

KFHP Southern California Region 2024 Quality Improvement Work Plan Evaluation

Required By	GOALS	METRICS	TARGET COMPLETION DATE	ACTION STEPS & MONITORING	RESPONSIBLE LEADERS/ COMMITTEES
MEDI-CAL QUALITY IMPROVEMENT & HEALTH EQUITY TRANSFORMATION PLAN (QIHETP)					
2023-2026 Kaiser Permanente Statewide DHCS Clinical Performance Improvement Project (PIP): W30-6 First 15 Months of Life Black/African American					
DHCS	<p>Improve Well Child Visits in the First 30 Months of Life - Well Child Visits in the First 15 Months of Life - Six or More Well-Child Visits (W30-6) measure among Black/African American Medi-Cal Members</p> <p>Health Disparity Improve the health of Black/African American Medi-Cal Members 0-30 months of age</p> <p>Goal: Conduct required PIP in accordance with the DHCS contract and HSAG guidelines and meet 2024 deliverables a timeline</p> <p><u>HSAG/DHCS Deliverable Timeline:</u> 2024 – Submit baseline data to HSAG/DHCS for CY 2023 for Well Care Visits in the first 30-months of Life 0-15 months: 6 or more well child visits (W30-6). Update Steps 1-6, if needed, complete Step 7 with baseline data, and Step 8 with QI activities completed to date</p> <p>2025 – Submit baseline to remeasurement data for CY2024 and narrative to HSAG/ DHCS, complete Step 8 with QI activities completed to date (August)</p> <p>2026 – Meet the target established in 2024. Submit final baseline to remeasurement data for CY2025, narrative, and PIP report to HSAG/DHCS</p>	<p>Health Services Advisory Group (HSAG)/Department of Health Care Services (DHCS) Submission timeline met and achieved validation requirement</p> <p>Increase the W30-6 rate among Black/African Americans from the MY2023 baseline</p> <p>Process measure: Pediatrics access to care</p> <p>Outcome measure: W30-6 rate among Black/African American Medi-Cal members</p> <p>Baseline (KP California GMC + Plan Partners): Measurement Year (MY) 2023: SCAL 74%; CA 71.45%. MY 2022: 69.08%</p> <p>Target: Improvement based on MY 2023 baseline, but to exceed MY 2022 and MY 2023 performance</p>	<p>MY 2024 ending December 31, 2024/RY 2025</p>	<p>Submit 2024 deliverables to HSAG and DHCS within the required timeframes and achieve validation requirement Status: Met – Achieved 100% met scores for all evaluation elements for Steps 1-8 resulting in a high confidence level rating for acceptable methodology</p> <p>Establish a Stakeholder group Status: Met</p> <p>Request necessary data to track both outcome and process measures Status: Met</p> <p>Validate the data and break it down by service area and county Status: Met</p> <p>Conduct a needs assessment to identify additional barriers Status: Met</p> <p>Develop specific PDSAs (Plan Do Study Act) with the Stakeholder workgroup to address Well-Care Visit disparity among Black/African American Medi-Cal Members 0-30 months of age Status: Met</p> <p>Track and evaluate progress following various PDSAs Status: Met</p> <p>Report progress and goal status to stakeholders and committees for review, support, recommendations, and approval Status: Met</p>	<ul style="list-style-type: none"> • Vice President, Associate Chief Medical Officer, National Medicaid and State Programs • Executive Director, Chief Health Equity Officer, National Medicaid and State Programs • Regional Assistant Medical Director, Quality & Complete Care • Regional Director Quality & Safety Southern California Medi-Cal Quality • Quality & Safety Improvement Consultant, Clinical Quality Consulting

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ANALYSIS					
<p>SCAL MY 2024 October Data Analysis:</p> <ul style="list-style-type: none"> SCAL Black/African W30-6+ performance increased from 74.00% baseline to 74.78% (+ 0.78%) in MY 2024 October. Target met The increase was not statistically significant (Fisher's Exact Test, $p= 0.808488$) <p>SCAL MY 2024 October W30-6+ Black Performance by County: SCAL Region Black performance (74.78%) is -8.25% lower than the Overall Total for all races/ethnicities (83.03%)</p> <ul style="list-style-type: none"> Population Impacted: 25.22% (n=86) of Black Children did not complete 6 or more well child visits Highest performing SCAL County ($D > 30$): Riverside (84.62%) Lowest Performing Counties: LA, San Bernardino, & San Diego Denominator <30: Ventura, Kern, Orange, & Imperial Counties <p>SCAL MY 2024 October W30-6+ Performance by Race/Ethnicity: SCAL Region Overall Total (83.03%) and performance for all races/ethnicities is above the 90th percentile (69.67%)</p> <ul style="list-style-type: none"> Highest SCAL Performance: Asian population (89.50%) followed by Multiracial (86.03%), Hispanic (84.32%), and White (82.05%) Lowest SCAL Performance: Black (74.78%) and Unknown (73.17%) Denominator <30: American Indian/Alaskan Native, Middle Eastern/North African, & Native Hawaiian or Other Pacific Islander <p>2025 Next Steps to Achieve Statistically Significant Improvement:</p> <ul style="list-style-type: none"> Explore new interventions in 2025 focused on Medi-Cal Black/African American population Request QIHEC support to involve regional stakeholders to collaboratively implement/participate in performance improvement activities SCAL-wide to achieve statistically significant improvement 					
2023-2026 Kaiser Permanente Statewide DHCS Non-Clinical Performance Improvement Project (PIP)					
DHCS	<p>Improve % of provider notifications for Members with Substance Use Disorder (SUD) and Specialty Mental Health (SMH) diagnoses following or within 7-days of Emergency Department (ED) visit</p> <p>Goal: Conduct required PIP in accordance with the DHCS contract and HSAG guidelines and meet the 2024 deliverable timeline</p> <p>HSAG/DHCS Deliverable Timeline: 2024 – Submit to DHCS baseline data to HSAG/DHCS for CY2023 for % of provider notifications care for Members with SUD/SMH following or within 7-days of ED visit. Update Steps 1-6, if needed, complete Step 7 with</p>	<p>HSAG/DHCS Submission timeline met and achieved validation requirements</p> <p>Improve % of provider notifications care for Members with SUD/SMH following or within 7-days of ED visit from the MY 2023 baseline to the target established in 2024</p> <p>Baseline (KP California GMC + Plan Partners):</p>	<p>MY 2024 ending December 31, 2024/RY 2025</p>	<p>Submit 2024 deliverables to HSAG and DHCS within the required timeframes and achieve validation requirements</p> <p>Status: Non-Clinical PIP Validation Findings: Achieved 87% met score for all evaluation elements and 78% (7 of 9) critical elements for Steps 1-8; resulting in a low confidence level rating for acceptable methodology</p> <p>Two critical elements were partially met: 1) Step 5.1: <i>“The indicator(s) of performance were well-defined, objective, and measured changes in health or functional status, member satisfaction, or valid process alternatives”</i> 2) Step 8.4: <i>“The improvement strategies were developed from an ongoing quality improvement process</i></p>	<ul style="list-style-type: none"> Vice President, Associate Chief Medical Officer, National Medicaid and State Programs Executive Director, Chief Health Equity Officer, National Medicaid and State Programs Regional Assistant Medical Director, Quality & Complete Care Regional Director Quality & Safety Southern California Medi-Cal Quality

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	<p>baseline data, and Step 8 with QI activities completed to date</p> <p>2025 – Submit baseline to remeasurement data for CY2024 and narrative to HSAG/ DHCS, complete Step 8 with QI activities completed to date</p> <p>2026 – Meet the target established in 2024. Submit final baseline to remeasurement data for CY2025, narrative, and PIP report to HSAG/ DHCS</p>	<p>SUD - CY2023 SCAL 28.29%; CA 30.02% (CY2022 37.69%)</p> <p>SMH - CY2023 SCAL 41.99%; CA 54.01% (CY2022 54.62%)</p> <p>TOTAL – CY2023</p> <p>Target: Improvement based on MY 2023 baseline, but to exceed MY 2022 and MY 2023 performance</p> <p>Process measure: N/A</p>		<p><i>that included: an evaluation of effectiveness for each individual intervention.”</i></p> <p>Establish a Stakeholder group Status: Met</p> <p>Request and validate necessary data Status: Met</p> <p>Develop specific PDSAs (Plan Do Study Act) with the Stakeholder workgroup to improve % of provider notifications for Members with Substance Use Disorder (SUD) and Specialty Mental Health (SMH) diagnoses following or within 7-days of ED visit Status: Met</p> <p>Identify and implement IT solutions for notification of KP PCPs about qualifying encounters at non-KP and KP facilities Status: Partially Met: Process in place for KP-to-KP notifications. Ongoing improvement process with non-KP-to-KP notifications</p> <p>Report progress and goal status to stakeholders and committees for review, support, recommendations, and approval Status: Met</p>	<ul style="list-style-type: none"> Quality & Safety Improvement Consultant, Clinical Quality Consulting

ANALYSIS

SCAL MY 2024 Overall through October:

- SUD (internal KP to KP) 32.21% (+3.92 performance increased from MY 2023 SD GMC)
- SMH (internal KP to KP) 45.62% (+63 performance increased from MY 2023 SD GMC)

SCAL Performance by County MY 2024 October (These measures influenced by SMH/SUD provider notification rates):

- FUA Kern and Ventura met the High-Performance Level (HPL). LA, Orange, Riverside, San Bernardino and San Diego met the Minimum Performance Level (MPL)
- FUM Kern, LA, Orange, Riverside, San Bernardino and San Diego met the MPL. Ventura was below the MPL

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Next Steps: Identify a process to increase the provider notifications from non-KP Emergency Departments					
DHCS Managed Care Accountability Set (MCAS) Measure Performance: Child and Adolescent Well Care Visits (WCV) Ages 3-21 Years					
DHCS	<p>Improve Child and Adolescent Well-Care Visit rates among Medi-Cal members in Kaiser Permanente Southern California Region</p> <p>Goal: Meet or exceed the 2024 Minimum Performance Level (MPL) for Child and Adolescent Well-Care Visits (WCV)</p>	<p>Increase the percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year</p> <p>Process Measures: Pediatrics, Adult Family Medicine, and OB/GYN Access to care; Review of process measures for outreach interventions</p> <p>Outcome Measures: WCV completion rate</p> <p>Baseline (KP SCAL – San Diego): MY 2022: 48.33% MY 2023: 47.61%</p> <p>Target: 2024 MPL 51.81% 2022 MPL was 48.93% 2023 MPL was 48.07%</p> <p>Stretch Goal: 50%</p>	MY 2024 ending December 31, 2024/ RY 2025	<p>Conduct applicable DHCS required Accountability Project (e.g., A3, DHCS Child Health Sprint) Status: Met</p> <p>Establish a Stakeholder group Status: Met</p> <p>Request and validate necessary data to track both outcome and process measures Status: Met</p> <p>Validate the data and analyze by service area and county Status: Met</p> <p>Conduct a needs assessment to identify additional barriers Status: Met</p> <p>Develop specific PDSAs (Plan Do Study Act) with the Stakeholder workgroup to address Well-Care Visit disparity among young Medi-Cal Members in Southern California Status: Met</p> <p>Track and evaluate progress following various PDSAs Status: Met</p> <p>Report progress and goal status to stakeholders and committees for review, support, recommendations, and approval Status: Met</p>	<ul style="list-style-type: none"> • Vice President, Associate Chief Medical Officer, National Medicaid and State Programs • Executive Director, Chief Health Equity Officer, National Medicaid and State Programs • Regional Assistant Medical Director, Quality & Complete Care • Regional Director Quality & Safety Southern California Medi-Cal Quality • Quality & Safety Improvement Consultant, Clinical Quality Consulting

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<p>SCAL MY 2024 October Data Analysis:</p> <ul style="list-style-type: none"> • KP SCAL – San Diego: 51.99% • SCAL Overall: 52.41% • MPL increased from 48.07% in MY 2023 to 51.81% in MY 2024; increased by +3.74. As of MY 2024 October, WCV performance was above the MPL: KP SCAL– San Diego 51.99% (+0.18% above the MPL); SCAL Overall: 52.41% (+0.6% above the MPL) <p>Tracked WCV performance data by County and Medical Center Area monthly. Reported performance status at bi-monthly QIHEC</p> <p>Collaborated with SCAL SCPMG Complete Care to develop and complete PDSA interventions including outcome measure data</p> <p>Participated in <i>2024-2025 DHCS/ Institute for Healthcare Improvement Child Health Equity Sprint collaborative</i>. 2024 deliverables were successfully completed:</p> <ul style="list-style-type: none"> • April - January submissions completed • Intervention 1: Data stratification. Population focus: 18-20 years in the SCAL Region; AIM 5% improvement over baseline for race/ethnicities below MPL by Oct 2024 • Intervention 2: Equity Journey Map • Intervention 3: PDSA: WCV Smart Set in the Health Connect EHR • Intervention 4: Asset Mapping & Community Partnerships <p>Successfully completed required <i>DHCS Quality Improvement & Health Equity Process Lean A3 Project</i> for MY 2022 Children’s Health Domain below Southern Coast Regional Median: WCV was below the MPL.</p> <ul style="list-style-type: none"> • Interventions: 1. Proactive Office Encounter Care Gap Alerts and Panel Management outreach; 2. Online Personal Action Plan (OPAP) on KP.org reminding members 18–21-year-old to schedule an annual visit. • Final feedback from DHCS Consultant states that the results show modest improvements in WCV (47.60% in MY 2022 to 48.59% in MY 2024 May). Observations: The slower progress in WCV suggests deeper barriers that need to be addressed. For example, did the expansion of reminders to ages 18–21 lead to actual visits, or were there additional obstacles? <p>2025 Next Steps:</p> <ul style="list-style-type: none"> • Possible enhancements: <ul style="list-style-type: none"> ○ Use dashboards to track real-time progress and identify early signs of regression ○ Collect qualitative data from patients and providers to understand the impact of interventions and refine them 					

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DHCS Managed Care Accountability Set (MCAS) Measure Lead Screening in Children (LSC)

DHCS	<p>Improve lead screening rates among Kaiser Permanente Medi-Cal Members by their second birthday in Kaiser Permanente Southern California Region</p> <p>Goal: Meet or exceed the 2024 Minimum Performance Level (MPL) for Lead Screening in Children</p>	<p>Increase the percentage of children who turn 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday</p> <p>Process measures: Lab orders for lead screening in children between 6 months to 2 years of age</p> <p>Outcome measures: Lead Screening in Children (LSC) rate</p> <p>Baseline (KP SCAL San Diego GMC): MY 2023: 59.00% MY 2022: 49.61%</p> <p>Target: 2024 MPL 2024 MPL: 63.84% 2023 MPL was 62.79% 2022 MPL was 63.99%</p> <p>Stretch Goal: 65%</p>	MY 2024 ending December 31, 2024/ RY 2025	<p>Conduct applicable DHCS required Accountability Project (e.g., A3, DHCS Child Health Sprint)</p> <p>Partner with Pediatrics and Adult Family Medicine Status: Met with SCPMG Complete Care partnership</p> <p>Establish a Stakeholder group. Status: Met</p> <p>Request necessary data to track both outcome and process measures Status: Met</p> <p>Validate the data and break it down by service area and county Status: Met</p> <p>Develop specific PDSAs (Plan Do Study Act) with the Stakeholder workgroup to address lead screening rates among Medi-Cal Members between 6 months to 2 years of age during Periodic Health Assessment (PHA) Status: Met with 2024 DHCS QI & Health Equity Process Lean A3 QI Project</p> <p>Track and evaluate progress following various PDSAs Status: Met with 2024 DHCS QI & Health Equity Process Lean A3 QI Project</p> <p>Report progress and goal status to stakeholders and committees for review, support, recommendations, and approval Status: Met</p>	<ul style="list-style-type: none"> • Vice President, Associate Chief Medical Officer, National Medicaid and State Programs • Executive Director, Chief Health Equity Officer, National Medicaid and State Programs • Regional Assistant Medical Director, Quality & Complete Care • Regional Director Quality & Safety Southern California Medi-Cal Quality • Quality & Safety Improvement Consultant, Clinical Quality Consulting
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ANALYSIS

<p>SCAL San Diego GMC MY 2024 October Data Analysis:</p> <ul style="list-style-type: none"> • MPL increased from 62.79 % in MY 2023 to 63.84% in MY 2024; increased by +1.05% • LSC performance was +2.01% above the MPL for KP SCAL San Diego GMC 65.85% • LSC performance below -1.19% below the MPL SCAL Region Overall: 62.65%

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Tracked LSC performance data by County and Medical Center Area monthly. Reported performance status at bi-monthly QIHEC

Collaborated with SCAL SCPMG Complete Care to develop and complete PDSA interventions including outcome measure data

Successfully completed required *DHCS Quality Improvement & Health Equity Process Lean A3 Project* for MY 2022 Children’s Health Domain below Southern Coast Regional Median (LSC measure was below the MPL).

- Interventions: 1. Provided standardized education for providers and staff; 2. Established LSC as a Clinical Strategic Goal.
- Final feedback from DHCS Consultant states that the results show strong progress in LSC (from 49.61% in MY 2022 to 68.59% in MY 2024 May). Observations: The significant improvement in LSC demonstrates the effectiveness of care gap alerts and provider education. To sustain this momentum, the team should focus on embedding these changes as standard practice

2025 Next Steps:

- Sustain Complete Care Regional SureNet Project automated STAT blood lead lab orders and parent letter, Health Connect Care Gap Alert (fires for Medi-Cal members aged 9-24 months during well child visits), and San Diego capillary LSC lab collection during well child visits
- Consider the following two recommendations from DHCS Southern Coast Region Nurse Consultant
 - Use dashboards to track real-time progress and identify early signs of regression
 - Collect qualitative data from patients and providers to understand the impact of interventions and refine them

DHCS Comprehensive Quality Strategy Bold Goals 50 x 2025 Initiative

DHCS	<p>Goal: Close the gap in baseline MY2021 performance for Bold Goal Specific Measures to exceed the MPL by 2025 to help achieve DHCS’ vision of eliminating health care disparities</p> <p>Bold Goals and Specific Measures: <u>State Level Bold Goal:</u> Close racial and ethnic disparities in well-child visits and immunizations. Close gap in baseline MY 2021 performance to achieve MPL by 2025 <u>Measures:</u> - Infant, child, and adolescent well-child visits - Childhood adolescent vaccinations</p> <p><u>State Level Bold Goal:</u> Close maternity care disparity for Black and Native American persons by 50% <u>Measures:</u> - Prenatal and postpartum visits - C-section rates</p> <p><u>State Level Bold Goal:</u> Improve maternal and adolescent depression by 50% <u>Measures:</u></p>	<p>Goal: Achieve DHCS MY 2023, MY 2024 & MY 2025 Targeted Rates with annual increases to move the needle to achieve MPLs and allow for increasing MPL benchmarks</p> <p>Baseline: MY2021/ MY 2022 Children’s Health measure performance (KP SCAL GMC San Diego)</p> <p>Target: Deliverable for tracking progress of each specific measure of movement toward the DHCS Bold Goals targeted rates and MPL for Children’s Health measures</p>	MY 2024 ending December 31, 2024/RY 2025	<p>Implement focused initiatives around children’s health, preventive care, behavioral health integration, and maternity care, focusing on health equity to improve applicable measure performance (i.e.: DHCS required actions; actions identified by KP stakeholders)</p> <p>Status: Met - DHCS provided SCAL Bold Goals report for Children’s Preventive Care Measures: MY 2021/MY 2022 Baseline Rates and MY 2023, MY 2024, and MY 2025 Targets for ongoing improvement with annual increases to move the needle to achieve MPLs and allow for increasing MPL benchmarks</p> <p>Report progress and goal status to stakeholders and committees for review, support, recommendations, and approval</p> <p>Status: Met</p> <p>Partner and participate in the county’s Local Health Jurisdiction (LHJ) collaborative committees on the 2024 Population Health Management (PHM) Strategy Deliverable</p>	<ul style="list-style-type: none"> • Vice President, Associate Chief Medical Officer, National Medicaid and State Programs • Executive Director, Chief Health Equity Officer, National Medicaid and State Programs • Regional Assistant Medical Director, Quality & Complete Care • Regional Director Quality & Safety Southern California Medi-Cal Quality • Quality & Safety Improvement Consultant, Clinical Quality Consulting
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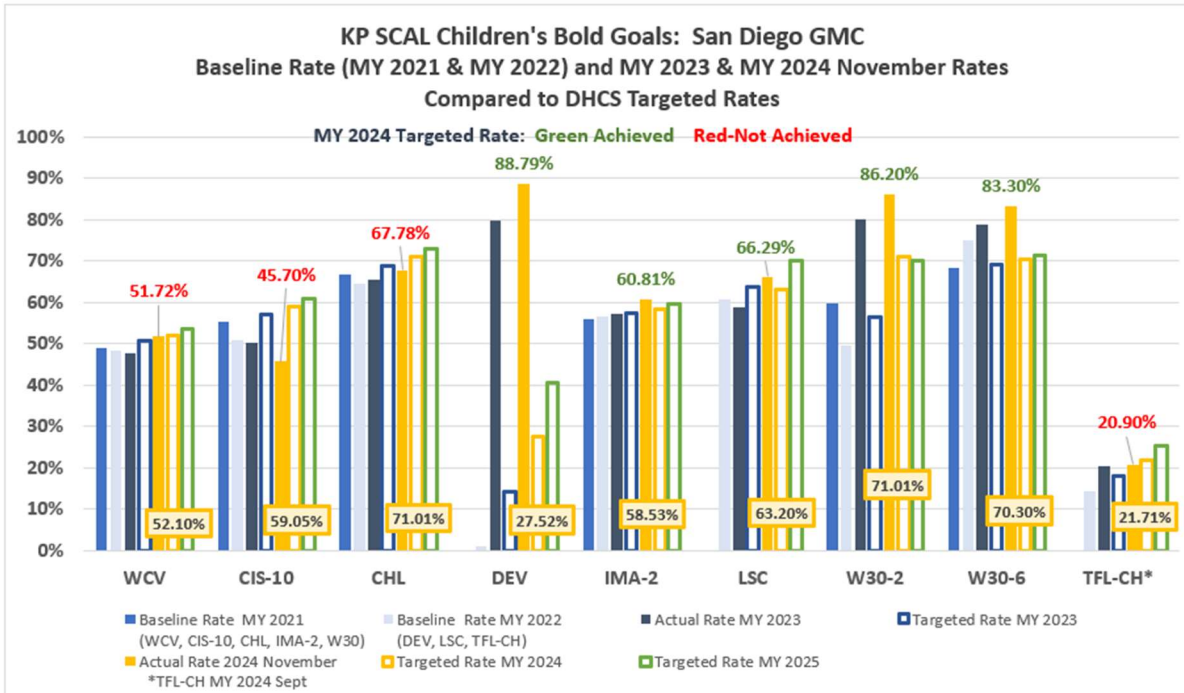
<ul style="list-style-type: none"> - Prenatal and postpartum depression screening - Adolescent depression screening and follow-up <p><u>State Level Bold Goal:</u> Improve follow-up for mental health and substance use disorder by 50%</p> <p><u>Measures:</u></p> <ul style="list-style-type: none"> - Follow-up after ED visits for SUD within 30 days - Depression screening and follow-up for adults - Initiation and engagement of alcohol and SUD treatment <p><u>Health Plan Level Bold Goal:</u> Ensure all health plans exceed the 50th percentile for all children’s preventive care measures</p> <p><u>Measures:</u></p> <ul style="list-style-type: none"> - Infant, child, and adolescent well-child visits - Childhood and adolescent vaccinations - Blood lead and developmental screening - Chlamydia screening for adolescents 	<p>DHCS MY 2024</p> <p>Targets: See individual measures and targets in the graph in the Analysis section</p>			<p>Status: Met. Ongoing work with LHJs, MCP partners, and KP PHM partners in developing SMART goals and activities for each county</p>	
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ANALYSIS

SCAL San Diego GMC MY 2024 November Data Analysis:

- Children’s Health Preventive Care Measure Performance Progress to Achieving DHCS MY 2024 Targeted Rates (Note: DHCS Bold Goals Targets are not the MPL targets):
- DHCS Targeted Rate Achievement:
 - 5 of 9 measures achieved DHCS Targeted Rates (DEV, IMA-2, LSC, W30-2, W30-6)
 - 4 of 9 measures did not achieve DHCS Targeted Rates (WCV, CIS-10, CHL, TFL-CH)
- MY 2023 to MY 2024-Nov (*TFL-CH Sept) Performance
 - 8 of 9 measures Improved
 - 1 measure Declined (CIS-10) by 4.6%



Children’s Preventive Health Bold Goals:

- WCV: Child and Adolescent Well Care Visits (3-21 years)
- CIS-10: Childhood Immunizations Combination 10
- CHL: Chlamydia Screening (16-24 years)
- DEV: Developmental Screening in the First 3 Years of Life
- IMA-2: Adolescent Immunizations Combination 2
- LSC: Lead Screening in Children
- TFL-CJH: Topical Fluoride in Children (1-20 years)
- W30-2: Well Child Visits 1st 15-30 months
- W30-6: Well Child Visits 1st 15 months

Population Health Management (PHM) SMART Goal Alignment with Bold Goals

- Imperial, San Bernardino, San Diego, Orange: Ensure all health plans exceed the 50% for all children's preventive care measures
- LA (LA, Pasadena, Long Beach- three Local Health Jurisdiction (LHJ) reporting as one county) & Kern: Close Maternity care disparity for Black and Native American persons by 50%
- Riverside: Close Racial/Ethnic disparities in WCV and immunizations by 50%
- Ventura: Ventura County will identify and reduce racial/ethnicity associated disparity gaps in accessing timely well-child visits for 3–21-year-olds. Ventura County will identify and reduce racial/ethnicity associated disparity gaps for children 2 years of age who have received all vaccinations in the combination 10 vaccination set

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MY 2024 DHCS MCAS Measure Set Performance

<p>DHCS</p>	<p>The 18 MY2024 MCAS measures held to Minimum Performance Level (MPL) Performance meet or exceed the NCQA Quality Compass Medicaid 50th Percentile Minimum Performance Level (MPL) benchmark in Kaiser Permanente Southern California Region</p> <p>Goal: Meet or exceed the 2024 Minimum Performance Level (MPL)</p> <ol style="list-style-type: none"> 1. FUA - Follow-up After ED Visit for Substance Abuse - 30 days (MPL 36.18%) 2. FUM - Follow-up After ED Visit for Mental Illness - 30 days (MPL 53.82%) 3. WCV - Child and Adolescent Well-Care Visits: ages 3-21 (MPL 51.81%) 4. CIS-10 - Childhood Immunization Status: Combination 10 (MPL 27.49%) 5. Dev - Developmental Screening in the First Three Years of Life (MPL 35.70%) 6. IMA-2 - Immunizations for Adolescents: Combo 2 (MPL 34.30%) 7. LSC - Lead Screening in Children (MPL 63.84%) 8. TFL-CH - Topical Fluoride for Children (MPL 19.00%) 9. W30-2+ - Well-Child Visits in the First 30 Months of Life - for Age 15 Months -30 Months (2 or more well-child visits) (MPL 69.43%) 10. W30-6+ - Well-Child Visits in the First 30 Months of Life -in the first 15 months (6 or more well-child visits) (MPL 60.38%) 11. AMR - Asthma Medication Ratio (Ages 5-64) (MPL 66.24%) 12. CBP - Controlling High Blood Pressure (age 18-85) (MPL 64.48%) 13. GSD -Glycemic Status Assessment for Patients with Diabetes (>9%). (New Measure -MPL 33.33%) 14. CHL - Chlamydia Screening in Women (Ages 16-24) (MPL 55.95%) 	<p>Achieve MPL performance for all measures</p> <p>Outcome measures: MCAS measure performance rates</p> <p>Baseline (KP SCAL San Diego GMC):</p> <p>MY 2023: Above MPL for 16 of 18 measures held to MPL. Below MPL: WCV and LSC</p> <p>MY 2022: Above MPL for 13 of 15 measures held to MPL Below MPL: WCV and LSC</p> <p>Target: To focus on measure and counties under MPL performance</p>	<p>MY 2024 ending December 31, 2024/Ry2025</p>	<p>Monitor KP internal Medi-Cal MCAS performance reports and annual DHCS MCAS Public Rate Sheet trends to 1) track MCAS measure performance above High-Performance level (HPL), MPL, below MPL, and 2) proactively identify improved and declining measure performance</p> <p>Status: Met (reference: QIHEC reports and minutes, QIHEC Leadership, QIHEC Workgroup, KP Medi-Cal Quality Dashboard; partnership: ADS, Data analytics, NCAL SCAL Medi-Cal Quality) (See SCAL Overall and County level performance in the Analysis section)</p> <p>Keep stakeholders informed of measure performance through committee reports, published scorecards, and individual communication</p> <p>Status: Met (reference: QIHEC reports and minutes, QIHEC Leadership, QIHEC Workgroup, KP Medi-Cal Quality Dashboard; partnership: ADS, Data analytics, NCAL SCAL Medi-Cal Quality)</p> <p>Facilitate stakeholder engagement to</p> <ul style="list-style-type: none"> • Implement and/or continue initiatives that achieve and maintain high-performance levels (HPLs) • Take action to address measures performing below the MPL and measures with declining performance. This includes 1) conduct DHCS required PIPs and Quality Accountability Projects, b) identify Regional and Local Service Area initiatives in place/planned c) work with stakeholders to initiate new interventions, and d) facilitate implementation of KP initiated performance improvement projects <p>Status: Met; Performance Improvement activities have made contributions to success of these indicators: WCV, W30-6, LSC, FUA, and FUM (FUA/FUM measures influenced by SMH/SUD provider notification rates)</p>	<ul style="list-style-type: none"> • Vice President, Associate Chief Medical Officer, National Medicaid and State Programs • Executive Director, Chief Health Equity Officer, National Medicaid and State Programs • Regional Assistant Medical Director, Quality & Complete Care • Regional Director Quality & Safety Southern California Medi-Cal Quality • Quality & Safety Improvement Consultant, Clinical Quality Consulting
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<p>15. PPC-Post - Prenatal & Postpartum Care - Postpartum Care (MPL 80.23%)</p> <p>16. PPC-Pre - Prenatal & Postpartum Care - Timeliness of Prenatal Care (MPL 84.55%)</p> <p>17. BCS-E – Breast Cancer Screening (MPL 52.68%)</p> <p>18. CCS – Cervical Cancer Screening (MPL 57.18%)</p>				<table border="1"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">PROJECTS</th> <th style="background-color: #4F81BD; color: white;">TOPIC</th> </tr> </thead> <tbody> <tr> <td style="background-color: #D9E1F2;">2023-2026 Non-Clinical Performance Improvement Project (Statewide)</td> <td style="background-color: #D9E1F2;">Provider notifications for members with SUD/SMH diagnoses following or within 7 days of ED visit. (Aligns with Follow-up after E.D. visit for Substance use Disorder - FUA and Follow-up after E.D. Visit for Mental Illness - FUA)</td> </tr> <tr> <td style="background-color: #D9E1F2;">2023-2026 Clinical Performance Improvement Project (Statewide)</td> <td style="background-color: #D9E1F2;">Well Child Visits in the 1st 30 months of life - 0-15 months (W30-6) among Black/African American population</td> </tr> <tr> <td style="background-color: #D9E1F2;">2024 DHCS QI & HE Process - Lean A3 Project (MY 2022 SCAL/San Diego below Southern Coast Region median in Children's Health Domain)</td> <td style="background-color: #D9E1F2;">Improve Child & Adolescent Well Care Visits (WCV) and Lead Screening in Children (LSC) performance</td> </tr> <tr> <td style="background-color: #D9E1F2;">2024-2025 DHCS/IHI Child Health Equity – Well Child Visit Sprint Collaborative (Statewide – SCAL site)</td> <td style="background-color: #D9E1F2;">Population Focus: WCV subgroup - ages 18-21 years in the KP SCAL Region AIM: 5% improvement over baseline for WCV age 18-21 years race/ethnicities below MPL by Oct 2024.</td> </tr> </tbody> </table>	PROJECTS	TOPIC	2023-2026 Non-Clinical Performance Improvement Project (Statewide)	Provider notifications for members with SUD/SMH diagnoses following or within 7 days of ED visit. (Aligns with Follow-up after E.D. visit for Substance use Disorder - FUA and Follow-up after E.D. Visit for Mental Illness - FUA)	2023-2026 Clinical Performance Improvement Project (Statewide)	Well Child Visits in the 1st 30 months of life - 0-15 months (W30-6) among Black/African American population	2024 DHCS QI & HE Process - Lean A3 Project (MY 2022 SCAL/San Diego below Southern Coast Region median in Children's Health Domain)	Improve Child & Adolescent Well Care Visits (WCV) and Lead Screening in Children (LSC) performance	2024-2025 DHCS/IHI Child Health Equity – Well Child Visit Sprint Collaborative (Statewide – SCAL site)	Population Focus: WCV subgroup - ages 18-21 years in the KP SCAL Region AIM: 5% improvement over baseline for WCV age 18-21 years race/ethnicities below MPL by Oct 2024.
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ANALYSIS

SCAL MY 2024 October Data Analysis:

**7 of 9 SCAL Counties reported (Tulare & Imperial not reported due to small denominators)*

SCAL Overall MY 2024 October Data Analysis: 17 or 18 measures above MPL

- ≥ HPL: 10 measures (55.5%)
- ≥ MPL: 7 measures (38.9%)
- Below MPL: 1 measure: (5.6%): LSC

SCAL San Diego GMC MY 2024 October Data Analysis: 18 or 18 measures above MPL

- ≥ HPL: 11 measures (61.1%)
- ≥ MPL: 7 measures (38.9%)
- Below MPL: 0

KP SCAL MCAS Performance			
MY 2024 October			
SCAL OVERALL	≥ HPL	≥ MPL	< MPL
SCAL Overall	10	7	1
COUNTY	≥ HPL	≥ MPL	< MPL
Kern	9	6	3
Los Angeles	10	8	0
Orange	11	6	1
Riverside	10	6	2
San Bernardino	9	6	3
San Diego	11	7	0
Ventura	11	4	3

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Kaiser Permanente SCAL MCAS Performance MY 2024 October

DOMAIN	Behavioral Health		Children's Health								Chronic Disease			Reproductive Health and Cancer Prevention				
MEASURE	FUA	FUM	WCV	CIS-10	Dev	IMA-2	LSC	TFL-CH	W30-6+	W30-2+	AMR	CBP	HBD (Changed to GSD)	CHL	PPC-Pre	PPC-Pst	BCS	CSS
	F/U after ED Visit Alcohol & Other Drug Dependency 30-day F/U	F/U after Mental Illness 30-day F/U	Child & Adolescent Well Care Visits Total Ages 3-21	Childhood Immunizations Combo 10	Developmental Screening in 1st 3 years of Life	Adolescent Immunizations Combo 2	Lead Screening in Children	Topical Fluoride in Children (Age 0-20) (MY2024 August)	Well Child Visits 1st 15 months (≥6 visits)	Well Child Visits 15-30 months (≥2 visits)	Asthma Medication Ratio Total Ages 5-64	Controlling High Blood Pressure Total Ages 18-85	Comprehensive Diabetes Care HbA1c>9 18+ (lower better)	Chlamydia Screening Ages 16-24	Timeliness of Prenatal Care	Postpartum Care	Breast Cancer Screening	Cervical Cancer Screening
2024 MPL*	36.18	53.82	51.81	27.49	35.70	34.30	63.84	19.00	60.38	69.43	66.24	64.48	33.33	55.95	84.55	80.23	52.68	57.18
2024 HPL*	49.40	73.12	64.74	42.34		48.66	79.51		69.67	79.94	76.65	72.75	27.01	69.07	91.85	86.62	63.48	67.46
SCAL Overall																		
SCAL Overall	45.44	64.45	52.41	39.44	89.36	60.45	62.65	22.20	83.03	74.01	84.23	82.48	19.50	70.51	94.19	86.93	82.57	77.90
COUNTY** (Member Enrollment Unit): MY 2024 October 2024 (rolling 12-month)																		
Kern	50.00	61.54	45.82	33.13	87.14	60.69	63.33	21.10	78.95	68.31	77.96	79.95	20.37	64.64	94.30	86.40	85.48	77.22
Los Angeles	47.00	66.27	56.41	39.38	91.21	64.50	64.92	22.60	83.90	75.57	85.20	83.54	18.96	71.02	94.08	87.68	84.41	79.58
Orange	40.10	57.32	53.35	47.68	90.09	60.41	62.30	24.90	86.67	74.26	88.56	83.01	17.66	73.43	96.28	88.40	81.99	77.92
Riverside	44.31	70.65	48.62	39.68	89.34	58.63	60.54	21.20	89.23	72.27	82.07	82.16	19.54	71.44	92.66	88.13	82.85	77.02
San Bernardino	42.73	59.65	45.72	31.33	85.04	51.11	56.61	21.50	73.98	65.72	83.17	79.67	24.00	70.20	93.66	82.42	80.89	76.82
San Diego	46.18	65.51	51.99	45.37	88.79	60.95	65.85	20.80	83.30	85.50	82.91	80.72	17.91	67.40	95.38	88.75	76.30	73.93
Ventura	53.85	52.38	55.27	44.06	86.73	49.61	57.64	23.70	84.42	68.71	83.93	82.21	19.26	63.35	96.05	86.84	85.28	79.29

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MY 2024 Performance Improvement Projects made contributions to the success of these indicators: WCV, W30-6, LSC, FUA, and FUM

PROJECTS	TOPIC	ACTIONS
2023-2026 Non-Clinical Performance Improvement Project (Statewide)	Provider notifications for members with SUD/SMH diagnoses following or within 7 days of ED visit (Expected to influence Follow-up after ED visit for Mental Illness (FUM) and Follow-up after ED visit for Substance Use Disorder FUA performance)	September 2024 -Year 2 Submission - HSAG Validation: Adherence to Acceptable Methodology: Low Confidence (87% of Elements Met; 78% of Critical Elements Met)
2023-2026 Clinical Performance Improvement Project (Statewide)	Well Child Visits in the 1st 30 months of life - 0-15 months (W30-6) among Black/African American population	September 2024 -Year 2 HSAG Validation: Adherence to Acceptable Methodology: High Confidence (100% of Elements Met)
2024 DHCS QI & HE Process - Lean A3 Project (MY 2022 SCAL/San Diego below Southern Coast Region median in Children's Health Domain)	Improve Child & Adolescent Well Care Visits (WCV) and Lead Screening in Children (LSC) performance	12/2/24: DHCS Nurse Consultant Comments: Results show strong progress in LSC but modest improvements in WCV . <u>Observations:</u> Significant improvement in LSC demonstrates effectiveness of care gap alerts & provider education. Slower progress in WCV suggests deeper barriers need to be addressed. <u>Possible Enhancements:</u> Use dashboards to track real-time progress & identify early signs of regression. Collect qualitative data from patients and providers to understand the impact of interventions & refine them.
2024-2025 DHCS/IHI Child Health Equity – Well Child Visit Sprint Collaborative (Statewide – SCAL site)	Population Focus: WCV subgroup - ages 18-21 years in the KP SCAL Region AIM: 5% improvement over baseline for age WCV 18-21 years race/ethnicities below MPL by Oct 2024	Intervention 1: Data stratification; Identified population focus & AIM Intervention 2: Equity Journey Map – patient/caregiver experiences Intervention 3: PDSA: WCV Smart Set in the E.H.R. Intervention 4: Asset Mapping & Community Partnerships Intervention 5: Partnering for effective education & communication