



CalViva Health 2017

Quality Improvement Mid-Year Work Plan Evaluation

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I. Purpose

The purpose of the CalViva Health's Quality Improvement Program Work Plan is to establish objectives for the QI Program and review clinical, service and safety related outcomes against the priorities and objectives established by the Program. An assessment of critical barriers is made when objectives have not been met.

II. CalViva Health Goals

1. We will anticipate, understand and respond to customer needs and be customer-driven in everything we do.
2. We will hire and retain the best people, create the best climate, provide the best tools to do the best job and build a spirit of warmth, friendliness and pride throughout the company.
3. We will dedicate ourselves to a standard of excellence in all of our customer relationships.
4. We will promote better outcomes for our customers through improved provider relationships and through the promotion of evidence-based health care.
5. We will provide efficient, simple and high quality administrative services that get things right the first time.
6. We will build excellent business systems and processes and demonstrate the highest degree of integrity in all aspects of the operation of our business.

III. Scope

The CalViva Health Quality Improvement Work Plan encompasses quality improvement activities for 2017. The development of this document requires resources of multiple departments.

Glossary of Abbreviations/Acronyms

<p>A&G: Appeals and Grievances A&I: Audits and Investigation AH: After Hours AWC: Adolescent Well Care BH: Behavioral Health C&L: Cultural and Linguistic CAHPS: Consumer Assessment of Healthcare Providers and Systems CAP: Corrective Action Plan CDC: Comprehensive Diabetes Care CM: Case Management CP: Clinical Pharmacist CSS: Community Solutions Specialist CVH: CalViva Health DHCS: Department of Health Care Services DM: Disease Management DMHC: Department of Managed Health Care DN: Direct Network FFS: Fee-for-Service HE: Health Education</p>	<p>HPL: High Performance Level HN: Health Net HSAG: Health Services Advisory Group IHA: Initial Health Assessment ICE: Industry Collaborative Effort IP: Improvement Plan IVR: Interactive Voice Response MCL: Medi-Cal MH: Mental Health MMCD: Medi-Cal Managed Care Division MPL: Minimum Performance Level PCP: Primary Care Physician PMPM: Per Member Per Month PMPY: Per Member Per Year PNM: Provider Network Management PTMPY: Per Thousand Members Per Year QI: Quality Improvement QIP: Quality Improvement Project SPD: Seniors and Persons with Disabilities UM: Utilization Management</p>
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I. ACCESS, AVAILABILITY, & SERVICE

Section A: Description of Intervention (due Q1)

1-1: Improve Access to Care

New Initiative Ongoing Initiative from prior year

Initiative Type(s) Quality of Care Quality of Service Safety Clinical Care Member Experience

Reporting Leader(s)	Primary:	CalViva Health Medical Management	Secondary:	Health Net QI Department
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Aim and Goals of Initiative

Access to care is critical to a member's ability to get care in an appropriate timeframe and to the member's satisfaction. Assessing practitioner compliance with access standards and surveying members allows the identification of areas for improvement.

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions.

Timely Appointment Access to Primary Care Physicians and Specialists is measured through seven metrics. The specific goal is 80% for all measures. Success will be evaluated at the end of the survey period. Timely Appointment Access is monitored using the ICE-DMHC PAAS Tool and the CVH PAAS Tool.

Timely Appointment Access to Ancillary Providers is measured through two metrics. The goal is 80% for all metrics. Timely Appointment Access is monitored using the ICE-DMHC PAAS Tool.

After-Hours (AH) Access is evaluated through an annual telephonic Provider After-Hours Access Survey. This survey is conducted to assess provider compliance with required after-hours emergency instructions for members and that members can expect to receive a call-back from a qualified health professional within 30 minutes when seeking urgent care/services by telephone. The results are made available to all applicable provider organizations through annual provider updates. When deficiencies are identified, improvement plans are requested of contracted providers and provider groups as described in CVH policy PV-100 Accessibility of Providers and Practitioners. These measures assess whether 90% of providers have appropriate emergency instructions whenever their offices are closed/after-hours, and if 90% of providers are available for members to contact them during after-hours for urgent issues within the 30-minute timeframe standard.

Planned Activities

Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
Implement Provider Appointment Availability Survey (PAAS) to monitor appointment access at the provider level to comply with DMHC and continue conducting Medi-Cal Appointment Access Survey to comply with DHCS requirements	P	Q4	CVH/HN
Develop and distribute provider updates, as applicable, informing providers of upcoming surveys, survey results, and educational information for improvement.	P	Q1 - Q4	CVH/HN
Review and update the Appointment Access & Provider Availability P&P as needed to reflect all regulatory and accreditation requirements and submit for approval	P	Q1	CVH/HN
Complete all Provider Updates informing CalViva Health providers of PAAS and PAHAS survey results, with educational information for improvement (no later than 3 months after survey results have been finalized).	P	Q1-Q2 (for 2016 results)	CVH/HN
Implement Provider After-Hours Availability Survey (PAHAS) to monitor provider offices' after-hours urgent care instructions and physician availability.	P	Q4	CVH/HN
Complete a CAP as necessary – when CalViva providers are below standard; including additional interventions for providers not meeting standards two consecutive years.	P	Q3-Q4	CVH/HN
Annual review, update and distribution of the Patient Experience Toolkit, After-Hours Script, Guidelines for Compliance and Monitoring and Appointment Access Tip sheet.	P	Q1-Q4	CVH/HN

Section B: Mid-Year Update of Intervention Implementation (due Q3) If Activities Not Met: Include Barriers Encountered

- MY2017 Provider Appointment Survey contract executed with Sutherland Global in July 2017. Surveys scheduled to begin in September 2017.
- Provider Update distribution calendar updated January 2017. Provider Update for MY2016 Provider Appointment Availability and After-Hours Results will be sent in September 2017. Provider Update for MY2017 Provider Appointment Availability and After-Hours Survey Prep was sent out in August 2017.
- P&P PV-100 Accessibility of Providers and Practitioners was reviewed and updated in March 2017.
- Provider Update with MY2016 survey results will be sent out 9/8/17.
- MY2017 After-Hours survey contract executed with AllTran in August 2017. Surveys to begin September 2017.
- CVH PPG CAP packets will be mailed the second week of September 2017. Provider Relations staff training will be conducted once the PPG packets have been mailed. Provider relations staff will begin provider onsite visits to deliver individual informational CAP packets and conduct onsite audits by the end of September 2017.
- Annual review of educational materials conducted in January 2017. CVH Patient Experience Toolkit and Appointment Access Tip sheet required edits. Final versions of Toolkit and Tip Sheet approved in June 2017 and will be distributed with the CAP packets.

Section C: Measures & Goals

Specific Measure(s)	Goal (Source of Goal)	Prior Reporting Year Rate 2016	Current Reporting Year Rate (populate mid-year)
Access to Non-Urgent Appointments for Primary Care – Appointment within 10 business days of request	80%	Overall= 83.4% Fresno=82.3% Kings=93.1% Madera=82.9%	Overall= 90.0% Fresno=89.6% Kings=91.3% Madera=92.3%
Access to Non-Urgent Appointments with Specialist – Appointment within 15 business days of request	80%	Overall= 76.1% Fresno=87.6% Kings=80.9% Madera=60%	Overall= 81.4% Fresno= 84.0% Kings= 60.0% Madera= 81.8%
Access to Urgent Care Services that do not require prior authorization – Appointment within 48 hours of request	80%	Overall= 72.5% Fresno=71.3% Kings=67.7% Madera=81.6%	Overall=76.9 % Fresno= 79.2% Kings=53.8% Madera= 77.7%
Access to Urgent Care Services that require prior authorization – Appointment within 96 hours of request	80%	Overall= 55.5% Fresno=50% Kings=44.4% Madera=73%	Overall= N/A Fresno=N/A Kings=N/A Madera=N/A
Access to First Prenatal Visit – Within 10 business days of request	80%	Overall= 84.2% Fresno=80.2% Kings=100% Madera=100%	Overall= 94.2 % Fresno= 92.5% Kings= 100.0% Madera= 100.0%
Access to Well-Child Visit with PCP – within 10 business days of request	80%	Overall= 77.3% Fresno=73.6% Kings=92.8% Madera=88%	Overall= 84.3% Fresno= 83.9 % Kings= 100.0% Madera= 70.0%
Access to Physician Exams and Wellness Checks – within 30 calendar days of request	80%	Overall= 90.4% Fresno=88.3% Kings=92.8% Madera=100%	Overall= 82.2% Fresno=81.2% Kings= 100.0% Madera= 70.0%
Access to Non-Urgent Ancillary services for MRI/Mammogram/Physical Therapy – Appointment within 15 business days of request	80%	Overall= 90.9% Fresno=90.9% Kings=N/A Madera=N/A	Overall= 100.0% Fresno=100.0% Kings= 100.0% Madera=N/A
Appropriate After-Hours (AH) emergency instructions	90%	Overall= 92.3% Fresno=94.6% Kings=79.4%	Overall= 94.1 % Fresno=94.5% Kings= 92.7%

		Madera=83.3%	Madera=93.8%
Member informed to expect a call-back from a qualified health professional within 30 minutes (Per P&P)	90%	Overall= 86.5% Fresno=87.1% Kings=90.9% Madera=80%	Overall= 83.1% Fresno= 84.1% Kings=74.0% Madera=93.8%
Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered			
<ul style="list-style-type: none"> Review of the Patient Experience (PE) Toolkit completed by QI in April/May 2017. Toolkit resent to QI by Provider Communications in late June for a second round of reviews. Review of new sections completed by QI in July. 			
Initiative Continuation Status (Populate at year end) <input type="checkbox"/> Closed <input type="checkbox"/> Continue Initiative Unchanged <input type="checkbox"/> Continue Initiative with Modification			

Section A: Description of Intervention (due Q1)			
1-2 Improve Member Satisfaction			
<input type="checkbox"/> New Initiative <input checked="" type="checkbox"/> Ongoing Initiative from prior year			
Initiative Type(s)		<input checked="" type="checkbox"/> Quality of Care <input checked="" type="checkbox"/> Quality of Service <input type="checkbox"/> Safety Clinical Care <input type="checkbox"/> Member Experience	
Reporting Leader(s)	Primary:	Secondary:	
	CalViva Health Medical Management		Health Net QI Department
Aim and Goals of Initiative			
Member Satisfaction by DHCS was last evaluated in RY 2016 and results were aligned close to the Medicaid State Average. Member perception of quality of care and care coordination is multifaceted and affected by the provider, the plan, member demographics and individual health status and experience so evaluation and intervention are directed towards touchpoints by the member.			
Description of Outcome Measures Used To Evaluate Effectiveness of Interventions.			
The following CAHPS Metrics will be used to evaluate the effectiveness of the interventions: <ol style="list-style-type: none"> Getting Needed Care (Ease to get appointment with specialist, and ease to get care, tests, and treatment); Getting Care Quickly (Getting care right away (urgent), getting appointment as soon as needed (routine) and see doctor within 30 minutes of apt. time Rating of all health care Rating of personal doctor How well do doctors communicate (did your doctor explain things in a way that was easy to understand and did the doctor listen to the patient) The goal for member satisfaction is to reach the Quality Compass 50 th percentile.			
Planned Activities			
Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
Annually review, update, distribute and promote the 2016 Patient Experience(PE) Toolkit to providers	P	Q1-Q2	CVH/HN

Annually, review update and distribute Appointment Scheduling Tip Sheet and Quick Reference Guide	P	Q1-Q2	CVH/HN
Annually, review update and distribute the "Talking with my Doctor" agenda setting form as part of the PE Toolkit to educate and empower members and improve their overall experience	P/M	Q1-Q2	CVH/HN
Annually, review, update and enhance materials on Interpreter services 24/7 to remind providers of the availability of these services and how to access them	P	Q1-Q2	CVH/HN
Create article and distribute in Member newsletter highlighting access standards and interpreter services	M	Q2	CVH/HN
Annually, review and update and enhance materials on the Nurse Advice Line to encourage use of this service by members	P/M	Q1-Q2	CVH/HN
Update and conduct scaled-back member survey to assess effectiveness of interventions implemented	M	Q3	CVH/HN

Section B: Mid-Year Update of Intervention Implementation (due Q3) If Activities Not Met: Include Barriers Encountered

- Review of the Patient Experience (PE) Toolkit completed by Q1 in April/May 2017. Toolkit resent to Q1 by Provider Communications in late June for a second round of reviews. Review of new sections completed by Q1 in July.
- Review of the Appointment Scheduling Tip Sheet completed in April; distribution scheduled by Prov Comms.
- Review of "Talking with my Doctor" agenda setting form completed by Q1 in April/May 2017. No changes were required.
- All contracted providers were sent a provider update in July that reminded them of the availability of interpreter services from CalViva. The provider update included information on how to access interpreter services, information on the new restrictions on the use of bilingual staff as interpreters and on the use of minors and accompanying adults as interpreters. The provider update also reminded providers that interpreters must be made available at the time of the appointment to be compliant with the access and availability regulations. Lastly, the provider update encouraged all contracted providers to take cultural competency training.
- Access Standards article will be included in Winter 2017 newsletter, which will reach member homes in November. Interpreter Services article will be in Fall 2017 newsletter, which reaches member homes in August.
- The Nurse Advice Line is promoted in each newsletter to encourage use of the service by members.
- Scaled-back member survey to assess effectiveness of interventions implemented delayed to 2018 for review and revisions to align with broader strategy to reach 75th percentile

Section C: Measures & Goals

Specific Measure(s)	Goal (Source of Goal)	Prior Reporting Year Rate 2016	Current Reporting Year Rate (populate mid-year)
CAHPS metric: Getting Needed Care	Exceed RY2017 All Plans Medicaid Average	78%	*Pending
CAHPS metric: Getting Care Quickly	Exceed RY2017 All Plans Medicaid Average	74%	*Pending
CAHPS metric: Rating of All Health Care	Exceed RY2017 All Plans Medicaid Average	69%	*Pending
CAHPS metric: Rating of Personal Doctor	Exceed RY2017 All Plans Medicaid Average	77%	*Pending
CAHPS metric: How well doctors communicate	Exceed RY2017 All Plans Medicaid Average	90%	*Pending
			*3 yr data cycle; DHCS survey data available in 2019

Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered

Initiative Continuation Status (Populate at year end)	<input type="checkbox"/> Closed	<input type="checkbox"/> Continue Initiative Unchanged	<input checked="" type="checkbox"/> Continue Initiative with Modification
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II. Quality & Safety of Care

Section A: Description of Intervention (due Q1)

2-1: Meet or Exceed HEDIS Minimum Performance Levels for Cervical Cancer Screening

New Initiative Ongoing Initiative from prior year

Initiative Type(s)	<input checked="" type="checkbox"/> Quality of Care	<input checked="" type="checkbox"/> Quality of Service	<input type="checkbox"/> Safety Clinical Care	<input type="checkbox"/> Member Experience
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Reporting Leader(s)	Primary:	CalViva Health Medical Management	Secondary:	Health Net QI Department
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Aim and Goals of Initiative

Overall Aim: Improve women’s health by ensuring eligible women receive preventive healthcare services.

Rationale: Pap testing is an effective method for early detection of cervical cancer. According to the American Cancer Society an estimated 12,820 cases of invasive cervical cancer are expected to be diagnosed in 2017 and a projected 4,210 deaths to occur from cervical cancer.¹ Kings county performance demonstrated significant improvement from 51.12% in RY 2015 to 54.99% in RY 2016 and exceeded the MPL of 54.33%. Fresno county remained well above the MPL but a slight decrease from 64.74% in RY 2015 to 61.05% in RY 2016 was noted. Madera county had a strong 58.68% compliance rate in RY 2015 however the RY 2016 rate slipped below the MPL to 52.87%.

¹ American Cancer Society. Cancer Facts & Figures 2017. Atlanta: American Cancer Society; 2017.

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions.

Cervical Cancer Screening HEDIS measure: Goal – meet or exceed HEDIS RY2017 MPL of 48.18%.

Planned Activities

Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
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Work with high volume, low compliance providers in Madera County to distribute provider profiles to target clinics that include lists of members due for Pap test to facilitate scheduling of screening	P	Q1, Q2, Q3, and Q4	CVH/HN
Direct member incentive given at point of care to eligible CVH members to increase cervical cancer screening rates.	M	Q2, Q3, and Q4	CVH/HN
Implement health education via phone along with \$10 gift card for completing the education call. Educator will also remind member that a \$25 gift card will be given for the completion of their cervical cancer screening.	M	Q1, Q2, Q3, and Q4	CVH/HN
Complete "Call to Action" Mailing-Pap test reminder mailing	M	Q1	CVH/HN
Provider Tip Sheets will be disseminated to CVH providers.	P	Q2, Q3, and Q4	CVH/HN
Provider level incentive for PCPs participating in Medi-Cal to close Care Gaps and improve HEDIS scores	P	Q3 and Q4	CVH/HN

Section B: Mid-Year Update of Intervention Implementation (due Q3) If Activities Not Met: Include Barriers Encountered

- Targeted high volume, low compliance provider group in Madera County for noncompliant CCS member appointment scheduling outreach. In Q1 a provider profile was distributed 1/23/17. The provider profile activity resulted in 51 patients scheduled of the denominator of 166 or 30.7%. The goal of 30% was met.
- In Q2, follow-up on scheduled appointments was performed by the high volume, low compliance clinic in Madera County. The 30% target was reached and exceeded. Twenty-nine (29) of the 51 scheduled CCS appointments were completed resulting in a rate of 56.9%
- During the PDSA cycle, incentives at the point of care were offered to members that completed their Pap test. All members who completed their Pap test (29) received the \$25 incentive.
- Eleven (11) of the 29 members who completed their cervical cancer screening during the Q2 PDSA cycle, also participated in health education via phone, and received a \$10 gift card for their participation.
- Quarter 1 member mailer was sent to 31,600 CalViva Health females members in need of a cervical cancer screening in all 3 counties. Quarter 2 member mailer was sent out to 19,614 CalViva health female members in need of a cervical cancer screening in all 3 counties. Mailers included: Definition of cervical cancer, explanation of Pap test, patient testimonial and reminder card to complete by member.
- Provider Tips Sheets were finalized in Q2 and made available to providers via the Provider Portal.

Section C: Measures & Goals

Specific Measure(s)	Goal (Source of Goal)	Prior Reporting Year Rate 2016	Current Reporting Year Rate (populate mid-year)
Cervical Cancer Screening (CCS)	Meet or Exceed DHCS MPL 48.18% (2017)	Fresno: 61.05% Kings: 54.99% Madera: 52.87%	Fresno: 61.22% Kings: 57.95% Madera: 57.56%

Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered

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Initiative Continuation Status (Populate at year end)	<input type="checkbox"/> Closed	<input type="checkbox"/> Continue Initiative Unchanged	<input checked="" type="checkbox"/> Continue Initiative with Modification
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Section A: Description of Intervention (due Q1)
2-2: Meet or Exceed HEDIS® Minimum Performance Levels for Immunizations Among the Pediatric Population

<input type="checkbox"/> New Initiative <input checked="" type="checkbox"/> Ongoing Initiative from prior year					
Initiative Type(s)		<input checked="" type="checkbox"/> Quality of Care	<input checked="" type="checkbox"/> Quality of Service	<input type="checkbox"/> Safety Clinical Care	<input type="checkbox"/> Member Experience
Reporting Leader(s)	Primary:	CalViva Health Medical Management	Secondary:	Health Net QI Department	

Aim and Goals of Initiative

Overall Aim: Improve child health by ensuring CVH children receive timely age-appropriate vaccinations.

Rationale: Regular visits ensure that children are up-to-date on their immunizations and protected against preventable diseases. Evidence suggests that appropriate vaccination coverage is linked to improved health outcomes and cost savings. A study examining completion of the childhood vaccination scheduled in a 2009 United States (US) birth cohort indicated prevention of approximately 42,000 early deaths and 20 million cases of disease in their lifetime. Moreover, the analysis showed that routine vaccinations may lead to an offset of approximately \$69 billion in total societal costs. Additionally, the Health People 2020 Immunizations and Infectious Disease goals targets 90% of children to receive all doses of individual vaccines (i.e. DTaP, IPV, MMR, Hb, HepB, and varicella), 80% to receive all doses of rotavirus vaccine, and 80% to receive all doses in the 4:3:1:3:3:1:4 series by age 19 to 35 months.^{1,2} In RY2016, Kings County remains under the MPL, despite a considerable increase in performance from the prior year (63.03% for RY2016 compared to 57.76% in RY2015), highlighting the continued opportunity for improvement. Improvement in Kings County is critical given that measures that do not meet or exceed the MPL for three consecutive years require corrective action to improve scores.

¹ Kurosky, S.K. (2016). Completion and compliance of childhood vaccinations in the United States. *Vaccine*. 34(3). 387-394.

² Ventola, C.L. (2016). Immunization in the United States: Recommendations, Barriers, and Measures to Improve Compliance. *Pharmacy and Therapeutics*. 41(7). 426-436.

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions.

Childhood Immunizations HEDIS measure: Goal – meet or exceed HEDIS RY2017 MPL 64.30%.

Planned Activities			
Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
Continue to work with high volume, low compliance providers in Kings County to distribute provider profiles to targeted clinics to facilitate scheduling appointments for immunizations for children turning 2 years.	P	Q1, Q2, Q3, and Q4	CVH/HN
Member newsletter article: Childhood Immunizations	M	Q3	CVH/HN
Continue direct member incentive for completion of childhood immunizations to improve rates	M	Q1, Q2, Q3, and Q4	CVH/HN
Implement "HEDIS Clinics" that are focused on closing Care Gaps at a	P/M	Q2, Q3, and Q4	CVH/HN

central provider location in Kings County. Offer appointment times outside of regular business hours to accommodate member schedules.			
Educational Interactive Voice Response (IVR) call reminding parents about the safety of vaccines and the importance of timely vaccinations and well child visits.	M	Q2, Q3, and Q4	CVH/HN
CA Immunization Registry (CAIR) Provider Outreach - Obtain CAIR ID from high-volume providers to assess level of registry participation. Provider Relations team to outreach to high volume, low performing providers and encourage participation in immunization registries and stress the benefits of participation.	P	Q2, Q3, and Q4	CVH/HN
Provider level incentive for PCPs participating in Medi-Cal to close Care Gaps and improve HEDIS scores	P	Q3, and Q4	CVH/HN

Section B: Mid-Year Update of Intervention Implementation (due Q3) If Activities Not Met: Include Barriers Encountered

- Targeted high volume, low compliance provider group in Kings County for noncompliant CIS member appointment scheduling outreach. A provider profile was distributed in November 2016, and returned on 1/18/2017. We were unable to evaluate the SMART objective due to challenges with data capture for our Provider Profile and inconsistencies were not identified and communicated when new Gap in Care lists were used.
- In Q2, a provider profile of 90 members was provided to the clinic to review, and schedule immunization appointments before the member's 2nd birthday. All members in the profile had birthdays between March and August 2017. A total of 23 appointments (43%) were scheduled of the 53 patients outreached during the PDSA cycle, exceeding our SMART Objective of 30%. Of the 23 members who were successfully scheduled, 7 completed their appointments. One (1) completed incentive card brochure has been received to date by a member who completed their appointment. 1. The offer of an incentive may have encouraged members to schedule their child's immunization appointment. One completed incentive brochure has been received from the seven members who have completed their appointments to date. We will continue to track the number of brochures received as the remaining appointments are completed.
- In Q1, the high volume, low compliance provider decided to forgo "HEDIS Clinics", and pursue a new approach to more proactively outreach to patients through chart preparations and highlighting key HEDIS measures.
- Deferred Q2 Educational Interactive Voice Responses call in order to finalize scripting updates, and will continue activities in Q3 and Q4.
- At the start of the Q2 PDSA Cycle, the clinic staff had completed the CAIR 2.0 training and the system was functioning at the clinic level. The system allowed the staff to check on member immunization status, and complemented the clinic's EMR. Incorporating the use of CAIR 2.0 into our plan allowed us to more accurately identify and outreach to non-compliant members.
- Provider Relations outreached to 80 providers in Kings and Fresno Counties to encourage participation in the immunization registry. Thirteen (13) providers responded to the CAIR Provider Outreach with their CAIR ID to further investigate their participation. CalViva Health's Quality Improvement Specialist requested MCP access to the CAIR 2.0 system.

Section C: Measures & Goals

Specific Measure(s)	Goal (Source of Goal)	Prior Reporting Year Rate 2016	Current Reporting Year Rate (populate mid-year)
Childhood Immunizations - Combo 3 (CIS-3)	Meet or Exceed DHCS MPL 64.30% (2017)	Fresno: 68.19% Kings: 63.03% Madera: 71.19%	Fresno: 65.00% Kings: 67.71% Madera: 72.22%

Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered

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Initiative Continuation Status (Populate at year end)	<input type="checkbox"/> Closed	<input type="checkbox"/> Continue Initiative Unchanged <input checked="" type="checkbox"/> Continue Initiative with Modification

Section A: Description of Intervention (due Q1)

2-3: Monitoring Patients on Persistent Medications (MPM)

New Initiative Ongoing Initiative from prior year

Initiative Type(s)		<input checked="" type="checkbox"/> Quality of Care	<input type="checkbox"/> Quality of Service	<input checked="" type="checkbox"/> Safety Clinical Care	<input type="checkbox"/> Member Experience
Reporting Leader(s)	Primary:	CalViva Health Medical Management		Secondary:	Health Net QI Department

Aim and Goals of Initiative

Overall Aim: Reduce the occurrence of preventable adverse drug events for CalViva Health members on Persistent Medications (MPM).

Rationale: Adverse drug events cause more than 700,000 visits to the ER each year. The more medications people take, the higher their risk of having an adverse drug event.¹ Patient safety is paramount especially for risk from long-term use of drugs. Continual use of medication requires monitoring by the prescribing doctor to assess the dosage requirement for therapy and side effects (8). Annual monitoring of medications can reduce the cost associated with the misuse of drugs in the ambulatory setting².

- Approximately 1.5 million preventable adverse drug events occur in the United States each year, resulting in \$3.5 billion in medical costs.¹
- Severe adverse drug events can result in hospitalization. From 2007–2009, there were an estimated 99,628 emergency hospitalizations for adverse drug events in adults 65 years of age or older.³

In addition, a study showed nearly one-third of patients dispensed an ACEI/ARB, did not have an annual laboratory monitoring event. Though patients are at increased risk of hyperkalemia were more likely to be monitored, many remained unmonitored.⁴

- Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)
- Annual monitoring for member on diuretics

¹Centers for Disease Control and Prevention. 2012. "Adults and Older Adult Adverse Drug Events." http://www.cdc.gov/MedicationSafety/Adult_AdverseDrugEvents.html (June 19, 2014)

² Johnson JA, Bootman JL. Drug-related morbidity and mortality. A cost-of-illness model. Arch Intern Med. 1995 Oct 9;155(18):1949-56.

³ Institute of Medicine. 2007. "Preventing Medication Errors: Quality Chasm Series." Washington, DC: The National Academies Press.

⁴ Raebel, M. A., Lyons, E. E., Andrade, S. E., Chan, K. A., Chester, E. A., Davis, R. L., Ellis, J. L., Feldstein, A., Gunter, M. J., Lafata, J. E., Long, C. L., Magid, D. J., Selby, J. V., Simon, S. R. and Platt, R. (2005), Laboratory Monitoring of Drugs at Initiation of Therapy in Ambulatory Care. Journal of General Internal Medicine, 20: 1120–1126. doi: 10.1111/j.1525-1497.2005.0257.

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions.

Monitoring of Patients on Persistent Medication (MPM) HEDIS measure: Goal meet or exceed HEDIS RY 2017 MPL for ACE/ARBs 85.63% and Diuretics 85.18%.

Planned Activities

Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
Continue to work with a high volume, low compliance provider in Kings County to distribute the health plan's Gap In Care List of members who need completion of annual laboratory testing and to contact members for test completion.	P	Q1, Q2, Q3, and Q4	CVH/HN
Conduct regular meetings with the Kings County provider to receive updates on improvement activities and status check on GIC list completion.	P	Q1, Q2, Q3, and Q4	CVH/HN
Insertion of the MPM labs in the Adventist Health 2017 HEDIS Chart Prep	P/M	Q2-Q4	CVH/HN
Provider Tip Sheets will be disseminated to CVH providers	P	Q3	CVH/HN
Pilot a member text (SMS) message to replace the ELIZA IVR calls	M	Q3 and Q4	CVH/HN
Provider level incentive for PCPs participating in Medi-Cal to close Care Gaps and improve HEDIS scores	P	Q3 and Q4	CVH/HN
Implement "Health Tags" educational health message (with reminder form	M	Q3 and Q4	CVH/HN

health tech) on members' prescription pharmacy bag labels in Madera County.		
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Section B: Mid-Year Update of Intervention Implementation (due Q3) If Activities Not Met: Include Barriers Encountered

- Targeted a high volume, low compliance provider group in Kings County to distribute the health plan's Gap in Care list of noncompliant members who need to complete the annual laboratory testing for MPM. In Q1, CVH distributed a provider profile in which 21.6% (8/37) of members completed their annual laboratory testing which exceeded the SMART Aim of 5%. In Q2, CVH redistributed the provider profile in which 59.9% (100/167) of members completed their annual laboratory testing for MPM thus far in 2017. This exceeded the SMART Aim Of 30%. Of the 100 members, 72 had both serum potassium and serum creatinine labs confirmed as documented in their medical record.
- Conducted bi-weekly multi-disciplinary MPM Improvement Team meetings to discuss successes and challenges in the process, barriers, results and any issues identified.
- In Q2, upon CVH's recommendation, Adventist Health included the MPM measure in their 2017 HEDIS Chart Prep for patients who still need to complete their laboratory screening.
- In Q3 and Q4, will launch the CVH Health Tags campaign. The member's prescription bag will have message attached on the importance of completing required annual laboratory testing as well as the pharmacy technician reiterating the message verbally.

Section C: Measures & Goals

Specific Measure(s)	Goal (Source of Goal)	Prior Reporting Year Rate 2016	Current Reporting Year Rate (populate mid-year)
HEDIS® Monitoring Persistent Medications: ACE/ARB	Meet or Exceed DHCS MPL 85.63% (2017)	Fresno: 84.94% Kings: 83.07% Madera: 83.98%	Fresno: 85.74% Kings: 90.43% Madera: 82.64%
HEDIS® Monitoring Persistent Medications: Diuretics	Meet or Exceed DHCS MPL 85.18% (2017)	Fresno: 85.07% Kings: 84.26% Madera: 83.57%	Fresno: 86.24% Kings: 90.78% Madera: 82.20%

Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered

Initiative Continuation Status (Populate at year end) Closed Continue Initiative Unchanged Continue Initiative with Modification

Section A: Description of Intervention (due Q1)

2-4: Controlling High Blood Pressure

New Initiative Ongoing Initiative from prior year

Initiative Type(s) Quality of Care Quality of Service Safety Clinical Care Member Experience

Reporting Leader(s)	Primary:	CalViva Health Medical Management	Secondary:	Health Net QI Department
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Aim and Goals of Initiative

Overall Aim: Improve the cardiovascular health of CalViva members by identifying high blood pressure, controlling it through lifestyle changes and medication management and monitoring it over time

Rationale: Often, high blood pressure has no warning signs and therefore it becomes difficult to manage a condition that one may not know they have. In the United States, 1 in 3 adults has high blood pressure^{1,3} placing them at increased risk for heart disease and stroke, which are two leading causes of death.^{2,3} Detection via regular screenings are key to preventing avoidable complications and deaths.

¹ Merai R, Siegal C, Rakotz M, Basch P, Wright J, Wong B; DHSc., Thrope P. CDC Grand Rounds: A Public Health Approach to Detect and Control Hypertension. MMWR Morb Mortal Weekly Rep, 2016 Nov 18;65(45):1261-1264.

² Yoon SS, Fryar CD, Carroll MD. Hypertension Prevalence and Control Among Adults: United States, 2011-2014. NCHS data brief, no 220. Hyattsville, MD: National Center for Health Statistics; 2015.

³ Centers for Disease Control and Prevention. November 30, 2016. "High Blood Pressure." <https://www.cdc.gov/bloodpressure/index.htm>. Date accessed: January 12, 2017.

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions.

Controlling High Blood Pressure HEDIS measure: Goal – meet or exceed HEDIS RY 2017 MPL of 46.87%.

Planned Activities

Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
Continue to work with high volume, low compliance provider in Fresno County to utilize a list of members which to identify those who need a blood pressure assessment and/or have uncontrolled blood pressure and schedule their appointments.	P	Q1, Q2, Q3, and Q4	CVH/HN

Clinic QI staff will provide ongoing education to all clinical staff using the Heart Healthy education materials from American Heart Association, DASH Diet, etc utilizing a variety of methods (class, posters) in an effort to improve knowledge of current recommendations for managing hypertension including obtaining an accurate BP reading.	P	Q1, Q2, Q3, Q4	CVH/HN
Health Educator will provide targeted clinic with Healthy Heart, Healthy Lives materials and education opportunities for members on controlling blood pressure in both English and Spanish.	P/M	Q1 and Q2	CVH/HN
Provider Tip Sheet on Hypertension will be disseminated to CVH providers.	P	Q2	CVH/HN
Healthy Heart, Healthy Lives brochure will be mailed to members with uncontrolled high blood pressure in both English and Spanish.	M	Q2	CVH/HN
Relaunch of IVR calls to non-compliant members of Fresno County in both English and Spanish.	M	Q2	CVH/HN
Clinic staff will utilize the Chronic Disease Self-Management curriculum with members.	M	Q2	CVH/HN
Health educators will work with Patient Navigators to conduct Controlling Blood Pressure education classes for members.	M	Q2, Q3, Q4	CVH/HN
Provider level incentive for PCPs participating in Med-Cal to close Care Gaps and improve HEDIS scores.	P	Q3 and Q4	CVH/HN

Section B: Mid-Year Update of Intervention Implementation (due Q3) If Activities Not Met: Include Barriers Encountered

- Targeted a high volume, low compliance provider group in Fresno County to identify members who need blood pressure assessment and/or have uncontrolled blood pressure and to schedule their appointments. In Q1, 80.2% (73/91) of members scheduled an appointment which exceeded the SMART Aim of 30%. In Q2, 76.4% (68/89) of members completed at least one appointment to monitor their blood pressure which exceeded the SMART Aim of 30%.
- In both Q1 and Q2, Clinic QI Staff conducted provider and staff education utilizing education materials from the American Heart Association and DASH Diet. In addition, providers and staff received education through examination of actual case studies and placement of blood pressure posters in the nurses triage station. In addition, the clinic staff extended the education to members by providing the Chronic Disease Self-Management curriculum.
- In Q1, the health educator provided the clinic with 100 copies of the *Healthy Heart Healthy Lives* education materials in both English and Spanish. In Q2, the health educator conducted an inservice training with six (6) patient navigators on the *Healthy Heart Healthy Lives* education materials with an emphasis on controlling blood pressure. Member education classes are scheduled for Q3.
- In Q2, the Quality Improvement Department mailed members the *Healthy Heart Healthy Lives* Brochure with 2,275 English brochures mailed and 1,138 Spanish brochures mailed. The IVR launch has been delayed until Q3 to obtain the most current list of non-compliant members who are eligible to receive the automated call.
- In Q3, 120 providers were mailed the *Hypertension – Controlling Blood Pressure Tip Sheet*. The delay in mailing was due to finalizing the list of primary care physicians to maximize outreach efforts to a greater number of providers.

Section C: Measures & Goals

Specific Measure(s)	Goal (Source of Goal)	Prior Reporting Year Rate 2016	Current Reporting Year Rate (populate mid-year)
HEDIS® Controlling High Blood Pressure	Meet or Exceed DHCS MPL 46.87% (2017)	Fresno: 47.96% Kings: 58.77% Madera: 57.99%	Fresno: 56.93% Kings: 55.61% Madera: 59.80%

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Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered

Initiative Continuation Status (Populate at year end) Closed Continue Initiative Unchanged Continue Initiative with Modification

Section A: Description of Intervention (due Q1)

2-5 Increase Appropriate Antibiotic Prescribing (AAB)

New Initiative Ongoing Initiative from prior year

Initiative Type(s) Quality of Care Quality of Service Safety Clinical Care Member Experience

Reporting Leader(s)	Primary:	CalViva Health Medical Management	Secondary:	Health Net QI Department
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Aim and Goals of Initiative

Overall Aim: To reduce and eliminate the number of prescriptions for antibiotics inappropriately prescribed to CalViva Health adult members with bronchitis.

Rationale: Antibiotic resistance is both costly and a major public health issue, totaling up to \$20 billion in direct healthcare costs.¹ Every year, at least 2 million people become infected with bacteria that are resistant to antibiotics, and at least 23,000 people die as a result.² In general, antibiotic-resistant infections result in longer and/or more expensive treatments, longer hospital stays, additional doctor visits, and increased disability and mortality risk.¹ According to the CDC, the use of antibiotics is “the single most important factor leading to antibiotic resistance around the world.”²

Barriers to appropriate antibiotic prescribing include providers not ordering the appropriate laboratory tests to confirm if an antibiotic is needed, and patients demanding an antibiotic.¹ To help address these barriers, CalViva helps promote the Choosing Wisely® patient education materials and is also involved with the California Medical Foundation’s Alliance Working for Antibiotic Resistance Education (AWARE) annual campaign to promote appropriate antibiotic use among providers and patients. According to a meta-analysis published in the British Medical Journal patients prescribed an antibiotic for a respiratory infection consistently developed bacterial resistance to that antibiotic; this effect was greatest in the first two months immediately after treatment [pooled odds ratio 2.37 (CI 1.42-3.95)] but could persist for up to 12 months. This contributes to an increased number of organisms resistant to first line antibiotics, which may lead to increased use of second line antibiotics.³ Therefore, it is crucial that providers have updated tools and information to ensure that antibiotics are not prescribed inappropriately or overprescribed.

¹Centers for Disease Control and Prevention (CDC). Antibiotic Resistance Threats in the United States, 2013. April 2013. Available at <http://www.cdc.gov/drugresistance/threat-report-2013/pdf/ar-threats-2013-508.pdf>. Downloaded January 17, 2014.

²Centers for Disease Control and Prevention (CDC). Antibiotic/Antimicrobial Resistance. Accessed January 12, 2017 at www.cdc.gov/drugresistance.

³Costelloe C, Metcalfe C, Lovering A, Mant D, Hay AD. 2010. Effect of antibiotic prescribing in primary care on antimicrobial resistance in individual patients: systematic review and meta-analysis. BMJ. 2010 May 18;340:c2096.

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions.

The HEDIS measure, Appropriate Antibiotic Prescribing for Adults with Acute Bronchitis (AAB) will be used to evaluate the effectiveness of interventions. This measure provides the percentage of

adults 18–64 years of age with a diagnosis of acute bronchitis who were *not* dispensed an antibiotic prescription (a higher rate indicates appropriate treatment of adults with acute bronchitis). Baseline period uses HEDIS RY2016 outcomes. For RY2016, Fresno county was well above the DHCS RY 2016 minimum performance level (MPL) for AAB of 22.12% with a score of 37.62% (1,252 numerator events out of 2,023 in the denominator). The denominators for Kings and Madera were much smaller than Fresno’s denominator. Both Kings and Madera county were below the MPL. Kings scored 21.38%, missing the MPL by only 0.74% (125 numerator events out of 159 in the denominator). Madera county scored 19.69% which was 2.43% below the MPL (204 numerator events out of the 254 in the denominator). Please refer to Section C for the goals and benchmarks for this metric.

Planned Activities			
Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
Implement “Health Tags” educational health message on members’ prescription pharmacy bag labels in Kings and Madera Counties.	M	Q2-Q4	CVH/HN
“Choosing Wisely” Antibiotics Awareness provider and member educational flyers available on CVH web site.	P	Q1	CVH/HN
Mail new 2016-2017 AWARE toolkit containing provider and member educational resources on appropriate antibiotic use. (sent to select antibiotic high prescribers)	P	Q1	CMAF/CVH/HN
Provider Relations to distribute provider education materials to targeted providers that have been identified as high prescribing over two consecutive years. Materials will include the new AWARE toolkit and Choosing Wisely® resources on the appropriate use of antibiotics and best practices to avoid overprescribing antibiotics	P	Q2/Q3	CVH/HN
Participate in 2017-2018 AWARE toolkit revision planning.	P	Q3/Q4	CVH/HN

Section B: Mid-Year Update of Intervention Implementation (due Q3) If Activities Not Met: Include Barriers Encountered

- New: In Q1, a flyer was sent to providers via a “fax blast” by Provider Relations about a online patient simulator resource to practice real-life conversations about antibiotics.
- The “Choosing Wisely” educational flyers were made available on the CVH web site starting Q2.
- New: In addition to mailing the AWARE toolkits, we also made the educational materials available to providers via the Lunch and Learns hosted by Provider Relations in Q2.
- The distribution of provider education materials in the new AWARE toolkit to targeted providers by Provider Relations was completed in Q2.

Section C: Measures & Goals

Specific Measure(s)	Goal (Source of Goal)	Prior Reporting Year Rate 2016	Current Reporting Year Rate (populate mid-year)
HEDIS Appropriate Treatment for Adults with Acute Bronchitis (AAB): Kings County	Directional improvement to meet or exceed the MPL for RY2017 (22.12%; 25 th percentile)	21.38%	29.56%
HEDIS Appropriate Treatment for Adults with Acute Bronchitis (AAB): Madera County	Directional improvement to meet or exceed the	19.69%	18.26%

Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered

Initiative Continuation Status (Populate at year end) Closed Continue Initiative Unchanged Continue Initiative with Modification

Quality Of Improvement Projects

Section A: Description of Intervention (due Q1)

3:1 : Comprehensive Diabetes Care – PIP

New Initiative Ongoing Initiative from prior year

Initiative Type(s) Quality of Care Quality of Service Safety Clinical Care Member Experience

Reporting Leader(s)	Primary:	CalViva Health Medical Management	Secondary:	Health Net QI Department
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Aim and Goals of Initiative

Overall Aim: Improve the health of CalViva Health members diagnosed with diabetes.

Rationale:The incidence of diabetes in the United States has increased fourfold since 1980, with 5.5 million people diagnosed with diabetes in 1980, and 22 million in 2014.¹ One in five health care dollars is spent caring for people with diabetes.² For individuals with diabetes, it's important to minimize the risk of adverse diabetic outcomes through accurate and consistent medical self-management, and maintaining steady blood glucose levels. This includes taking medications as directed (medication adherence), eating a proper diet, and getting regular physical activity.

The Hemoglobin A1c (HbA1c) test measures blood glucose control in individuals diagnosed with type 1 and type 2 diabetes. According to the American Diabetes Association, regular glucose testing with an at-home fingerstick glucometer, and receiving a Hemoglobin A1c (HbA1c) laboratory test at least annually, are both best practice standards of care for individuals with diabetes.³

¹ CDC National Surveillance Statistics. <http://www.cdc.gov/diabetes/statistics/prev/national/figpersons.htm>

² J. O. Hill, J.M. Galloway, A. Goley, D.G. Marrero, B. Montgomery, G.E. Petterson, R.E. Ratner, E. Sanchez and V.R. Aroda, "Scientific Statement: Socioecological Determinants of Prediabetes and Type 2 Diabetes," Diabetes Care, pp. Published online June 20, 2013, 2013.

³ Position Statement: American Diabetes Association, Standards of Medical Care in Diabetes, 2013, Diabetes Care, January 2013, 36:Supplement 1 S11-S66;doi:10.2337/dc13-S011

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions.

Comprehensive Diabetes Care (CDC) measure HbA1c Testing: Goal – meet or exceed HEDIS RY 2017 MPL 82.98%.

Planned Activities

Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
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Work with a high volume, low compliance provider in Fresno and Kings Counties to distribute Provider Profiles of members who need to complete HbA1c testing to improve the Clinic's Huddle list to include CVH members.	P	Q1, Q2, Q3, and Q4.	CVH/HN
Continue implementing the Live Well and Stay Healthy Diabetic Log which offers a \$50 gift card to for members who complete specified diabetic testing.	M	Q1, Q2, Q3, and Q4	CVH/HN
Continue to provide DM health education to members of targeted clinic.(including nutrition, B/P, Diabetes)	M	Q1-Q4	CVH/HN
Provider level incentive for PCPs participating in Medi-Cal to close Care Gaps and improve HEDIS scores	P	Q3 and Q4	CVH/HN
Complete PIP activities by August 2017	P	Q3	CVH/HN

Section B: Mid-Year Update of Intervention Implementation (due Q3) If Activities Not Met: Include Barriers Encountered

- Targeted a high volume, low compliance provider groups in Fresno and Kings Counties to distribute the health plan's Gap in Care list of noncompliant members who needed to schedule an appointment to complete their HbA1c testing. As of Q1, 57.7% (41/71) of the members had completed their HbA1c test or have an appointment scheduled for test completion.
- In Q1 & Q2, the clinics' investigation into their medical records revealed that during the transition from ICD-9 to ICD-10 codes, some providers were using incorrect codes which resulted in some members being identified as diabetic when they may have not been diabetic.
- In Q1 and Q2, the health educators received a total of 30 completed diabetic logs and forms in which the members received a \$50 gift card for completing the screening of four submeasures (HbA1c, kidney test, eye exam, and blood pressure measure). Specifically, Fresno County had 19 members who completed the diabetic log, followed by Kings County with 4 members, and Madera County with 7 members.
- In Q1 and Q2, 43 CalViva Health members participated in the diabetes health education classes and received a \$10 gift card upon completion of the class. Specifically, Fresno County had 20 members attend the classes, Kings County had 23 members attend the classes, and Madera County had zero members attend the classes.

Section C: Measures & Goals

Specific Measure(s)	Goal (Source of Goal)	Prior Reporting Year Rate 2016	Current Reporting Year Rate (populate mid-year)
HEDIS® Comprehensive Diabetes Care – HbA1c Testing	Meet or Exceed DHCS MPL 82.98%	Fresno: 80.29% Kings:76.64% Madera:87.10%	Fresno: 81.19% Kings: 85.09% Madera: 85.61%

Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered

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Initiative Continuation Status (Populate at year end)	<input type="checkbox"/> Closed	<input type="checkbox"/> Continue Initiative Unchanged	<input checked="" type="checkbox"/> Continue Initiative with Modification
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Section A: Description of Intervention (due Q1)
3-2: Postpartum Care - PIP

<input type="checkbox"/> New Initiative <input checked="" type="checkbox"/> Ongoing Initiative from prior year				
Initiative Type(s)	<input checked="" type="checkbox"/> Quality of Care	<input checked="" type="checkbox"/> Quality of Service	<input type="checkbox"/> Safety Clinical Care	<input type="checkbox"/> Member Experience

Reporting Leader(s)	Primary:	CalViva Health Medical Management	Secondary:	Health Net QI Department
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Aim and Goals of Initiative

Overall Aim: Improve the health of new mothers by ensuring that women attend a postpartum visit.

Rationale: The American Congress of Obstetrics and Gynecologist (ACOG) and National Committee for Quality Assurance (NCQA) recommend women have postpartum visits between three and eight weeks after delivery. This is an important visit during which healthcare providers can address with patients any complications that may have occurred during pregnancy, any underlying medical conditions, health of the infant, breastfeeding and breast health, maternal/infant bonding, and family planning. In RY 2016, CVH remained below the MPL (55.47%) in 1 of 3 counties, Kings County (50.24%). CVH will continue to work with a high volume, low performing clinic in Kings County on the Postpartum PIP. Modules 1, 2, 3 and 4 have all been submitted. Module 5 will be completed in June 2017.

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions.

Postpartum Care HEDIS measure: Goal – meet or exceed HEDIS RY2017 MPL (55.47%).

Planned Activities

Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
Continue to work with a high volume, low compliance OB Clinic in Kings County to schedule postpartum care visits after delivery.	P	Q1, Q2, Q3, and Q4.	CVH/HN
Implement postpartum \$25 member incentive on-site for members who complete timely postpartum care visits using PDSA methodology	P/M	Q1, Q2, Q3 and Q4	CVH/HN
Implement Postpartum Member Incentive by sending a \$25 gift card to members for whom we receive a correctly completed and timely Postpartum Care Notification Form from their provider in all CVH Counties	M	Q1, Q2, Q3 and Q4	CVH/HN
Integrate postpartum care incentive offer into member education conducted by Comprehensive Perinatal Services Program (CPSP) educator.	M	Q2, Q3 and Q4	CVH/HN
Implement Eliza IVR calls to all pregnant and postpartum members with reminders for postpartum care and live assistance to schedule appointments.	M	Q1, Q2, Q3 and Q4	CVH/HN
Implement Baby Showers with members with education about the importance of postpartum visit.	M	Ongoing	CVH/HN
Provider Tip Sheet on Postpartum Care will be disseminated to CVH providers.	P	Q2	CVH/HN
Provider level incentive for PCPs participating in Medi-Cal to close Care Gaps and improve HEDIS scores	P	Q3 and Q4	CVH/HN
Complete PIP activities by August 2017	P/M	Q3	CVH/HN

Section B: Mid-Year Update of Intervention Implementation (due Q3) If Activities Not Met: Include Barriers Encountered

- Continued to work with a high volume, low compliance OB Clinic in Kings County to schedule postpartum care visits after delivery increase timely postpartum completion rates from 57.6% (April

2016) to 66.7% (April 2017). Two interventions were developed to achieve the SMART Aim goal: 1) collecting contact information specific to the Postpartum Recovery Period while the patient was hospitalized, and 2) offering CalViva Health members a \$25 VISA gift card at the point of care for completing a timely postpartum care visit. All PIP Modules (1-5) were completed and submitted to HSAG.

- In Q1 and Q2 2017, a total of 982 CalViva Health Postpartum Member Incentive brochures were sent to members who recently delivered based on the member lists provided by the Quality Improvement Research Analyst Team. In Q1 2017, a total of 21, \$25 gift cards were given out at the point of care at a high volume, low compliance clinic in Kings County.
- In Q2, 185 forms were returned and by both members and providers to receive a \$25 gift card. Of the completed forms, 100% were correctly completed. During the quarter, forms were received from all three CalViva Health Counties: 144 were from Fresno County (77.8%), 5 were from Madera County (2.7%), and 36 were from Kings County (19.5%).
- In February 2017, the Clinic Management and the Comprehensive Perinatal Services Program (CPSP) educators integrated the postpartum care incentive offer into the existing member education conducted by CPSP educators (for CalViva Health Members).
- Baby Showers to educate members about the importance of postpartum visit took place on April 19th and June 22nd. On April 19th, 3 members attended the event, and observations were made to improve future events: 1) the venue was not clear to all members, 2) the time conflicted with end of the school day for mothers, and 3) mother's did not received reminder calls about the event. For the June 22nd event, the venue was moved to a well known community location (First 5 Family Resource Center), the time was adjusted to 10-11am, and the health educators supported the CPSP specialist by following-up with members to remind them of the event. Despite these efforts,
- The Postpartum HEDIS Tip Sheets are distributed by the Provider Relations Reps as they conduct their visit to OB offices.
- An Eliza IVR call attempted to reach 3,024 members who recently delivered with reminders for postpartum care and live assistance to schedule appointments. Of those attempted, 1,005 were reached (40%); 25 opted to transfer to schedule their appointment, and 114 opted to be emailed regarding their appointment. .

Section C: Measures & Goals

Specific Measure(s)	Goal (Source of Goal)	Prior Reporting Year Rate 2016	Current Reporting Year Rate (populate mid-year)
Postpartum Care Visits	Meet or Exceed DHCS MPL 55.47%	Fresno: 67.59% Kings: 50.24% Madera: 58.76%	Fresno: 68.03% Kings: 61.07% Madera: 64.09%

Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered

Initiative Continuation Status (Populate at year end) Closed Continue Initiative Unchanged Continue Initiative with Modification

IV. CROSSWALK OF ONGOING WORKPLAN ACTIVITIES

Activity	Activity Leader	Mid-Year Update	Complete?	Year End (YE)	
				Date	YE Update or Explanation (if not complete)
WELLNESS/ PREVENTIVE HEALTH					
1. Distribute Preventive Screening Guidelines (PSG) to Members	CVH/HN	They are included in new member welcome packets. It is an ongoing activity	<input type="checkbox"/>		
2. Adopt, Disseminate Medical Clinical Practice Guidelines (CPG)	CVH/HN	Approved by QIUM Committee and distributed via Provider Updates	<input type="checkbox"/>		
CHRONIC CARE/ DISEASE MANAGEMENT					
1. Monitor Disease Management program for Asthma, Diabetes, Congestive Heart Failure (CHF) and ensure vendor conducts member and provider enrollment mailers and outbound calls.	CVH/HN	Weekly meetings are held with the vendor for program oversight. Weekly review of the enrollment counts and monitoring of a sample of the Disease Management charts is done quarterly for engagement activities.	<input type="checkbox"/>		
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE					
1. C&L Report: Analyze and report Cultural and Linguistics (C&L)	CVH/HN	C&L 2017 program description and work plan reports complete and submitted accordingly. Mid year work plan and mid year LAP report to be completed during Q3.	<input type="checkbox"/>		
2. ACCESS SURVEY: Monitor and report access to care standards using telephonic surveys vendor(s) and/or CCHRI	CVH/HN	MY2016 PAAS and After-hours survey results are ready. CAP packets scheduled to go out no later than August 30 th . Training with Fresno PR staff scheduled for September 12 th .	<input type="checkbox"/>		
3. Complete and submit DMHC Timely Access Reporting (TAR) by April 30 filing due date	CVH/ HN	DMHC extended filing date to June 9 th . Filed on time.	<input type="checkbox"/>		
4. A&G REPORT: Identify opportunities to improve member service and satisfaction through appeals and grievances	CVH/HN	A&C committee continues to meet regularly to address improvement opportunities.	<input type="checkbox"/>		
5. Group Needs Assessment Update– Evaluating membership's health risks and identifying their health care needs will help to prioritize, develop and implement Cultural & Linguistics health education materials, services and Quality Improvement (QI) programs.	CVH/HN	C&L continues to promote C&L/LAP program and services to members and providers.	<input type="checkbox"/>		
6. GEO ACCESS: Assess and report on availability of network to identify opportunities for improvement: Analyze and inform Provider Network Management areas for increased contracting with a particular provider to improve availability. (bi-annual: next report 2017)	CVH/HN	Report development currently in progress. Anticipate report will be completed in September.	<input type="checkbox"/>		

Activity	Activity Leader	Mid-Year Update	Complete?	Year End (YE)	
				Date	YE Update or Explanation (if not complete)
7. Maintain compliance with DHCS Initial Health Assessment (IHA) 3-pronged outreach requirement: Annual IHA Compliance Monitoring Report	CVH/HN	Report was presented and approved QI/UM Work group 8/23/2017	<input type="checkbox"/>		
QUALITY AND SAFETY OF CARE					
1. Complex Case Management – Utilize Stratified Data to Identify High Risk Members and Engage them in Case Management Programs: Evaluate clinical outcomes for members enrolled in Complex Case Management	Axis Point Health/CVH/HN	Information is presented in the Key Indicator Report and also in the quarterly Case Management reports presented to the QI workgroup.	<input type="checkbox"/>		
CREDENTIALING / RECREDENTIALING					
1. Credentialing/Rec credentialing Practitioners/Providers – Achieve and maintain a 100% timely compliance and 100% accuracy score	CVH/HN	Credentialing reports continue to be submitted on a regular bases and are monitored for potential improvements	<input type="checkbox"/>		
DELEGATION OVERSIGHT/ BEHAVIORAL HEALTH					
1. Conduct oversight of Behavioral Health BH) through delegated reports on BH (may include member satisfaction surveys, provider surveys, etc.)	CVH/HN	Quarterly reports being submitted and reported to the QI/UM Committee.	<input type="checkbox"/>		
QUALITY IMPROVEMENT					
1. Maintain Facility Site Review (FSR) and Medical Record (MRR) Compliance: To ensure practitioner offices and medical records comply with DHCS contracted requirements per MMCD Policy Letter 14-004 and Physical Accessibility Review Survey per MMCD Policy Letter 12-006 and 15-023	CVH/HN	Ongoing monitoring conducted. Bi-annual report of quarterly monitoring of FSR/MRR and PARS to QI	<input type="checkbox"/>		
2. Evaluation of the QI program: Complete QI Work Plan evaluation annually.	CVH/HN	Ongoing monitoring conducted.	<input type="checkbox"/>		
CLINICAL DEPRESSION FOLLOW-UP					
3. Development and distribution of provider educational resources on screening for clinical depression and follow up (12 years and older)	CVH/HN	Provider Update distributed 04/11/17, emphasizing the importance of screening for depression and timely follow-up for those with positive screens. The updated outlined validated screening tools, along with suggested billing codes for administering and documenting the depression screening and for follow-up on positive screens. 153 providers received the update via fax and 42 via mail. On 08/25/17 started distributing a survey through Provider Relations, to assess current provider and office practices around administering and documenting depression screening and follow-up. The first 50 respondents will receive a free	<input type="checkbox"/>		

Activity	Activity Leader	Mid-Year Update	Complete?	Date	Year End (YE) Update or Explanation <i>(if not complete)</i>
		year subscription to podcasts that provide Continuing Medical Education (CME) credits. In August 2017, started provider education on behavioral health HEDIS metrics, including depression screening and follow-up plan for adolescents and adults. Provider relations staff inform providers at all their site visits and Lunch and Learns			