Kaiser Permanente (KP) California
Quality Improvement and Health Equity Committee (QIHEC)
Summary for DHCS – Q2 2024

QIHEC Meetings:
- Northern California (NCAL): April 9, 2024 & June 11, 2024
- Southern California (SCAL): April 24, 2024 & June 26, 2024
  NOTE: The June 26, 2024, meeting summary is **not** included in the Q2 2024 QIHEC summary; it will be included in the Q3 2024 summary.

The following NCAL and SCAL departments and sub-committees reported to their respective NCAL/SCAL QIHEC in Q2:

1. Managed Care Accountability Set (MCAS) Data: Official Department of Health Care Services (DHCS) Measurement Year (MY) 2023 MCAS rates will be available in early June 2024 since the auditing process is still ongoing.
   - NCAL - The Permanente Medical Group (TPMG)
   - SCAL - Southern California Permanente Medical Group (SCPMG)

2. Access / Medi-Cal Network Adequacy Status: Reporting adequacy across multiple provider types including, evaluation and monitoring plans.
   - NCAL and SCAL
     - Adequacy for the traditional network includes Primary Care Providers (PCPs), Specialists and Non-Physician Mental Health (NPMH) providers.
     - Monitoring continues to identify and address gaps per the DHCS Medi-Cal contract.
     - In SCAL, contracting is ongoing for Developmentally Disabled Habilitative (DDH) and Developmentally Disabled Nursing (DDN), Community-Based Adult Services (CBAS)
     - In NCAL, the provider network team continues its efforts of expanding the Doula network.

3. 2024 Population Health Management (PHM) & Medi-Cal Managed Care Population Needs Assessment (PNA): Presentation on updated DHCS PNA requirements and role of Managed Care Plans (MCPs) in collaboration with local health departments and counties.
   - NCAL and SCAL
     - Ongoing statewide engagement to:
       - complete MCP- Local Health Jurisdiction (LHJ) collaboration worksheets.
       - Engage each LHJ on their individual Community Health Assessment/Community Health Improvement Plan (CHA/CHIP) process including meeting participation, data support, resource allocation, and partner MCP collaborative discussions.

- Build out systems and processes to support data sharing, in-kind staffing, and funding for LHJs.
- support meaningful participation in CHA/CHIP priorities goals and initiatives.
- PHM Strategy due to DHCS – 10/31/2024.

4. Utilization Management, Denials & Timeliness: Presentation and analysis of denials, timeliness, appeals and trends.
   - NCAL
     - In 2023, all timeliness metrics for Medi-Cal patients met 100%.
     - Denial volumes for Medi-Cal patients were stable in 2023.
     - Monitoring of timeliness and denial metrics will continue to be reported in 2024.
   - SCAL
     - 2024 year to date (YTD) decision timeliness (93%) for Medi-Cal medical necessity denials; 2024 YTD physician and member notification 100%.
     - Will continue to monitor timeliness performance through the Utilization Management Steering Committee (UMSC).

5. Medi-Cal LOB Regulatory Update: Statewide Policies & Procedures
   - NCAL and SCAL
     - Medi-Cal Quality and Health Equity Performance Measures Requirements - The policy defines guidelines for quality and health equity performance measures reporting, including cooperation with the External Quality Review Organization (EQRO) designated by the DHCS to conduct its external quality review of Kaiser Foundation Health Plan, Inc. (KFHP)
     - Medi-Cal External Quality Review - The purpose of this policy is to outline KP's commitment to cooperate with and assist the EQRO designated by DHCS in conducting its External Quality Review (EQR) of KFHP, at least annually, or more frequently as directed by DHCS.

6. Health Equity Reports:
   - NCAL
     - Medi-Cal Demographics: Summary of 2024 Medi-Cal Demographics and Social Vulnerability Index (SVI)
     - Current Activities and Future Roadmap:
       - Performance Improvement Plan (PIP) - Childhood Immunization Combo 10 – African American (AA)/black and white population.
         - Action Plan: Staff training, exam room vaccinations, schedule next appt before leaving clinic, Kp.org online self-booking of vaccine appointment, outreach and parent/child education
       - PIP - Controlling Blood Pressure focusing on AA/black population.
         - Action Plan: Technology tool, dietary teaching, outreach, and distribution of home blood pressure kits

- PIP - Diabetes A1c control <=9% (inverse rate of A1c > 9%) focusing on Latino and AA/Black.
  - Action Plan: Drop-in lab visits, text outreach, staff training, dietary teaching, and health education
- PIP - Postpartum Care focusing on AA/Black and white populations.
  - Action Plan: Standardized booking process, regional outreach, daily local outreach and internal data collection enhancement
- PIP - Improving W30-6+ / Ensure 6+ visits by 15 months in our AA/black population.
  - Action Plan: Local outreach lists, in clinic reminders, and schedule next appt before leaving clinic

  o Americans with Disabilities Act (ADA) and Civil Rights: Design new facilities and services to ensure inclusion and equity. Implement new training due to Affordable Care Act (ACA) 1557 and Section 504 updates. Adapt benefits to new ADA provisions to improve access to services. Utilize disability data to enhance care and establish standards.
  o Language Assistance Program: Update training for Medi-Cal services, expand document translation for Medi-Cal, redefine bilingual staff qualifications, conduct audits and revise policies, and meet new regulations.
  o National Committee for Quality Assurance (NCQA) Health Equity Forum: The NCQA Health Equity Forum took place in Southern California in March 2024. Attendees included representatives from KFHP and PMG. The forum presented an opportunity to learn from DHCS and other state leaders about statewide initiatives around health equity.
  o Driving Healthcare Equity Conference: The focus of the conference was to discuss collectively amongst health plans and Chief Health Equity Officers, how we collect data and the challenges in collecting variables such as sexual orientation and gender identity.

- SCAL:
  o Medi-Cal Demographics: Summary of 2024 Medi-Cal Demographics and Social Vulnerability Index (SVI)
  o Equitable Care Health Outcomes (ECHO) and Health Equity Activities
    - Background: Provide direction and support for establishing operational processes and metrics that demonstrate regulatory compliance on national standards and distinctions to address the cultural, demographic, and linguistic needs of KP SCAL physicians, staff, members, and communities.
    - Activities/Key Points: Review of Equity, Inclusion, and Diversity (EID) Health Equity strategies, the Health Equity Toolkit, the Diabetes Control Initiative, and Health Equity objectives.
    - Action Plans: Close disparities for sub-populations in chronic diseases across medical centers, EID teams are conducting a Regional Collaborative to understand the gaps and design strategies to close gaps in care. Teams looking at disparities and using human-centered design interviews. Cross-disciplinary equity teams are exploring how to close health equity gaps. Mobile health vans conduct community outreach.

7. Regional Medi-Cal Quality
   - NCAL and SCAL
     - DHCS Bold Goal: Gap Analysis and Current Activities - The primary aim of the DHCS Bold Goals, or the 50x2025 initiative is to improve clinical outcomes and health equity by 2025. DHCS will review KP's progression to reaching CalAIM Bold Goals 50x2025 targets and provide coaching as needed.
     - 2023-2026 Clinical and Non-Clinical PIPs: Submission requirements, goals, and statewide kick-off meeting updates.
       - Next submission September 11, 2024: Calendar Year (CY) 2023 baseline data and QI activities to date. Remeasurement 1: for CY 2024 is due Sept 2025 and Remeasurement 2: for CY 2025 is due September 2026.
       - PIP leads will form steering committees and work groups, including members from both NCAL and SCAL.
       - Clinical PIP: Improve Well Child Visits 0-15 months: 6 or more (W30-6) among the Black/African American Population
       - Non-Clinical PIP: Improve provider notifications for members with Substance Use Disorder (SUD) or Specialty Mental Health (SMH) diagnosis following or within 7 days of an Emergency Department (ED) visit.
   - SCAL
     a. MCAS Performance: Measurement Year (MY) 2024/Reporting Year (RY) 2025: Required to meet 50th percentile Minimum Performance Levels (MPLs) for 18 measures in the 9 SCAL Direct Contract counties.
        - MY 2023/RY 2024 San Diego Geographic Managed Care (GMC) - Preliminary KP data: 10 of 18 measures above 90th percentile High Performance Level (HPL), 5 above MPL, 2 below MPL – Child and Adolescent Well Care Visits (WCV) and Lead Screening in Children (LSC), and one pending -Topical Fluoride in Children (TFL-CH).
        - MY 2022/ RY 2023 (San Diego GMC): 9 of 15 measures above HPL, four above MPL, and two below MPL in the Children's Health domain (WCV & LSC). DHCS Enforcement Action: $25,000 Monetary Sanction for two measures below MPL in one domain. Submitted revised Comprehensive Quality Strategy including new initiatives designed to meet or exceed required 2023 milestones and intent to devote adequate resources & staff to QI.
     b. Quality Accountability Projects
        - QI &HE Lean A3 Project to improve MY 2022/RY 2023 Southern Coast Region performance below the median in the Children's Health Domain with two of seven measures below the MPL (WCV & LSC).
        - DHCS/Institute for Health Care Improvement (IHI) Child Health Equity Collaborative March 2024-March 2025. Focused on well care visits. All 26 Medi-Cal managed care plans to participate.
     c. Summary of MCAS measures with aligned Quality Improvement Projects and measures below or at risk for below MPL performance
        - 30-day Follow-up after ED visits for Mental Illness (FUM) & 30-day Follow-up after ED visit for Substance Use Disorder (FUA): Performed above MPL in MY 2022 and MY 2023. QI Project: 2023-2026 Non-Clinical PIP.

- o Well Child Visits in the First 30 months of Life – 15 to 30 Months (W30-2): San Diego GMC conducted a required Plan Do Study Act (PDSA) Project for MY 2021/RY 2022 performance below MPL that contributed to a significant improvement to above HPL performance in MY 2023.
- o Child and Adolescent Well Care Visits (WCV): Performed below MPL in MY 2022 and MY 2023. QI projects: DHCS QI & HE A3 Project and DHCS/IHI Collaborative.
- o Lead Screening in Children (LSC): Performed below MPL in MY 2022 and MY 2023. QI project: DHCS QI & HE A3 Project.
- o Developmental Screening in the First 3 years of Life (DEV): First held to MPL in MY 2023 with performance above MPL. Exploring clinical workflow for opportunities to improve measure performance.
- o Topical Fluoride in Children (TFL-CH): First held to MPL in MY 2023 – performance data is pending. The measure requires two topical fluoride applications with the MY by a medical or dental provider for children aged 1-20 years old. KP clinical practice is aligned with Bright Futures/American Academy of Pediatrics and United States Preventive Services Task Force (USPSTF) recommendations: 6 months-5 years. Exploring strategies to improve TFL-CH measure performance.

8. Drug Utilization: Metrics, activities, analysis, and action plans
(*SCAL will present its report at the QIHEC meeting on June 26, 2024*)
- • NCAL
  - o Poly-ACH Agents in Medi-Cal patients 65 years and older: Action Plan: Refocus deprescribing efforts, ongoing physician education and shared decision-making strategies, continued performance sharing, and initiative reports assessment.
  - o All other drug utilization metrics met or exceeded the target for Medi-Cal patients.

9. Community Advisory Committee (CAC): Updates on the CAC Selection Committee, membership development and member outreach
- • NCAL
  - o The CAC will represent Medi-Cal members in all NCAL counties.
  - o CAC Guiding Principles:
    - ▪ Ensure CAC membership represents the Medi-Cal population.
    - ▪ Balance our system and the local member's experience by testing, learning, and implementing improvements in the CAC.
    - ▪ Collaborate with community stakeholders to address common issues.
    - ▪ Evaluate the unique circumstances in each county.
  - o Membership Development: Analysis was completed on various demographics to ensure a representative cohort for CAC meetings.
  - o Member Outreach: The invitation methodology involved identifying the target population by county, determining the volume of invitations for each county, sorting county data, randomly selecting 33% of invites from the beginning, middle, and end of the data, and reviewing the random invite list for racial distribution.

10. NCQA Health Plan Accreditation for Medi-Cal Line of LOB:

- SCAL
  - Health Plan Accreditation for the Medi-Cal line of business is set to take place in September 2025.

11. Complaints, Grievances, and Appeals (CGA)
    - SCAL
      - For the period from February 2023 to February 2024, Medi-Cal grievances accounted for 9.3% of all SCAL grievances.
      - There has been a minor increase in complaints related to Medi-Cal benefits, with the overall complaint percentage remaining stable despite a rise in Medi-Cal membership.

Voted and Approved:
- NCAL and SCAL
  - QIHEC Meeting Minutes
  - Quality Improvement Health Equity Transformation Program (QIHEPT) and Quality Program Description (*SCAL pending approval on June 26, 2024*)

- SCAL
  - Quality Improvement and Health Equity Committee (QIHEC) Policy (approved on April 24*, 2024*)

QIHEC Meeting Minutes are submitted quarterly to:
- NCAL: Quality Oversight Committee (QOC)
- SCAL: SCAL Quality Committee (SCQC)

Next QIHEC Meetings
- NCAL: August 13, 2024
- SCAL: August 28, 2024

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