



## Quality Performance Improvement Project - 2006

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### **Background**

The Framework for the Quality Performance Improvement Project (QPIP) was originally presented to the Board in April 2003. The Framework was developed as a means to hold plans accountable for their performance on HFP quality indicators. Plan accountability has been a long standing concern of the Board. The measures by which plan performance are assessed are the National Committee for Quality Assurance's (NCQA) HEDIS<sup>®</sup> (Health Plan Employer Data and Information Set) measures that plans must report to the Board (following an independent audit). The QPIP provides an approach for identifying, providing feedback, and requesting corrective action for plans' HEDIS<sup>®</sup> performances that warranted improvement. MRMIB monitors the plans' HEDIS<sup>®</sup> scores and issues Quality Measurement (HEDIS<sup>®</sup>) Reports annually.

In 2006, MRMIB reintroduced the QPIP to provide feedback to plans regarding their performance on their 2004 HEDIS<sup>®</sup> scores, as compared to other HFP plans. The feedback was provided on overall scores, and on four individual HEDIS<sup>®</sup> measures: immunizations, well-child visits, adolescent well-care visits, and access to primary care providers. MRMIB did not include two HEDIS<sup>®</sup> health plan measures in the 2006 QPIP, "Follow-up after a mental health inpatient admission" and "Alcohol and Other Drug Services Utilization". Staff excluded "Follow-up after a mental health inpatient admission" because the mental health "carve out" hinders the tracking of meaningful data for this measure. Additionally, only 13 HFP plans reported data on this measure and because of the small sample size, it is not possible to perform plan comparisons. MRMIB has added a new HEDIS<sup>®</sup> mental health measure (Mental Health Utilization) for the 2006-07 HFP contract year. This measure will identify the percentage of HFP subscribers receiving inpatient, day/night, and ambulatory mental health services. This information should provide more meaningful data about HFP subscriber utilization of mental health services and thus will be a more appropriate measure to include in the QPIP in future years. Staff excluded the "Alcohol and Other Drug Services Utilization" measure because only one year of data is available. MRMIB may include this measure in future QPIP as further data from the plans becomes available.

### **Process of the HFP Quality Performance Improvement Project**

The attached tables present an overview of the methodology used to calculate plan performance and actual plan achievements.

- Table 1 contains a description of the methodology used to calculate performance scores.
- Table 2 contains the actual plans scores for the 2003 and 2004 reporting periods.

## Plan For Acknowledging And Improving HEDIS Scores

- **Low Performing Plans**

A corrective action strategy was utilized for the low performing plans. MRMIB staff contacted representatives of the low performing plans, defined as plans that ranked at least one standard deviation below the average, to:

- Discuss what strategies the plan had implemented to improve its scores.
- Describe other strategies (including “best practices” implemented by high performing plans) that may facilitate improvement of the plan’s scores.
- Request the plan send a letter to MRMIB describing strategies the plan had implemented or was considering adding, and the plan’s implementation time frame.

The majority of plans indicated that steps had already been taken to implement strategies to improve their scores. Representatives discussed their plans’ 2005 HEDIS scores, which tended to be higher than the 2004 scores, as an indicator that these strategies were resulting in positive outcomes. The plans have implemented or will implement the following strategies:

### Childhood immunizations:

- Conduct outreach calls to members to encourage them to get immunizations.
- Proactively and aggressively collect data from the plan’s provider groups.

### Well-child care visits:

- Conduct outreach calls and set appointments while on the phone with members.
- Send a list of eligible members who need services to providers monthly.
- Develop new preventative guidelines reemphasizing the need for visits.
- Send examination reminders to members in their birth month.

### Adolescent well-care visits:

- Develop a statement for the new member welcome letter that stresses the importance of well-care visits.
- Develop a newsletter to educate adolescents about the benefits of well-care visits.
- Send a list of members who need a well-care visit to providers monthly.
- Ask representatives of the high performing plans for suggestions about how to improve the scores.
- Send examination reminders to members in their birth month.

### Access to primary care providers:

- Send a list of members who need an annual examination to providers and encourage provider to schedule the examination.
- Collaborate with similarly situated top performing plans to get ideas about their practices.

## High Performing Plans

MRMIB staff contacted representatives of the high performing plans, defined as plans that ranked at least one standard deviation above below the average, to discuss what strategies the plan had implemented that led to its high scores. These strategies include:

### Childhood immunizations:

- Sent reminder cards to kids at 6, 12, 15, and 18 months.
- Gave clinics a list of members who needed immunizations.
- Offered providers \$100 for each immunization flow-sheet completed on-time.
- Offered families a \$75 gift card if all immunizations were completed on-time.
- Included information in the welcome packet included about importance of immunizations.
- Provided posters to clinics to display about the need for immunizations.

### Well-child care visits:

- Sent reminders to kids who had not received a visit to go into the office.
- Held a raffle for 2 tickets to a theme park.
- Created a provider toolkit with age specific forms for missed appointments.
- Sent the member a birthday card and offered a coupon for \$15 gift card.
- Phone blast recorded messages to kids who were 11 and 22 months to let the family know they are getting a birthday card in the mail.

### Adolescent well-care visits:

- Sent a reminder to make an appointment around the child's birthday.
- Identifies providers as "adolescent friendly" in the provider directory, on the plan's website, and in the teen newsletter.
- Offered a \$20 gift card to adolescents who completed the well-care visit.
- Offered two free movie tickets to adolescents who completed the well-care visit.
- Paid providers \$20 per teen seen in the office.
- Developed edgy posters encouraging teens to go to doctors and asked local schools to display the posters.
- Made outreach calls and had pizza night for staff who stayed after hours to make calls.
- Encouraged providers to set up teen clinics that stayed open late twice a week and had social workers on site.
- Ruffled an IPOD.

## **Recognition Of The Top Three High Performing Plans**

Based on the 2006 QPIP scores, the top three performing HFP plans are Inland Empire Health Plan, CalOPTIMA, and San Francisco Health Plan. These plans will be recognized at the July 2006 Board meeting for their outstanding performance.

**Inland Empire Health Plan** is recognized for its outstanding performance as the top performing plan in 2004 with an overall score of 333. Inland Empire Health Plan is also commended for excellent scores in well-child care visits and adolescent well-care visits. Some of the innovative strategies used by Inland Empire to improve its scores in well-child care visits and adolescent well-care visits include:

- Conducting “Training for Trainers” courses to train IPA staff about the importance of HEDIS, CAHPS, Quality Studies, performance guidelines and health plan policies and procedures;
- Providing pay-for-performance incentives with extra cash being given to providers for each well-child care visits with immunizations; and
- Pilot program of member incentives with clinic that has high teen population. Incentives include:
  - iTunes, Best Buy and Movie Theater gift certificates

**CalOPTIMA** is recognized for its outstanding performance as the second top performing plan in 2004 with an overall score of 328. CalOPTIMA is also commended for excellent scores in well-child care visits and adolescent well-care visits. Some of the innovative strategies used by CalOptima to improve its well-child visit score include:

- Creating a provider toolkit which available on the plan website, with age specific forms, including letters to send to families for missed appointments and education flyers regarding screening; and
- Sending reminders to make an appointment on the member’s birthday.

**San Francisco Health Plan** is recognized for its outstanding performance as the third top performing plan in 2004 with an overall score of 324. San Francisco Health Plan is also commended for excellent scores in well-child care visits and adolescent well-care visits. Some of the innovative strategies used by San Francisco Health Plan to improve its adolescent well-care visits score include:

- Sending birthday cards with a movie ticket offer to encourage adolescents to attend their annual check-up; and
- Conducting member outreach through the schools and plan providers.

## Methodology For Calculating Performance Scores

### Calendar Year 2003/2004 Results

- ✓ Childhood Immunization C2
- ✓ Well Child Visit
- ✓ Adolescent Well Visit
- ✓ Access to PCP (Combined)

All Quality Measures Carry the Same Weight

Improvement = 2004 Score (-) 2003 Score

Achievement and Improvement Scores Carry Same Weight

### Calculation of Scoring Results

**Achievement Component =**  
1 point for each percent scored.

**Improvement Component =**  
point added or subtracted for each positive or negative change in score. (20 Max)

**Total Score =** Achievement Points + Improvement Points

+

=

## Methodology For Ranking Plans

### Calculate Plan Total Score

- Rank Plans High to Low
- Generate Mean and Standard Deviation for all Plan Scores
- Identify Plans Above and Below One Standard Deviation from Mean
- Classify Plans as High, Average or Low Scoring Plans
  - High = >1 Standard Deviation Above Mean
  - Low = <1 Standard Deviation Below Mean

### Communicate Results to Individual Plans

- Address Strengths and Weaknesses
- Solicit Best Practices and Strategies from High Scoring Plans
- Discuss strategies for improving future scores with Low Scoring Plans

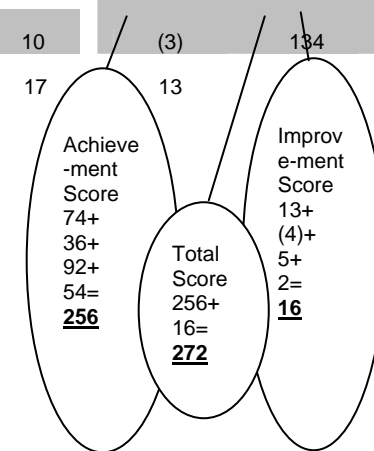


### Quality Performance Measurement (Example)

Plan	2004 Achievement				2003 Achievement				Improvement 2003 to 2004				Quality Measurement Score		
	Child Immunization	Well Child Visit	Adolescent Well Visit	Access to PCP	Child Immunization	Well Child Visit	Adolescent Well Visit	Access to PCP	Child Immunization	Well Child Visit	Adolescent Well Visit	Access to PCP	Achievement	Improvement	Overall
Plan	69	35	85	76	44	26	57	49	25	9	28	27	265	20	285
Plan	64	32	94	67	59	31	93	57	5	1	1	10	257	17	274
Plan	74	36	92	54	61	40	87	52	13	(4)	5	2	256	16	272
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Plan	43	18	51	22	40	20	41	25	3	(2)	10	(3)	134	8	142
Plan	40	16	43	32	62	22	26	19	(22)	(6)	17	13	2	133	

#### Calculation and Ranking

- Step # 1 – Sum Achievement Scores
- Step # 2 – Calculate and Sum Improvement Scores  
(Maximum improvement points +20 to -20)
- Step # 3 – Calculate Total Scores
- Step # 4 – Calculate Average and Standard Deviation



- Step # 5 – Sort Plans Highest to Lowest
- Step # 6 – Identify High Achievement ( $>1$  Standard Deviation from Average)
- Step # 7 – Identify Low Achievement ( $<1$  Standard Deviation from Average)

Table 2 - Quality Performance Measurement - 2004 Scores

Plan	2004 Achievement				2003 Achievement				Improvement 2003 to 2004				Quality Measurement Score		
	Child Immunization	Well Child Visit	Adolescent Well Visit	Access to PCP	Child Immunization	Well Child Visit	Adolescent Well Visit	Access to PCP	Child Immunization	Well Child Visit	Adolescent Well Visit	Access to PCP	Achievement	Improvement (20 max)	Overall
Inland Empire Health Plan	82	<b>*84</b>	<b>*55</b>	92	71	78	45	92	11	6	10	0	313	20	<b>*333</b>
CalOptima	81	<b>*80</b>	<b>*55</b>	92	70	73	47	78	11	7	8	14	308	20	<b>*328</b>
San Francisco Health Plan	79	<b>*84</b>	<b>*58</b>	94	79	82	51	94	0	2	7	0	315	9	<b>*324</b>
Molina	77	77	<b>*49</b>	86	61	73	47	91	16	4	2	(5)	289	17	306
Central Coast Alliance for Health	78	71	44	91	74	69	40	86	4	2	4	5	284	15	299
Health Plan of San Joaquin	74	74	42	86	63	69	34	89	11	5	8	(3)	276	20	296
Blue Cross - HMO	76	74	41	84	68	66	36	82	8	8	5	2	275	20	295
Kern Family Health Care	73	69	39	92	55	69	34	93	18	0	5	(1)	273	20	293
Alameda Alliance	74	69	47	91	61	73	51	91	13	(4)	(4)	0	281	5	286
Care 1st Health Plan	80	77	38	<b>^72</b>	NR	65	33	NR	NA	12	5	NA	267	17	284
Health Plan of San Mateo	74	71	46	83	62	73	44	88	12	(2)	2	(5)	274	7	281
Santa Clara Family Health Plan	80	67	38	87	76	70	36	83	4	(3)	2	4	272	7	279
Health Net of California	76	71	36	79	72	62	33	80	4	9	3	(1)	262	15	277
Blue Shield - HMO	72	61	<b>^22</b>	81	63	57	19	78	9	4	3	3	236	19	255
Ventura County Health Plan	<b>*100</b>	<b>^43</b>	<b>^18</b>	82	75	55	18	89	25	(12)	0	(7)	244	6	250
Blue Cross - EPO	68	67	29	91	65	67	39	90	3	0	(10)	1	255	(5)	250
Santa Barbara Regional HA	85	61	<b>^25</b>	<b>*95</b>	88	68	30	96	(3)	(7)	(5)	(1)	266	(16)	250
Kaiser Permanente	80	63	29	94	87	66	37	97	(7)	(3)	(8)	(3)	266	(20)	246
Community Health Group	69	69	30	80	78	70	34	85	(9)	(1)	(4)	(5)	248	(19)	<b>^229</b>
Contra Costa Health Plan	68	<b>^57</b>	<b>^20</b>	88	72	66	24	88	(4)	(9)	(4)	0	233	(17)	<b>^216</b>
Community Health Plan	<b>^50</b>	<b>^51</b>	29	<b>^60</b>	72	62	42	57	(22)	(11)	(13)	3	190	(20)	<b>^170</b>

\* High Achievement (>1 Standard Deviation above the Mean)

^ Low Achievement (<1 Standard Deviation below the Mean)

NA/NR = Not Applicable/Not Reported

Table 3 - Plan Performance Designations 2004

Plan	Childhood Immunizations	Well Child Visits	Adolescent Well Care Visits	Access to Primary Care Provider	Overall Quality Measurement
Alameda Alliance for Health					
Blue Cross of California EPO					
Blue Cross of California HMO					
Blue Shield of California HMO			▼		
CalOPTIMA		▲	▲		▲
Care 1st Health Plan				▼	
Central Coast Alliance for Health					
Community Health Group					▼
Community Health Plan	▼	▼		▼	▼
Contra Costa County Health Plan		▼	▼		▼
Health Net of California					
Health Plan of San Joaquin					
Health Plan of San Mateo					
Inland Empire Health Plan		▲	▲		▲
Kaiser Permanente					
Kern Health Systems					
Molina Health Care			▲		
San Francisco Health Plan		▲	▲		▲
Santa Barbara Regional HA			▼	▲	
Santa Clara County Family Health					
Sharp Health Plan					
Ventura County Healthcare	▲	▼	▼		

▲ Best Practices Profile

Certificates of Achievement to the top three plans acknowledging their superior performance. Discuss practices that helped the plans achieve either above average results and/or improvements from the prior year.

▼ Corrective Action Strategy

Discuss the plans' low scores and strategies that could be used to improve future HEDIS scores. Plans submit action plans describing ways the plan could improve its quality scores.