in part to grant support for the integration of vital statistics and discharge data into the data warehouse. Data linkages will provide California Medicaid with more complete and accurate data for reporting quality measures.



DATA COLLECTION AND ANALYTICS

DATA COLLECTION

- California successfully reported 19 and 15 of the Medicaid Adult Core Set of Adult Health Care Quality Measures (referred to as the Medicaid Adult Core Set) to CMS for both the 2013 and 2014 performance years, respectively.
- In 2013, in-house data analysts reported 17 of the measures using administrative data, and contractors reported the remaining two hybrid clinical measures.
- Began work on incorporating discharge and vital statistics data into the data warehouse.

DATA ANALYTICS

- For both QIPs, stratified the Hemoglobin A1c Testing, Postpartum Care Rate, and Cervical Cancer Screening measures by language, urban/rural, and disability status.
- Provided staff training in Symmetry, BusinessObjects, and SAS.
- Determined urban versus rural status by linking ZIP Code centroids to California's Medical Survey Study Areas. Rural and frontier (very rural) areas were combined for the rural stratification.
- California created one linked analytic data file that incorporates the Office of Statewide Health Planning and Development state-wide patient discharge data with Medi-Cal claims and counters. The department will evaluate whether this type of supplemental data produces more meaningful health quality measures.

LESSONS LEARNED

- Not all Adult Core Set measures can be collected using administrative data alone. Some measures require medical chart review in addition to the claims data.

- Three of the measures (HIV Viral Load Suppression, Elective Delivery, and Antenatal Steroids) that California planned to report require clinical data that is not available in the California Medicaid claims and encounter administrative data. California contracted with an external organization to report these measures.
- For the Elective Delivery and Antenatal Steroids measures, data were only available for a subset of the pregnant California Medicaid population and may not accurately reflect the state of maternal care across California Medicaid beneficiaries.
- California Medicaid beneficiaries who are dually eligible for Medicare are under-represented in the administrative hospital data because Medicare is the primary payer for these health care events. This particularly effects the Prevention Quality Indicator. In the future, access to the all-payer patient discharge file may address these shortcomings.
- External validation of reported measures would add credibility to results of California Medicaid programs.
- Supplementing California Medicaid program data with all-payer hospital discharge data and vital statistics records from the health department may allow for more meaningful and accurate quality measures for both QIPs.



PROMISING PRACTICES

QUALITY IMPROVEMENT

QI trainings and technical assistance targeted MCOs to improve capacity and QI at the managed care plan level. QI trainings also promote a culture of QI in DHCS by giving department staff tools that they can use on QI initiatives throughout the department.

QUALITY MEASUREMENT

The ability to identify disparities in care through data stratification informed the agenda for QI activities. This data analysis allowed the state to work with MCOs to address disparities through improved understanding of and communication with their members.

The DHCS Data Analytics in Action Learning Series provides weekly trainings to DHCS staff in divisions not directly involved in the AMQ Grant. Senior researchers presented on each of the Adult Core Set quality measures and results for the measure.

PLANS FOR SUSTAINABILITY

DHCS will continue QIPs and trainings past the grant period and continue to increase staff capacity for analyzing data. Project staff have been providing training and technical assistance to other staff within the department throughout

the grant to support knowledge transfer and increased analytic capacity within the department. Although the positions directly funded by the grant were limited to the time period of the grant, the department is supporting the transition of grant staff to other positions within the department as openings occur to retain the knowledge gained during the grant within the department.

QUALITY DIFFUSION

Staff spread QI throughout the department through their involvement in department-wide QI training activities, including a Kaizen QI workgroup and a monthly roundtable discussion.

DHCS hosted the Medi-Cal Quality Conference 2014, during which one MCO presented a well-received presentation titled “Examples of Successful Evidence-based Strategies for Improving Care— Diabetes: Journey to Control.” DHCS also led a session on PDSA with a specific focus on the quality of diabetes testing and control and second session with a focus on postpartum care quality.

Leading researchers and practitioners in maternity health care met in Sacramento for the state’s first symposium on research pathways to improve outcomes for mothers and babies enrolled in California Medicaid. Grant staff presented on their postpartum QIP interventions and findings.