

DHCS Strategy for Quality Improvement in Health Care



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*“Better is possible.
It does not take genius.
It takes diligence...
It takes ingenuity...
And above all, it takes
a willingness to try.”*

*-Atul Gawande, MD,
Thought Leader in
Patient Safety and Clinical
Quality Improvement*

Introduction

The vision of the California Department of Health Care Services (DHCS) is to preserve and improve the overall health and well-being of all Californians. In alignment with this vision, DHCS is committed to continual improvement in population health and health care in all departmental programs. The 2018 *DHCS Strategy for Quality Improvement in Health Care (Quality Strategy)* provides a blueprint to advance this commitment by highlighting the goals, priorities, guiding principles, and specific programs that advance population health and high-quality health care. This is the sixth annual update of the *Quality Strategy*. The first section of the document reports on progress in specific quality improvement (QI) projects; the second section, *Looking to the Future—Programs and Policies in Development*, highlights important initiatives that are either in the planning stage or early in development.

The Department and its partners, including counties, health plans, hospitals, and individual care providers, continue to transform health systems by innovating in complex care management, behavioral health, prevention, reducing health disparities, and social risk factors that affect health. Resources from several federally approved waivers, including the overarching [1115 Medicaid Waiver](#), are enabling the testing of exciting new approaches aimed at improving clinical care and population health.

As with previous versions of the *Quality Strategy*, the 2018 edition was developed to align, where possible, with other state QI initiatives and with the [National Strategy for Quality Improvement in Health Care](#). In addition, beginning in 2018, the *Quality Strategy* will be incorporated into the federally required annual DHCS Medicaid Managed Care Quality Strategy Report. Please refer to the [Quality Strategy, 2012-2017](#) for historical perspective.

Three Linked Goals

The *Quality Strategy* is anchored by three linked goals:

- 1) Improve the health of all Californians;
- 2) Enhance quality, including the patient care experience, in all DHCS programs; and
- 3) Reduce the Department's per capita health care program costs.

The three linked goals are integral to the development, implementation, and ongoing updates of the *Quality Strategy*.

Seven Priorities

The seven priorities of the *Quality Strategy* are to:

- 1) Improve patient safety;
- 2) Deliver effective, efficient, affordable care;
- 3) Engage persons and families in their health;
- 4) Enhance communication and coordination of care;
- 5) Advance prevention;
- 6) Foster healthy communities; and
- 7) Eliminate health disparities.

The seven priorities of the *Quality Strategy* are all viewed as equally important and critical to drive improvements in population health and care delivery.



Sustaining a Culture of Quality

The Department remains committed to a culture of quality. Across all programs, attention to outcomes, process improvement, and sustainability are important to achieving the goals of both the [DHCS Strategic Plan](#) as well as the *Quality Strategy*.

Advancing Quality Improvement

Table 1 provides a high-level synthesis of current QI activities within DHCS and throughout the Medi-Cal delivery system. QI activities were categorized using the seven priorities within the *Quality Strategy* to provide a general representation of the distribution of resources. Some of these activities have a well-defined problem and intervention plan, but may require additional components such as increased data collection and analytic capacity, augmented infrastructure and funding, or changes in law or policy prior to achieving full-fledged QI project status. To learn more about the QI projects, visit the [DHCS website](#).



Table 1

Priority 1: Improve Patient Safety

Appropriate Use of Diagnostics and Treatments: This project is part of the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program, a component of the current 1115 federal waiver. Reduce inappropriate utilization of high-cost imaging, pharmaceutical therapies, and blood products by: (1) providing incentives to increase the use of cost-effective, evidence-based, targeted clinical services; (2) reducing broad-spectrum antibiotic use and decreasing inappropriate use of antibiotics; and (3) reducing hospital-associated *Clostridium difficile* infections.

Improve Psychotropic Medication Use for Children and Youth in Foster Care: Achieve improved psychotropic medication use for children and youth in foster care by: (1) reducing the rate of antipsychotic polypharmacy; and (2) improving the monitoring of metabolic risk associated with the use of antipsychotics. Additionally, DHCS has joined a Centers for Medicare and Medicaid Services (CMS)-led affinity group to address antipsychotic drug use in children.

Perinatal Safety: This project is part of the PRIME program, a component of the current 1115 federal waiver. (1) Decrease statewide Cesarean section (C-section) rate and variability in C-section rates in hospitals throughout California; and (2) improve maternal morbidity and mortality related to obstetrical hemorrhage statewide via a combined effort with the California Maternal Quality Care Collaborative, the Patient Safety First collaborative, and the Hospital Quality Institute.

Improve Patient Safety

Reduce Errors in the Ambulatory Care Setting: This project is part of the PRIME program, a component of the current 1115 federal waiver. (1) Ensure that abnormal test results are conveyed to the ordering clinician and appropriate follow-up is implemented; (2) ensure that patients on persistent medications are monitored annually; and (3) increase rates of cancer screening and completion of follow-up across targeted prevention services.

Reduce Opioid-related Morbidity and Mortality: Support the DHCS Opioid Abuse Prevention and Misuse Workgroup, which addresses issues on opioid prevention and misuse through: (1) the sharing of departmental updates on research, data, grants, policy, and current opioid issues; and (2) the ongoing development, implementation, and evaluation of policies and programs to reduce opioid-related morbidity in populations served by DHCS.

Reduce Overuse and Waste Through Smart Care California (SCC): In collaboration with Covered California and CalPERS, engage participants representing physicians, hospitals and health systems, health plans and other payers, purchasers, and consumer organizations in SCC to tackle the issue of overuse and promote safe, affordable health care in California by focusing on: (1) C-sections; (2) opioid overuse; and (3) low back pain.

Priority 2: Deliver Effective, Efficient, Affordable Care

Billings and Claims

Individual Provider Claims Analysis Report (IP-CAR): Increase the accuracy of billing levels for Evaluation and Management (E&M) procedure codes and reduce inappropriate and costly claims.

Data and Reporting

DHCS Dashboard Initiative: Strengthen public reporting practices throughout the Department while improving transparency and accountability. Consistently measure the Department's progress toward goals and more effectively communicate results and key information to employees, providers/partners, and stakeholders. For more information, visit the [DHCS Dashboard Initiative](#).



Deliver Effective, Efficient, Affordable Care

Delivery System

California Pharmaceutical Collaborative Clinical Workgroup: California Health and Human Services Agency-level collaborative that is tasked with: (1) developing criteria for what constitutes a high-cost pharmaceutical; (2) creating a tracking process for new high-cost pharmaceuticals; (3) identifying and assessing the costs and benefits of participating in national groups that conduct clinical reviews of pharmaceuticals; (4) identifying and coordinating major clinical guidelines and treatment protocols that involve high-cost pharmaceuticals; and (5) determining how state pharmaceutical formulary processes can be improved.

PRIME: The PRIME program, a component of the current 1115 federal waiver, builds upon the foundational delivery system transformation achieved in the Delivery System Reform Incentive Payments (DSRIP) program, part of California's prior 1115 Waiver Demonstration. The PRIME program supports 54 of California's public hospitals in achieving large-scale QI in physical and behavioral health integration in inpatient and outpatient settings, improved health outcomes, and increased access to health care services, particularly for those with complex health care needs. Selecting from a prescribed list of QI projects, participating entities created a five-year demonstration plan. PRIME projects are organized into three domains: (1) Outpatient Delivery System Transformation and Prevention; (2) Targeted High-Risk or High-Cost Populations; and (3) Resource Utilization Efficiency. Using evidence-based QI methods, participating entities are required to establish baselines followed by target setting and the implementation and ongoing evaluation of QI interventions. Entities receive incentive payments for achieving performance outcomes related to their individualized project interventions. For more information, visit [PRIME](#).

Deliver Effective, Efficient, Affordable Care

Support Critical Access Hospital Participation in the Medicare Beneficiary OI Project

(MBQIP): Engage Critical Access Hospitals in four MBQIP domains: (1) patient safety; (2) patient engagement; (3) care transitions; and (4) outpatient care. Provide technical assistance to improve public reporting to CMS Hospital Compare and Kansas Hospital Association Foundation's Quality Health Indicators.

Support Improved Critical Access Hospital Services Administration and Operations:

(1) Conduct financial and operational needs assessments to identify financial and operational strengths and challenges; (2) provide Lean methodology trainings and technical assistance to hospitals to support ongoing activities; and (3) implement new financial and operational improvement activities.

DHCS Employees

California Lean Academy White Belt Training: (1) Provide an overview of Lean Management principles and instructional exercises on how to identify eight types of process waste, including how to reduce non-value-added waste and improve process performance; and (2) for more advanced learners and graduates of the Lean Academy White Belt Training, DHCS offers a half-day Lean A3 Process and Thinking Workshop. This training is designed to equip and empower participants to lead and facilitate Lean-based process improvement initiatives.

Deliver Effective, Efficient, Affordable Care

DHCS Academy: Improve the knowledge, skills, and abilities of Medi-Cal program managers, senior managers, and executives throughout the Department with an emphasis on Medicaid policy, analytical skills, QI, and leadership.

Competency-Based Employee Training: Competencies have been identified for each of the nine unique occupational groups within DHCS. These competency groups broadly define excellent performance within each employee classification and serve as benchmarks against which job performance can be assessed. DHCS offers a competency-based educational model that focuses on growing and building these specific competencies for all employees within the Department. This competency-based approach ensures that the 60 unique courses offered to DHCS employees are cost-effective, goal-oriented, and productive.

Healthier U: Establish the Department's East End Complex as a model worksite where leadership and the workforce collaborate to build a workplace culture that supports and encourages the health and well-being of all.

Deliver Effective, Efficient, Affordable Care

Maternal, Infant and Child Health

California Children's Services (CCS)/California Perinatal Quality Care Collaborative (CPQCC) High-risk Infant Follow-up (HRIF) Quality Care Initiative:

1) Identify infants who might develop CCS-eligible conditions after discharge from a CCS-approved Neonatal Intensive Care Unit; (2) improve the neurodevelopmental outcomes of infants served by CCS HRIF Programs through collaboration between CMS/CCS and CPQCC; and (3) provide valuable data that informs infant and child health through the HRIF Quality of Care Initiative.

Medi-Cal Specialty Mental Health Services for Children and Youth: California state law (Welfare and Institutions Code, Section 14707.5) requires DHCS to develop a Performance Outcome System (POS) for mental health services provided to Medi-Cal members, ages 0-20. The POS is meant to improve outcomes at the individual and system levels and inform fiscal decision-making related to the purchase of services. For more information, visit <http://www.dhcs.ca.gov/provgovpart/pos/Pages/default.aspx>.



Priority 2 continued...

Deliver Effective, Efficient, Affordable Care

Pediatric Palliative Care Waiver: Provide pediatric palliative care services to children and their families who have a CCS-eligible medical condition with a complex set of needs. This Waiver offers the benefits of hospice-like services, in addition to state plan services (e.g., comprehensive care coordination; respite care; family counseling; expressive therapies; family training; pain and symptom management; and personal care) during the course of an illness, even if the child does not have a life expectancy of six months or less. The objective is to minimize the use of institutions, especially hospitals, and improve the quality of life for the participant and family unit.

Medi-Cal Dental Services

Dental Transformation Initiative (DTI): A component of the current 1115 federal waiver, the DTI provides direct incentives to providers through program domains that promote overall children's utilization of preventive services and oral health disease management, expand prevention and risk assessment models, and increase dental continuity of care.

Deliver Effective, Efficient, Affordable Care

Medi-Cal Managed Care

Strengthen Overall Care Provided by Managed Care Plans (MCPs): Strengthen overall performance in a wide range of areas that affect population health, including: health disparities, childhood immunization, postpartum and diabetes care, control of high blood pressure, and reduction of opioid use. MCPs engage in rapid cycle QI efforts utilizing Plan-Do-Study-Act cycles to improve performance. MCPs with consistently poor performance can be placed on corrective action plans, requiring increased monitoring and reporting of their QI efforts. Each MCP engages in two Performance Improvement Projects (PIPs) per year. The current set of PIPs require one of the topics to focus on one of four priority areas (childhood immunization rates, postpartum visit care, diabetes care, or control of high blood pressure), with the second PIP on a topic of the MCP's choice. The next set of PIPs will require one of the topics to focus on an MCP-identified area of health disparity. MCPs also participate in four, quarterly QI collaborative discussions (childhood immunization rates, postpartum visit care, diabetes care, or control of high blood pressure) with DHCS and its External Quality Review Organization. Finally, three MCPs are engaged in a small group QI collaborative on childhood immunizations in one county in California. For more information, visit [Medi-Cal Managed Care—Quality Improvement & Performance Measurement Reports](#).

Priority 3: Engage Persons and Families in Their Health

Health Literacy: Increase the use of health literacy tools and improve both internal and external communications by creating a set of guidelines on using plain language when developing DHCS letters, notices, and other materials for Medi-Cal members. This will allow Medi-Cal members to make informed decisions about their health and health care options.

Social Media Outreach: (1) Use social media outlets to promote effective messaging and assist California residents interested in benefits, services, or information about DHCS programs; and (2) increase public awareness of DHCS programs and activities.

Welltopia by DHCS Facebook Page and Welltopia Website: (1) Expand the [Welltopia by DHCS Facebook Page](#), an inspirational, prevention-focused page that creates a space for community members to share their ideas about wholehearted living and find information to help reach their full, healthful potential; and (2) expand the [Welltopia website](#), linking Medi-Cal members to resources that promote healthful living and address social risk factors.



***Priority 4:* Enhance Communication and Coordination of Care**

Improve Palliative and End-of-Life Care Practices: DHCS is implementing a Medi-Cal palliative care policy as required by Senate Bill (SB) 1004 (Hernandez, Chapter 574, Statutes of 2014), with specific definitions of eligible conditions, services, providers, and quality measures. This policy, developed with extensive stakeholder engagement, will improve quality of care for Medi-Cal members. For more information, visit [Palliative Care and SB 1004](#).

Integration and Coordination of Patient Care: (1) Achieve improved communication between inpatient and outpatient care teams and improved medication management with reconciliation to ensure continuity of health care as patients move from the hospital to the ambulatory care setting; and (2) reduce avoidable acute care utilization such as emergency department visits, hospital admissions, and readmissions to facilitate the appropriate, coordinated delivery of health care services.

Stakeholder Engagement: Evaluate and revamp current stakeholder processes for timeliness and transparency to include: (1) timely notice of public stakeholder meetings and posting of meeting materials; (2) web pages for all stakeholder efforts; and (3) standards for meeting summaries and follow-up to action items.

Priority 5: Advance Prevention

Newborn Hearing and Screening Program QI Learning Collaborative: (1) All infants with an initial inpatient referral result will receive a repeat screen prior to hospital discharge; (2) reduce the number of infants who missed screening in the hospital to less than three infants per hospital per quarter (excluding equipment malfunction); and (3) decrease the no-show rate for outpatient screen appointments by 25 percent.

Reduce Obesity Among Medi-Cal Members (Koa Family): Partner with the University of California, Davis Institute for Population Health Improvement (UCD IPHI), California Department of Social Services (CDSS), and United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program–Education (SNAP–Ed) to conduct formative research, test, and evaluate a multi-component, community-based program designed to reduce the risk and prevalence of obesity among low-income Californians.

Substance Use

Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver: (1) Increase and improve access to substance use disorder services for Medi-Cal members through the DMC-ODS continuum of care; (2) continue to implement the DMC-ODS throughout the 40 participating counties; and (3) develop and implement the Indian Health Program Organized Delivery System in urban and tribal health facilities.

Advance Prevention

Implementing Tobacco Cessation Services: Develop and implement comprehensive tobacco prevention and cessation services for Medi-Cal members.

Improving Substance Use Disorder (SUD) Services Provided to Youth:

(1) Refine and identify gaps in youth services; and (2) ensure all youth SUD services represent high-quality, effective, and developmentally appropriate care.

Medication Assisted Treatment (MAT) Expansion Project: (1) Increase access to MAT statewide through the California Hub and Spoke System and Tribal MAT Project; (2) increase training and education opportunities to reduce substance use disorder stigma; and (3) ensure additional prevention activities are implemented statewide pertaining to the opioid epidemic.

Advance Prevention

Women's Health

Core Program Performance Indicators for Every Woman Counts: (1) Ensure timely and complete diagnostic follow-up of abnormal breast and cervical cancer screening results; (2) ensure timely and complete treatment initiated for cancers diagnosed; and (3) deliver breast and cervical cancer screening to priority populations.

Improve Chlamydia Screening in the Family Planning, Access, Care, and Treatment (PACT) Program: (1) Improve clinical quality outcomes for chlamydia screening of female members, age 25 years and younger; and (2) improve clinical quality outcomes for chlamydia-targeted screening of female members over age 25 years.

Increase Breastfeeding among Medi-Cal Mothers: Enhance infant development and well-being by improving breastfeeding rates among Medi-Cal members. Participate in the Lactation Accommodation of the Low-wage Earner workgroup. Clarify state and national workplace accommodation laws, identifying how lactation accommodation for low-wage earners is being addressed and developing action steps to collectively help employers understand pregnancy-related disability programs and Family and Medical Leave Act (FMLA) laws as a means to prevent discrimination of breastfeeding mothers and increase breastfeeding duration rates among low-wage workers.

Advance Prevention

Baby-Friendly Hospital Designation: This project is part of the PRIME program, a component of the current 1115 federal waiver. To improve perinatal care, hospitals can achieve baby-friendly designation through supporting exclusive breastfeeding prenatally, after delivery, and for 6 months after delivery and using lactation consultants after delivery. The Baby-Friendly USA *Guidelines and Evaluation Criteria* detail the specific benchmarks that hospitals are measured against during the Baby-Friendly designation process.

Increase Provider Performance Related to the Provision of Contraceptives: Increase the percentage of women receiving effective contraceptive methods by 50 percent among previously low-performing (bottom 5 percent) providers.

On-site Availability of Highly Effective Contraceptive Methods: Increase the percentage of Family PACT providers that provide highly effective, reversible contraceptives (e.g., subdermal and/or intrauterine contraceptives) onsite.

Priority 6: Foster Healthy Communities

American Indian Infant Health Initiative – Perinatal Health Program:

Develop a comprehensive Perinatal Health Program to provide health education, referral services, primary care services, and targeted case management to improve the health status of American Indian women and babies in California.

California Asthma QI Initiative: Foster and support linkages between organizations conducting asthma home visits and health systems, with the goal of reducing asthma-related Emergency Department visits, hospitalizations, and direct health care costs. (1) Conduct an assessment of how asthma services are delivered; (2) develop a competency-driven, evidence-based curriculum that builds skills for effective asthma management in accordance with the National Asthma Education and Prevention Program Guidelines for the Diagnosis and Management of Asthma; and (3) provide training for community health workers and other non-licensed members of the care team working with asthma patients.



Foster Healthy Communities

Healthy Stores for a Healthy Community (HSHC) Campaign: In collaboration with the California Department of Public Health (CDPH): (1) improve product placement and marketing in retail stores to reduce tobacco, alcohol, and unhealthful food consumption; (2) improve consumer knowledge of retail marketing strategies that influence tobacco, alcohol, and unhealthful food consumption; and (3) assist county administrators and prevention coordinators in using data from the HSHC Campaign to guide prevention-related activities in retail stores.



Priority 6 continued...

***Priority 7:* Eliminate Health Disparities**

Cultural Competency: Increase awareness, support, and utilization of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) among DHCS employees to support the Department's goals of advancing health equity, improving quality, and eliminating health care disparities experienced by Medi-Cal members.

Health Disparities in the Medi-Cal Population Fact Sheets: Continue to develop fact sheets, highlighting the Let's Get Healthy California Task Force Indicators, to identify health inequalities among Medi-Cal members, and then develop initiatives to eliminate disparities.

Health Disparities Website: (1) Continue to disseminate health disparities information on the DHCS website; (2) add intervention models that address at least 10 percent of all fact sheets; (3) expand the number of people who receive e-mail updates about the website; and (4) eliminate health disparities in the Medi-Cal population.

Eliminate Health Disparities

Prematurity Leadership Council: Partner with statewide stakeholders to eliminate disparities for preterm births and improve outcomes for the African American population in California. The group will develop comprehensive guiding principles for collective impact of African American community groups, perinatal health care, community services, and statewide organizations.



Priority 7 continued...

Looking to the Future—Programs and Policies in Development

In this section of the 2018 *Quality Strategy*, we highlight areas that are emerging as important in health care quality and population health. In addition, we hope that these topics begin a dialogue with our stakeholders on how we can launch initiatives and partnerships to effectively address these emerging issues.

Improve Patient Safety

Strengthen safety infrastructure in the ambulatory care setting. Despite progress in this field, improving patient safety continues to be a critical issue for health care systems. The ambulatory care environment is prone to problems and errors that include missed/delayed diagnoses, delay of proper treatment or preventive services, medication errors/adverse drug events, and ineffective communication and information flow.¹

PRIME. The PRIME program, including 54 health system entities, is addressing several important targets in patient safety for 2018 such as: follow-up of abnormal results; antithrombotic use with ischemic vascular disease; appropriate use of antimicrobials; obstetric hemorrhage; and unexpected newborn complications.

Deliver Effective, Efficient, Affordable Care

Address substance use in pregnancy. Substance use is highly prevalent in pregnant women in California, and the use of opioids in pregnancy has risen significantly over the past decade. These increases in maternal substance use have led to increases in neonatal disorders such as Neonatal Abstinence Syndrome. Through the perinatal project in PRIME as well as statewide partnerships, DHCS will be working to better understand the complexities of maternal substance use and create opportunities for safe, effective, and equitable treatment for both mother and baby.



Improve use of the controlled substances database. DHCS will participate in the implementation of SB 482, which requires prescribers to consult the Controlled Substances Utilization Review and Evaluation System (CURES) prior to prescribing an opioid medication to a patient for the first time. Consistent use of CURES is important to policy and program efforts to eliminate opioid abuse in California.

Engage Persons and Families in Their Health

Support social media and online technology. Online platforms offer efficient channels to engage members, patients, and families in their care. Eighty-seven percent of Californians have home internet access,² with a growing segment (18 percent) only able to access online resources through a smartphone.³ Nationally, low-income populations are more likely to be smartphone dependent and more likely to use their phones to navigate health-related resources.⁴ The [Welltopia by DHCS Facebook page](#), [Welltopia website](#), and [Medi-Cal App](#) are three ways that DHCS uses online and mobile technology to connect to Californians.



Ongoing feedback continues to shape the Welltopia website and Facebook page. Welltopia can assist and empower individuals seeking benefits, services, or credible information about healthful living—mind, body, and spirit. The Medi-Cal App is used by current and prospective Medi-Cal members to find local services, learn about enrolling in Medi-Cal health coverage, receive preventive health information, set up reminders, and receive important messages about Medi-Cal Benefits.

DHCS will continue to use consumer feedback to develop content and improve user experiences for these online platforms so that better health is only a click away.

Listen to the voices of members, patients, and families. Central to the concept of member- and patient-centered care is listening. DHCS strives to hear directly from members, patients, and families to better understand the care experience from their perspective, assess their needs, gather their recommendations, and develop more effective programs and policies. A number of approaches are being used to engage with members, including public deliberations, focus groups, and community roundtable discussions.

DHCS conducted focus groups and video ethnographies with Medi-Cal members across California to identify the best approaches to reduce the risk and prevalence of obesity in low-income communities. The [results](#) are helping to inform the development and testing of a multi-component, community-based intervention to reduce obesity rates among Medi-Cal members.

DHCS partnered with the Center for Healthcare Decisions and [Choosing Wisely® initiative](#) on a project called *Doing What Works*. Ten public deliberations with Medi-Cal members and other insured consumers were held to identify ways to reduce the use of harmful and/or wasteful medical services. This effort represented the first time DHCS engaged Medi-Cal members using a public deliberation process. Deliberators expressed strong support for value-based care. [This](#) and other findings from the project are informing SCC.

Advance Prevention



Million Hearts® Initiative. The Million Hearts® initiative was established by the United States Department of Health and Human Services and co-led by CMS and the Centers for Disease Control and Prevention (CDC) in 2012 to tackle the leading cause of mortality and prevent 1 million heart attacks and strokes by 2017. Because of the complexity of the problem, the initiative has been extended another five years. DHCS is engaging in large-scale efforts to advance Million Hearts® in the Medi-Cal delivery system. As part of the PRIME program, 16 public hospitals are implementing the Million Hearts® initiative. Additionally, in 2018, DHCS is committed to the following areas:

1) Reducing tobacco use. Tobacco remains the leading cause of preventable death and disability for California and the nation. DHCS is redoubling its efforts to reduce smoking prevalence among adult Medi-Cal members from 17.3 percent to the level of the general state population, 11.7 percent.⁵ In order to address disparities and achieve this significant reduction, several important strategies will be implemented, including:

- Using data sources such as Consumer Assessment of Healthcare Providers and Systems (CAHPS) to ascertain MCP-specific smoking prevalence rates;
- Ensuring the active referral and promotion of the free [California Smokers' Helpline](#) or other effective counseling resources;
- Forming a learning collaborative among PRIME-participating public hospitals to develop, implement, and evaluate systematic approaches to advancing smoking cessation.

2) Improving high blood pressure control. DHCS conducted a one-year QI collaborative with 9 MCPs. Participating MCPs demonstrated an average increase of 5 percentage points in their rates of controlled hypertension. **Results** and lessons from this effort will continue to inform other DHCS strategies to improve hypertension control among Medi-Cal members in 2018, with a special emphasis on informing the development, implementation, and evaluation of future PRIME QI collaboratives.

Cancer Screening and Follow-up. Cancer is the second leading cause of mortality, accounting for nearly one in four deaths.⁶ As part of PRIME, 15 public hospitals are conducting QI projects to improve breast, cervical, and colorectal cancer screening and follow-up on abnormal test results.

Reduce Obesity in the Medi-Cal population. The prevalence of overweight and obesity in all age groups requires immediate attention. Obesity prevalence rates for most subgroups remain at all-time highs.⁷ In addition, due to obesity, life expectancy may be decreasing.⁸ The health consequences of obesity are numerous, including: coronary heart disease, hypertension, stroke, certain types of cancer, sleep apnea, diabetes, osteoarthritis, and adverse social impacts.⁹

To address this epidemic, the Department, in partnership with UCD IPHI, received a five-year, \$8 million grant from USDA SNAP-Ed to conduct formative research, develop, and study the impacts of a multi-component, community-based intervention to reduce the risk and prevalence of obesity among Medi-Cal members. This effort, called *Koa Family*, formerly known as *Project Connect*, is in the study design and program development phase. Results from **formative research**, including key informant interviews, focus groups, and video ethnographies, demonstrated a need for increased social connection, improved neighborhood safety, greater access to healthful foods and physical activity, and efforts to address other social aspects of health.

As part of PRIME, nine California public hospitals are implementing obesity prevention screening and referral to treatment protocols as well as the Hospital Healthier Food Initiative, an effort from the Partnership for a Healthier America, to deliver healthier food and beverage options throughout hospital systems' facilities.

Foster Healthy Communities

Strengthen the link between health care and public health. There is a need



to create a stronger bridge between health care and public health to transform our disease management, sick care system, into a true health system that addresses population health. DHCS recognizes the importance of the collaboration between medicine and public health, acknowledging that behavioral patterns, social circumstances, and environmental exposures affect health outcomes. To that end, DHCS continues to explore models of care and patient navigation approaches that connect the health care delivery system with community resources to address social

aspects of health, including social cohesion, safety, access to food and physical activity, housing, education, and job training/placement.

The health care-public health interface is growing stronger through collaborations among DHCS, CDPH, USDA, CDSS, and other agencies. For example, CDPH and DHCS have joined forces to improve product placement and marketing in retail stores to reduce tobacco, alcohol, and unhealthful food purchasing in low-income communities through the Healthy Stores for a Healthy Community Campaign. DHCS also is participating in California's SNAP-Ed evaluation workgroup and State Nutrition Action Committee to ensure that Koa Family is coordinated with broader SNAP-Ed efforts. Finally, many public health and health care partners continue to contribute content to both the Welltopia by DHCS Facebook page and Welltopia website.

Eliminate Health Disparities

DHCS is continuing to work with stakeholders and partner organizations, including the CDPH Office of Health Equity, to develop and deploy effective interventions to eliminate addressable health disparities. DHCS uses data to drive decision-making through health disparities [fact sheets](#), which identify how risk factors and health outcomes vary by race/ethnicity at a high level of granularity. DHCS will continue to update existing fact sheets using the newest data available and publish additional fact sheets as new priority health topics emerge.

DHCS will also continue to actively communicate and solicit feedback on its health disparities work by leading internal and external webinars, presentations, sharing research at prominent health disparities gatherings, and participating in site visits to learn about work being done to tackle health disparities at all system levels. As these efforts progress, the health disparities [website](#) will continue to serve as a central resource for on-the-ground programs and services that narrow the health gap between Medi-Cal sub-populations. More than 450 individuals have signed up for health disparities e-mail updates on the website.

DHCS conducted department-wide surveys and interviews to identify innovative and effective interventions and programmatic approaches currently in use to address health disparities. An analysis of the QI Monitoring System found that in 2017, 42 percent of QI projects helped reduce health disparities, particularly addressing the priorities to Deliver Effective, Efficient Affordable Care, Advance Prevention, and Foster Healthy Communities. Preliminary interview findings revealed that these efforts involved collaboration with a wide array of partners to help inform and target interventions for eliminating health disparities. Understanding how various DHCS programs are currently addressing health disparities will help shape new programs and expand those that are already successful.

DHCS is expanding its effort to eliminate health disparities by investigating other demographic characteristics beyond race and ethnicity. DHCS employees are now required to complete a CLAS training, which will encourage employees to respect the whole member and better respond to their health needs and preferences. As part of the current 1115 federal waiver, DHCS is serving as the data steward for the collection of Race, Ethnicity, and Language (REAL) and Sexual Orientation and Gender Identity (SO/GI) data. Participating hospitals are working to systematically collect accurate and complete REAL and SO/GI data. These data will be used to develop and implement REAL and SO/GI disparity reduction interventions.

Summary

On behalf of the Directorate, the **Office of the Medical Director** coordinates the development, implementation, and evaluation of the *Quality Strategy* in partnership with all departmental divisions and offices. UCD **IPHI** provides key technical support and consultation through an Interagency Agreement that created the Medi-Cal Quality Improvement Program.

The *Quality Strategy* is an annual blueprint that describes goals, priorities, guiding principles, and specific programs related to QI in population health and health care throughout DHCS and the Medi-Cal delivery system. The fundamental purpose of the *Quality Strategy* is to improve health, enhance quality, and reduce per capita health care costs. In partnership with stakeholders, DHCS will use the *Quality Strategy* to further sustain a culture of quality that benefits Medi-Cal members and all Californians.



References

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