

Quality Improvement 101



L.A. Care
HEALTH PLAN®

For All of L.A.



Brigitte Bailey, MPH, CHES

Supervisor, Clinical Initiatives

Quality Improvement Department

Agenda

What are we covering today?

1. What is Quality Improvement?
2. Overview of L.A. Care Quality Improvement Department
3. L.A. Care Member Interventions and Programs
4. L.A. Care Provider Interventions and Programs
5. Quality Improvement in Action



What is Quality Improvement?

“**Quality** is defined by the National Academy of Medicine as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.” – [Centers for Medicare & Medicaid Services](#)

“**Quality improvement** is the framework used to systematically improve care. Quality Improvement seeks to standardize processes and structure to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations. Structure includes things like technology, culture, leadership, and physical capital; process includes knowledge capital (e.g., standard operation procedures) or human capital (e.g., education and training).” – [Centers for Medicare & Medicaid Services](#)



Quality Improvement at L.A. Care

- The QI Program is designed to **objectively and systematically monitor and evaluate** the quality, safety, appropriateness and outcome of equitable care and services delivered to our members.
- Provides mechanisms that continuously **pursue opportunities for improvement** and problem resolution.
- Responsible for:
 - Maintaining an organization wide **accreditation** through National Committee for Quality Assurance (NCQA)
 - Monitoring of **Healthcare Effectiveness Data and Information Set (HEDIS)** and **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** interventions to improve clinical care
 - Overseeing L.A. Care's **Population Health Management Program**
 - Operating and overseeing L.A. Care's portfolio of **incentive** and pay-for-performance programs
- Utilizes a **population management approach** to members and providers and collaborates with local, state and federal public health agencies and programs, as well as with providers and other health plans.
- Aims to be a **local, state, and national leader** in advancing health and social services for low income and vulnerable communities.



Quality Improvement Divisions at L.A. Care



L.A. Care Member Interventions & Programs

Examples of Quality Improvement initiatives

- Text Message Campaigns
 - Cancer screening reminders; Child and adolescent well-care visits; Childhood immunizations; Chronic conditions; Lead screening
- At-home Test Kits
 - Diabetes A1c; Kidney health; Colorectal cancer screening (Fit Kits)
- Mailers and Health Education Materials
 - Various mailers deployed throughout the year such as asthma educational kit, cancer screening reminders, adult and one-year old birthday cards, diabetes educational kits
- Automated Call Campaigns
 - Automated calls to remind members that they are due for services such as cancer screenings, immunizations and well-care visits
- Member Incentives
 - Colorectal cancer screening; childhood immunizations; child well-care visits
- Social Media Campaigns
 - Paid and organic campaigns throughout the year including posts and reels




L.A. Care Provider Interventions & Programs

Examples of Quality Improvement Initiatives

- [Provider Incentives](#)
 - Value Initiative for IPA Performance; Pay-for-Performance (P4P)
- Quality Improvement Joint Operation Meetings
 - Regular meetings with Independent Physician Associations (IPAs) to discuss quality metrics and opportunities
- Provider Trainings
 - [Wednesday Webinars](#); Patient Experience Trainings; [Continuing Education Program](#)
- Online Resources
 - [Quality Improvement & Health Equity Program](#); [HEDIS Resources](#)
- Health Education
 - [Refer patients to health education services](#); [Order FREE health education materials](#)
- Reports
 - Provider opportunity reports; Lead screening reports; Missing immunizations

RESOURCE NAME	DESCRIPTION	CONTACT INFO
Provider Financial Opportunities & Support	Physician Pay-for-Performance (P4P) Program - Offers performance-based incentives to qualified physicians and Community Clinics that provide high-quality preventive and chronic care to L.A. Care members	Incentive_Ops@lacare.org
	Prop 56 Funds - Tax revenue allocated to 5 health programs.	Be connected with the appropriate team for any question on Prop 56 funds HERE
	Elevating the Safety Net - Initiative to address the physician shortage in Los Angeles County that includes:	Find the right team to contact online at www.lacare.org/elevate-providers
	<ul style="list-style-type: none"> Provider Recruitment Program (up to \$125,000 per provider) Provider Loan Repayment Program (up to \$5,000 per month for 36 months) IHSS + Home Care Training Program 	
Online Provider Portal	Create an account on the L.A. Care Online Provider Portal and look up eligibility and claim status, download reports and find important forms.	ProviderRelations@lacare.org
Patient Education	Health Education Materials and Services - Order free health education materials and refer patients to free health education services via the online referral form.	HealthEd_Info_Mailbox@lacare.org
Performance Resources	HEDIS Resources - Learn more about providing the best quality care and how to properly submit coded data with these FREE HEDIS reference guides.	HEDISOps@lacare.org
	Cozeva - Better monitor and take action on performance gaps with this free reporting and analytics platform.	lacare@cozeva.com
Community Resources	Provider Opportunity Reports - Solo and Small Group Providers and Contracted IPAs can download these and other reports from the provider portal. Make an account online by clicking here .	Incentive_Ops@lacare.org
	L.A. Care Community Link - A tool for addressing the Social Determinants of Health. It is a site where you can search for help with free or low-cost food, bills, job training, legal aid, and more.	

CLICK THE RESOURCE DESCRIPTION TO BE DIRECTED TO THAT WEBPAGE.

Quality Improvement in Action

Let's build an intervention from start to finish!

- **Step one:** *Review measure performance and establish priority measures.*
 - Review L.A. Care Provider Opportunity Report or internal data reports/programs to **identify measures** performing below state/national benchmarks or performing lower than the month/year prior.
 - **Prioritize measures** by importance/need and ability to have an impact on. **Keep resources in mind!**
 - For this example, we'll choose Cervical Cancer Screening (CCS) as a high priority measure to move the needle on and also one that we can have an impact on.
 - **Stratify measure(s)** by various demographics.
 - Age, sex, race, ethnicity, language, region.
 - Keep equity and disparities in mind, *always!*
 - *Example time!*



Quality Improvement in Action

- **Step two: Identify barriers and root causes.**
 - Conduct a root cause analysis.
 - Talk to providers, office staff, patients, community agencies – identify **WHY** there is a gap in care.
 - Organize feedback to identify main barriers that YOU can have an impact on.
 - For this example, you found that root causes related to low CCS rates are...
 - *Patients*
 - Fearful of the exam/unsure if they need it
 - Hesitancy around cost
 - Lack of appointment availability
 - Transportation issues
 - Forgot that they were due
 - *Providers*
 - Lack of time to provide enough education on importance of exam
 - *Data*
 - Data sharing issues across various sites/labs

Which of our root causes are...	Very important.	Less important.
Very feasible to address.	<ul style="list-style-type: none"> • Fearful of exam/unsure if they need it • Patient forgot they are due 	
Less feasible to address.	<ul style="list-style-type: none"> • Transportation issues • Appointment availability • Data sharing 	<ul style="list-style-type: none"> • Lack of time in appointment • Cost



Quality Improvement in Action

- **Step Three: *Develop your intervention!***

- Prioritize your “Very Important” and “Very Feasible to Address” barriers:
 - Fearful of exam/unsure if they need it.
 - Patient forgot they are due.
- Secondary barriers to address:
 - Transportation issues.
 - Appointment availability.
 - Data.
- Talk to your team members about what is possible.
 - Know your budget and resources ahead of time.
- Develop a project proposal/plan. Identify:
 - Background, goals, eligible population, baseline data, intervention description, timeline, budget, responsible parties, evaluation plan.
- Have your project plan and materials reviewed and approved by leadership, committees, patients, other teams.

- **CCS Project Plan**

- Goal(s): Improve the rate of cervical cancer screenings for Asian patients at XYZ Clinic by 11 percentage points from 13% to 25%.
- Eligible population: Asian patients with a cervix between the ages of 21-64.
- Baseline data: 13%
- Intervention description:
 - Develop culturally appropriate member outreach materials in relevant languages.
 - Health navigators to call eligible patients 1-week after mailer sent to provide health education and assist in scheduling an appointment.
 - General interventions: \$25 gift card available for all patients who come in for cervical cancer screening in 2024; Host a Saturday clinic once a quarter for female-related health services such as cervical cancer screenings to improve appointment availability and support patients who cannot access care during the week.



Quality Improvement in Action

- **Steps Four, Five, Six and Seven: *Launch, Monitor, Evaluate, and Adjust!***
 - Go through all of your appropriate review and approval processes.
 - Launch your intervention!
 - Monitor real-time outcomes and results.
 - Are patients scheduling?
 - Are the gift cards being given out?
 - Any negative or positive feedback from patients?
 - Is your rate going up?
 - Don't forget to evaluate your interventions and programs.
 - Best practice is to set up your evaluation plan before you implement your intervention.
 - Gold tier: Utilizing a control and experimental group.
 - Assess your CCS rate. Did your rates for your Asian patients and general patient population go up? Were these changes statistically significant?
 - Survey your patients who participated in the outreach. Get their feedback on the outreach and calls.
 - Adjust your intervention based on outcomes and feedback.
 - Perhaps patients didn't feel like \$25 was enough. Feedback that patients didn't like the pictures you chose for your mailer. Patients loved the health navigator calls and plans to expand calls to all patients due for a cervical cancer screening.



Questions?



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Thank you!