IMPACT REPORT 2017

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CQC

CALIFORNIA QUALITY COLLABORATIVE

Breakthroughs for Better Health Care

Executive Summary

Dear Colleagues:

Despite continued uncertainty at the national level, the California Quality Collaborative remains focused on advancing the quality and efficiency of health care in California. As the preeminent multi-stakeholder improvement organization in California, CQC assists providers and plans to meet the demands of the current environment. All CQC activities incorporate the fundamental belief that patient outcomes can only change when systems of care are redesigned.

CQC programs are focused on four Aims:

Aim #1	Aim #2	Aim #3	Aim #4
Build capacity to manage total cost of care	Transform practice to improve care for populations of patients where clinical quality scores are lowest	Expand the availability of intensive outpatient management for people with multiple, medically complex conditions	Improve care at small, independent practices

We are proud to share our many accomplishments in 2017:

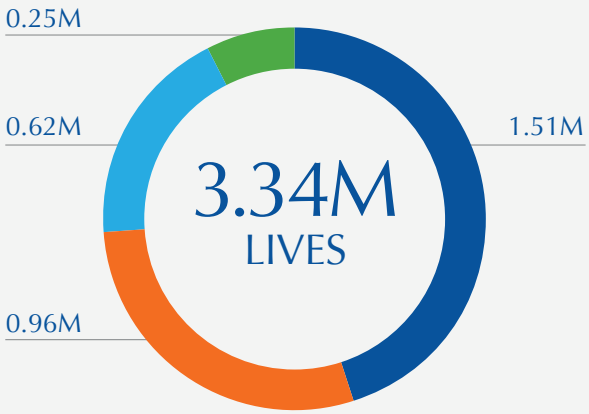
- **CQC's work in practice transformation with 4,800 clinicians is improving care for 3 million Californians.**
  - As of September 2017, 48,000 patients with diabetes experienced better care and outcomes.
  - $125 million total cost savings achieved through reductions in hospital days, emergency department visits, and unnecessary testing.
  - Enrolled practices are improving several times faster than statewide trends.
- **CQC enrolled 15 organizations to improve care for medically complex populations, including over 330,000 Medicare beneficiaries.**
- **CQC launched a program to assist small, independent practices in organizing patient data to improve patient care and qualify for health plan bonus payments.**
- **Altogether, CQC's programs drew almost 2,000 people to 50 events from 188 different organizations.**

Sincerely,

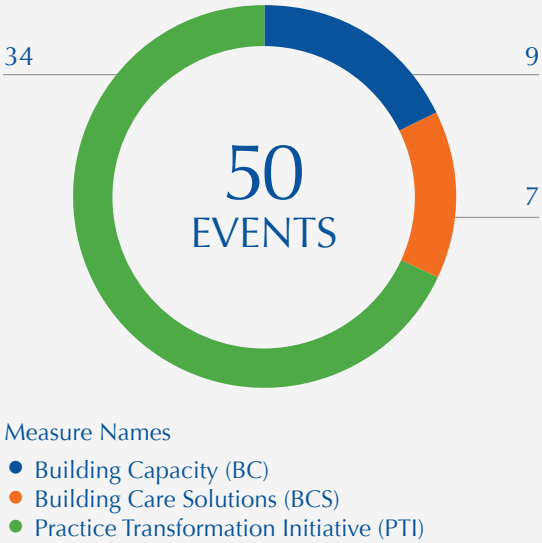
Diane Stewart and Dr. Bart Wald

Executive Summary

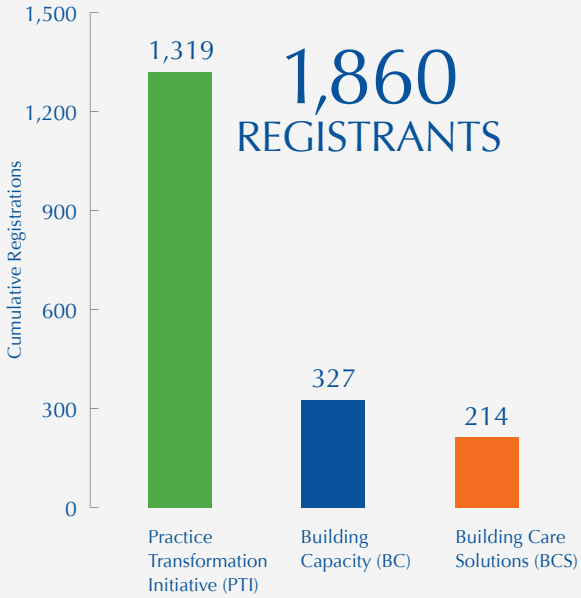
Californian Lives Touched by CQC Programs in 2017



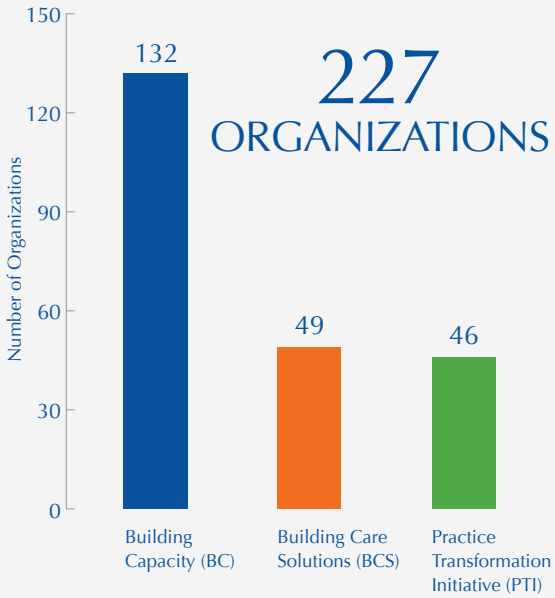
CQC Events Held During 2017



2017 CQC Event Registrations



Participating Organizations in 2017 CQC Events



Executive Summary

Program	Organization	City	State
Building Care Solutions (BCS)	Alameda Health System	Alameda	California
	Community Health Center Network	San Leandro	California
	EPIC Management	Redlands	California
	Heritage California ACO	Northridge	California
	Kaiser Permanente	Santa Clara	California
	Los Angeles Jewish Home	Reseda	California
	Providence Health & Services	Los Angeles	California
	Regal Medical Group	Northridge	California
	Riverside University Health System	Moreno Valley	California
	San Francisco Health Network	San Francisco	California
	Innovation Care Partners	Scottsdale	Arizona
	SeaView IPA	Oxnard	California
	Sharp Rees-Stealy Medical Group	San Diego	California
	University of Southern California	Los Angeles	California
	VA Palo Alto Health Care System	Palo Alto	California
Practice Transformation Initiative (PTI)	Allied Pacific	Alhambra	California
	AppleCare Medical Group	Buena Park	California
	Central Valley Collaborative	Fresno	California
	EPIC Management	Redlands	California
	HealthCare Partners	Arcadia	California
	Hill Physicians	San Ramon	California
	MedPOINT Management	Woodland Hills	California
	Molina Healthcare	Long Beach	California
	North Coast Health Improvement and Information Network	Eureka	California
	Palo Alto Medical Foundation	Mountain View	California
	Physicians Medical Group of San Jose	San Jose	California
	Prospect Medical Group	Orange	California
	Riverside Physician Network	Riverside	California
	Sharp Community Medical Group	San Diego	California
	St. Joseph Health	Anaheim	California
	Sutter Pacific Medical Foundation	San Francisco	California

Aim #1 Managing Total Cost of Care

Accountability for the total cost of care is increasingly becoming part of contractual arrangements across all lines of business. CQC offers organizations a roadmap of process changes to better manage the cost of care for populations of patients.

Overview

In July 2017, CQC launched the Cost Action Community (CAC). The CAC is a learning community designed to help provider organizations identify and address drivers of unnecessary utilization and cost. The CAC program features short learning sessions, hands-on coaching, and data-driven recommendations in an 18-month program. Provider organization teams work on strategy implementation, central process improvement, provider network performance, and patient behavior. The curriculum was developed in part from CQC's 2015 research with 15 high-performing organizations. The California Health Care Foundation published findings in 2016.

Beginning with a diagnostic phase, CAC teams identify baseline performance levers for change and potential barriers for different lines of business. With the support of expert faculty, teams establish utilization reduction targets and develop new or refine existing strategies based on current performance, available benchmarks, and best practice. The program will continue until December 2018.

Lessons Learned

- To get started, it is easier to design and test interventions focused on a specific group of patients within a business line, or a specific group of providers with outlier performance.
- Sometimes making minor adjustments to existing programs can be more effective than implementing new approaches.
- Addressing cost of care requires attention across multiple disciplines –medical management, patient education, network management. For instance, strategies to reduce emergency department use include patient education by member services about alternatives to the ED, increasing primary care access into the early evening, applying analytics to identify patients who are frequent users and collaboration between hospitalists, ED physicians, and hospital discharge planners.

Results

- Inpatient bed days and ED utilization are measured quarterly.
- The CAC expects preliminary outcomes by the third quarter of 2018.

Aim #1 Managing Total Cost of Care

Next Steps

The CAC will continue its work throughout 2018, including quarterly learning sessions, monthly coaching, and data collection. Based on the learnings from the project, CQC will create a "playbook" of strategies with demonstrated success in reducing unnecessary utilization.

Current Participants

- AppleCare Medical Group
- Brown & Toland Physicians
- CareFirst
- PIH Health

Aim #2 Practice Transformation

An unprecedented number of Californians gained health care coverage through Medi-Cal expansion and the public exchange. The growth in health care access has real benefits but places additional strain on the care delivery system, challenging overall quality, outcomes, and affordability. CQC builds on its experience with population management at the delivery system level and its work with primary care practices to scale improvement across 20% of California's primary care practices.

Program Overview

The Practice Transformation Initiative (PTI) is a four-year initiative engaging 4,800 clinicians contracted with 13 provider organizations to improve measures of cost, quality and patient experience for 3 million Californians. CQC is one of 29 Practice Transformation Networks in the Center of Medicare and Medicaid Services' Transforming Clinical Practice Initiative which began in 2015. CQC partners with the Center for Care Innovations (CCI) and the Integrated Healthcare Association (IHA) to execute the program.

CQC trains practice facilitators hired by participating organizations – medical groups, IPAs, community health centers and health plans – to redesign care at practice sites based on the 10 Building Blocks of High-Performing Primary Care. Quarterly meetings with organization leaders foster peer-to-peer learning to accelerate progress. PTI offers seed funding for participating organizations to hire practice coaches, individualized coaching for each organization, virtual learning sessions and a data results portal.

The Practice Transformation Initiative (PTI)

2015-2019

PTI IS A
4 YEAR
INITIATIVE

ENGAGING

4,800
CLINICIANS

CONTRACTED WITH

13
PROVIDER
ORGANIZATIONS

TO IMPROVE MEASURES OF COST, QUALITY AND PATIENT EXPERIENCE FOR

3 MILLION
CALIFORNIANS

Aim #2 Practice Transformation

Lessons Learned

- Aligning measures with value-based payment programs strengthens engagement by both provider organizations and their contracted practices.
- Patient and Family Engagement is a cornerstone of practice transformation. Results show clinicians receiving regular patient experience feedback improve health outcomes.
- Interventions driving improvement in diabetes outcomes across provider organizations and practices include leveraging centralized nurse-led care coordination programs, empanelment, team-based care, and extended practice hours for better patient access.

Results

Monthly Data for 1,900 Practices and 4,700 Clinicians

As of September 2017

48,000

diabetics experiencing better care and outcomes

34,000

fewer inpatient bed days & 9,500 fewer ED visits

$113 million

in cost savings achieved by reduction of Inpatient Bed Days; out of $125 million total cost savings

Next Steps

In 2018, PTI is committed to accelerating transformation across the 13 participating provider organizations by focusing technical assistance on measures of impact, increasing the number practices actively engaged with a practice coach, and supporting our organizations in developing a sustainable practice facilitation program that will thrive beyond the life of this project.

- Increase practices working with a practice facilitator from 30% to 100%
- 75% of participating PTI clinicians receive quarterly patient experience feedback
- Build a business case for sustainability with all 13 provider organizations

Current Participants

- Allied Pacific
- AppleCare Medical Group
- Central Valley Collaborative
- EPIC Management
- HealthCare Partners
- MedPOINT Management
- Molina Healthcare
- Palo Alto Medical Foundation
- Physicians Medical Group of San Jose
- Prospect Medical Group
- Riverside Physician Network
- St. Joseph Health
- Sutter Pacific Medical Foundation

Aim #3 Improving Medically Complex Care

A small population of patients use a disproportionately large number of services, concentrating health care expenses in those with the highest needs. CQC supports organizations to strengthen outpatient programs to improve care and reduce unnecessary or inappropriate utilization.

Program Overview

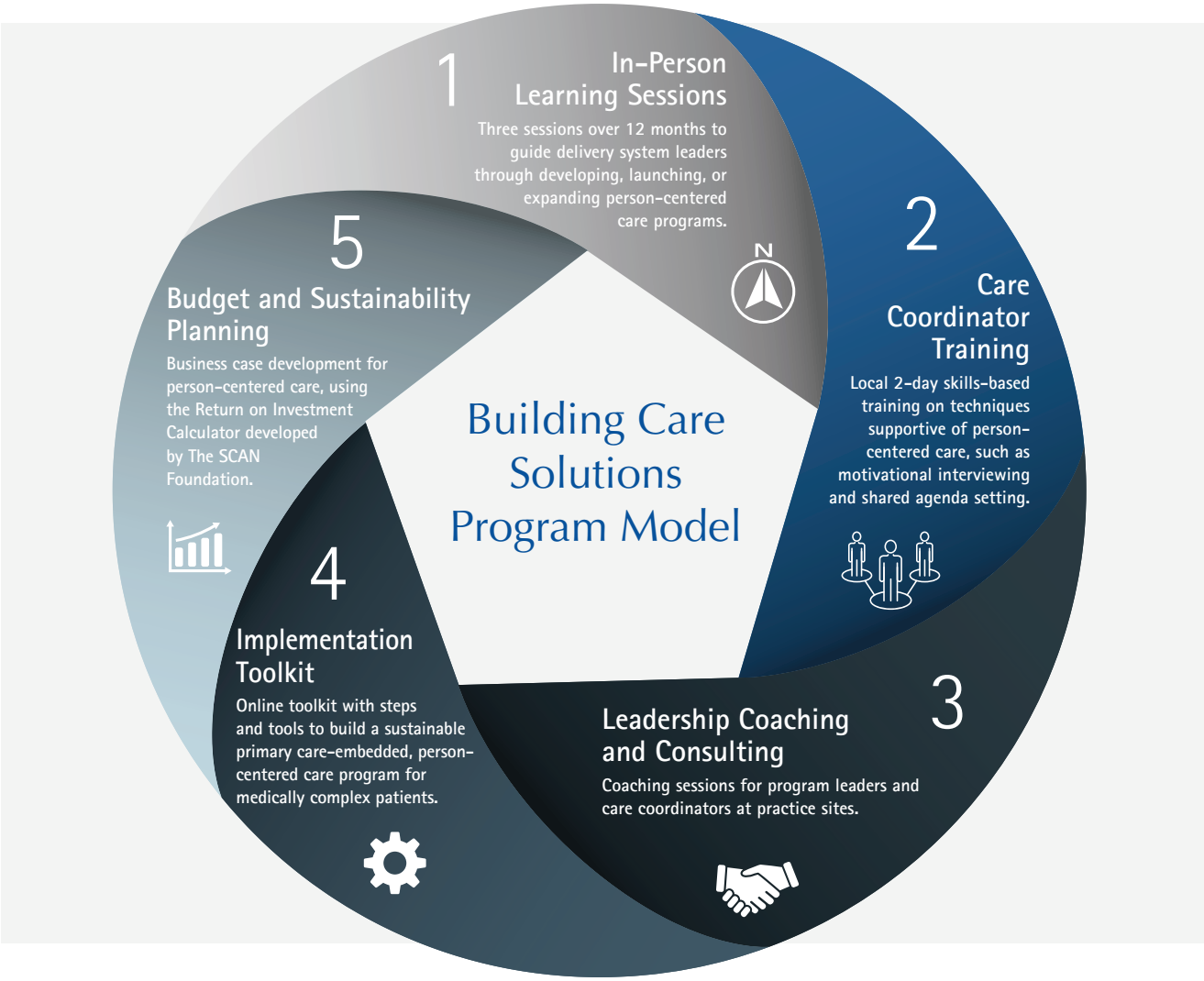
Building Care Solutions for Older Adults with Complex Needs (BCS) offers a year-long collaborative to improve care for medically complex populations. Building on the Intensive Outpatient Care Program (IOCP), BCS expands the model to include the latest research on engaging providers and patients and creating a strong business case for program sustainability. The program includes three face-to-face sessions, a care coordinator training, and individualized coaching from Victor Tabbush, UCLA, on building a business case for the organization and Dr. Ann Lindsay, Stanford University, on building person-centered clinically effective programs. A final conference with all participants is planned for May 2018. The program began October 2016 and continues through August 2018.

BCS participants operate programs targeting Medicare, Medi-Cal or commercial patients with the highest costs and greatest needs. The BCS program builds on each organization's current model, identifying opportunities for strengthening and improving care.

Lessons Learned

- Building a business case to advocate for program sustainability is a high priority for most participants. Using the Return on Investment (ROI) Calculator Tool and consulting offered through the program, Sharp Rees-Stealy (SRS) calculated an ROI and business case for its home-visit program Care at Home, demonstrating a positive ROI, which in turn led to sustained program funding.
- Addressing the socio-economic, social, and behavioral barriers that interfere with health improves program outcomes, as well as streamlining care for the patient and family.
- Organizations no longer need instruction on how to start a program for medically complex patients, but rather, how to strengthen existing programs by better matching care coordinator skills with patient needs.

Aim #3 Improving Medically Complex Care



Results

- At least 330,000 Medicare or dual-eligible patients have been touched by the BCS program (based on data submitted by participating organizations).
- By the end of the program, CQC will have delivered 15 in-person training days to 15 California organizations, and over 200 program leaders.
- Training evaluations show at least 90% of attendees consistently rate training as Very Good or Excellent.

Next Steps

- In May 2018, the three cohorts will come together with other health care stakeholders in a two-day conference. One of the outcomes will be identification and prioritization of supports needed to continue developing medically complex programs.
- Aligning the care model with payment for medically complex services can be challenging due to the myriad payment mechanisms in place at most organizations. We are exploring how to better support evolving programs that may be experiencing the constraints of existing reimbursement.

Aim #3 Improving Medically Complex Care

Current Participants

COHORT 1 – SOUTHERN CALIFORNIA Started April 2017
Heritage California ACO
Regal Medical Group
Innovation Care Partners
SeaView IPA
Sharp Rees-Stealy Medical Group

COHORT 2 – NORTHERN CALIFORNIA Started September 2017
Alameda Health System
Community Health Center Network
Kaiser Permanente
San Francisco Health Network
VA Palo Alto Health Care System

COHORT 3 – SOUTHERN CALIFORNIA Started November 2017
EPIC Management
Los Angeles Jewish Home
Providence Health & Services
Riverside University Health System
University of Southern California

"Participating in the BCS program and listening to other medical groups' experiences has helped and inspired me to look at the bigger picture within our program. It was a real eye-opener to hear and discuss what our program offers to our patients and how it has impacted their lives in a positive way, and also what we can do better to improve our program."

– Program Participant

Aim #4 Advancing Independent Practices

Despite managed care penetration and payment changes, there remains a portion of physicians in California that operate independently, without strong connections to IPAs. These physicians face unique challenges in the shifting health care landscape. CQC tests models to meet the needs of these physicians.

Program Overview

To identify a list of independent clinicians (without strong IPA relationships) who might benefit from practice facilitation, CQC analyzed a statewide database of performance results on 26,000 adult primary care physicians to identify lower performing, independent practices. CQC created a list of 100 clinicians and issued a Request for Proposal to organizations with previous experience managing change in small practices. CQC awarded the contract to CalHIPSO to engage a pilot group of 20 practices from the target list. The test will be to assess whether making changes in the existing EHR tool to create panel reports and transmit data to contracted health plans will improve measures of diabetes care. The program is partnering with Blue Shield of California to align with an emerging incentive program. The contract with CalHIPSO was awarded in September 2017. The program will be completed in December 2018.

Lessons Learned

- Involving local-level medical professional societies may increase success.
- Successful recruiting of practices may require some initial "seed" money paid to the practices to ensure participation in the program. Independent practices are fatigued by health plan improvement initiatives that pay them once the improvement is achieved.
- Recruiting takes longer than originally anticipated. Practices need to consider their resourcing and schedules before committing to the participation.

Results

Preliminary results are expected in the summer of 2018.

Next Steps

- 8 of the 20 practices have been recruited, and the on-site coaching will begin by January 30th.
- All 20 practices will be recruited by the end of March.
- All practices should conclude their coaching activities by November 2018.
- Data will begin being received by mid-summer, 2018.

Building Capacity for Improvement

In addition to its enrolled collaboratives designed for provider organization teams, CQC offers training programs and one-day conferences for individuals. These sessions are designed to improve knowledge and skills critical to making the improvements represented by CQC's Aims. CQC offers programming in two formats:

1. Topics in Healthcare Symposia
2. Skills-based training sessions

Topics in Healthcare Symposia

Program Overview

Topics in Healthcare Symposia are one-day conferences on emerging topics of interest to CQC's community and focus primarily on subjects important to quality improvement. Symposia feature presentations from experts in the field and are designed to foster in-depth discussion and networking with colleagues across California health plans and healthcare delivery organizations.

- **Improving Medication Adherence, March 27**
  During this workshop, entitled, "Medication Adherence and Adding Pharmacists to the Care Team Workshop," presenters shared insights from interviews of top performing organizations on the Integrated Healthcare Association (IHA)'s Medication Adherence measures for Medicare. This session attracted more than 50 attendees.
- **Managing Total Cost of Care, April 13**
  CQC's Managing Total Cost of Care Symposium presented approaches to managing the cost of care across various risk-sharing models, including risk stratification and effective models for care management. 60 healthcare clinical and administrative leaders joined CQC for this meeting.
- **Supporting the Small Practice, November 8**
  This Symposium focused on supporting small practices affiliated with IPAs or health plans to succeed under value-based reimbursement. Michael Parchman, MD, MPH, of the MacColl Center for Health Care Innovation was the keynote speaker for this event, which more than 45 participants attended.

Impact

- Each symposium covers a different topic, using interactive formats to encourage connections between participants.
- In 2018, CQC convened more than 150 health care clinical and administrative leaders for three cross-disciplinary, cross-functional symposia focused on generating collaboration among organizations related to highly complex issues.

Building Capacity for Improvement

Speakers in 2017 included:

Improving Medication Adherence

Jeff Tipton, MD
AppleCare Medical Group

Teresa Hodgkins, PharmD
Desert Oasis Medical Group

Crystal Chang, PharmD
SCAN Health Plan

James Tagliarino
United Healthcare

Managing Total Cost of Care

Sarah Bellefleur, MSW, MHA
SCAN Health Plan

George Christides, MD
AppleCare Medical Group

Jennifer Dunphy, MBA, MPA
Regal Medical Group

Raj Gade, MD
HealthCare Partners

Terry Hill, MD
Hill Physicians Medical Group

Scott Howell, DO
Heritage Provider Network

Edward Juhn, MD
Blue Shield of California

Adam Solomon, MD, MMM, FACP
MemorialCare Medical Foundation

Daniel Virnich, MD, MBA, FACHE
HealthCare Partners

Supporting the Small Practice

Michael Parchman, MD, MPH
MacColl Center for Health Care Innovation

Claudia Amar, MHA
Clinical Excellence Research Center at Stanford University

Alyce Nelson, MPH
Blue Shield of California

Lyndee Knox, PhD
LA Net

Kevin Thomas, MD, MPH
LA Net

David Ford
CalHIPSO, Lumetra Health Solutions

Kim Snyder
Lumetra Health Solutions

Samantha Monks
Hill Physicians Medical Group

Sunday Marquez, MPH
Sharp Community Medical Group

Lloyd Kuritsky, DO
Sharp Community Medical Group

Next Steps

In 2018, the Topics in Healthcare Symposia will offer four quarterly conferences, convening CQC's health plan, provider organization, community health center, governmental, and medical practice stakeholders – as well as others around the state who are dedicated and invested in the goal of improving the quality of care for Californians. The topic of focus for CQC's Q1 2018 symposium: Partnering for Improvement in Opioid Safety, featuring Kelly Pfeifer, MD, as the keynote of a one-day interactive meeting designed to focus on prevention and treatment of opioid use disorder.

Skills-Based Training Sessions

Program Overview

Training sessions offer individuals opportunities to build skills foundational to improving patient care. In 2017, CQC offered a course known as Partnering with Patients: Motivational Interviewing with Informed Decision Making and Brief Action Planning, designed to improve participant patient engagement and activation.

Building Capacity for Improvement

With financial support from the California Health Care Foundation, CQC offered two cohorts in Northern and Southern California to train a total of 12 teams consisting of 80 individuals. The program was designed for patient-facing care teams, and included two in-person days of training, two "Practice and Feedback" telephonic coaching sessions, and two webinars to gain leadership support.

Impact

- 80 individuals from 12 patient-facing cross-disciplinary teams were trained in the skills of motivational interviewing, brief action planning, and informed decision making – in addition to other patient activation and patient engagement skills.
- CQC received applications for 19 teams comprised of 125 individuals total (Northern California cohort: 13 teams and 90 individuals; Southern California: 6 teams and 36 individuals), illustrating the high level of interest in the program.
- CQC was able to convene provider care teams serving a diverse mix of patient types, including Medicare, Medi-Cal, commercial, and uninsured.
- To increase sustainability and adaption of the training, CQC staff included elements such as team participation of 5 – 10 team members to enable cultural transformation within a practice or health center, requirements for participant leadership sign-off, and adult learning principles to facilitate interactivity.

Comments from program participants were powerful:

- "Thank you for this work. I hope to see this info become common practice/knowledge in health care."
- "Training was very informative. Can't wait to use them when I get back to the clinic."
- "Thanks for giving me additional tips to serve my patients better."

Current Participants

- Alameda Health System
- AppleCare Medical Group
- Asian Americans for Community Involvement
- Harbor UCLA Medical Center
- Mendocino Community Health Clinic
- Miller Children's Hospital
- Native American Health Center
- Petaluma Health Center
- Saban Community Clinic
- Serve the People
- The Coalition
- Ukiah Valley Medical Center

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