LHPC INSTITUTE | SNI CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

PARTNERING TO IMPROVE QUALITY OF CARE

INTRODUCTION

Since 2022, Medi-Cal — California's Medicaid program providing health care coverage for low-income and high-need individuals and families — has undergone significant transformational reform with the addition of new benefits, services, and populations of focus aimed at streamlining and coordinating care delivery. Alongside the growth of the Medi-Cal program, quality of care has become an increasingly central focus of the California Department of Health Care Services (DHCS) with managed care plans and public health care systems (PHS) sharing responsibility for delivering high-quality care to Medi-Cal members.

While a wide range of plans and providers serve Medi-Cal members, local health plans and public health care systems were specifically created to serve as a core part of the Medi-Cal safety net.

These organizations are publicly accountable to the local governments in their service areas and the communities in which they are rooted. This shared purpose brought together the Local Health Plans of California (LHPC) Institute and the California Health Care Safety Net Institute (SNI) to partner in improving health care quality for patients.

In January 2024, the LHPC Institute and SNI convened teams from 12 local plans and 16 public health care systems to explore opportunities to collaborate with their peers. This convening was designed to inform, connect and inspire plan-system partnerships to improve quality outcomes for the people they serve.

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MAKING THE CASE FOR COLLABORATION

Improving quality of care for the 15 million Medi-Cal members across California will lead to better health outcomes, reduced health care costs, and healthier communities. Four key factors underscore the importance of shared collaboration between local health plans and public health care systems in making a positive, meaningful impact on quality of care. These include:

Shared Mission

Deliver high-quality, equitable care for Medi-Cal patients.

Shared Patients

Local plans and public health care systems serve many of the same individuals — more than 75 percent of the patients served by 12 public health care systems are local plan members.

Shared Quality Goals

Both local plans and public health care systems are held accountable for the quality of care they provide. Local health plans' quality performance is measured by the Managed Care Accountability Set (MCAS), while public health care systems' quality is measured, in part, by the Quality Incentive Pool (QIP). Scores for these quality performance metrics are publicly posted and impact budgets for local plans and public health care systems alike. Each year there has been an increase in both the number of metrics included in MCAS and QIP and the overlap between the metrics for which local health plans and public health care systems are held accountable. Since 2022, the number of shared MCAS and QIP measure rates has increased from 22 to 27.

Shared Accountability

The stakes are higher than ever before with more local plan and public health care system revenue tied to quality benchmarks than in the past. For example, local plans are held to a Minimum Performance Level (MPL) for 18 measures. If the MPLs are not met, local health plans can face sizeable sanctions, rate withholds, and reductions in new Medi-Cal member assignments. For public health care systems, core services are contingent on earning QIP funds, with up to $2 billion at risk each year if they do not meet ambitious targets. The scope of QIP is growing, with several follow-up measures applying to all managed care patients that receive services, not just those assigned to public health care systems.

Rather than developing and implementing strategies to improve the quality of care in independent silos, collaboration between local plans and public health care systems facilitates long-term, sustainable improvements and ensures that resources are allocated toward patient care delivery and leveraged to improve outcomes.

Growing Number of Shared Quality Measures

The high stakes of quality performance combined with a rapid increase in the number of overlapping measure rates create an imperative for collaboration.

2024

- **27** QIP rates in MCAS
- **17** QIP rates held to MPL
- **16** QIP priority rates held to MPL

2023

- **26** QIP rates in MCAS
- **17** QIP rates held to MPL
- **9** QIP priority rates held to MPL

2022

- **22** QIP rates in MCAS
- **14** QIP rates held to MPL
- **8** QIP priority rates held to MPL

SHARED OPERATIONAL PRIORITIES

To make meaningful progress, collaborative efforts must be intentional, strategic, and sustainable to enable both plans and systems to meet MCAS and QIP metrics and maintain funding streams as they strengthen care delivery and expand their networks. The partnership between the LHPC Institute and SNI, geared toward fostering collaboration on quality and equity, is guided by a joint advisory committee comprised of leaders from both entities. Their endeavors are underpinned by shared priorities and a deep commitment to collaboration and coordination.

Local Plan-PHS Shared Priorities

- Quality improvement and equity
- Data exchange and reporting
- California Advancing and Innovating Medi-Cal (CalAIM)
- Behavioral health coordination/integration
- Access to continuity of care

Local Plan-PHS Coordinated Work Streams

- Outreach and engagement
- Care integration/coordination
- Provider and network capacity
- Resource allocation and prioritization
- Payment and sustainability

COLLABORATION CHALLENGES

Despite mutual commitments to improving quality, several barriers impede collaboration.

- **Information Sharing**

  Foundational in identifying, analyzing, and tracking key health measures is the ability for plans and systems to share and compare data. Incompatible technology, data inaccuracies and discrepancies, and privacy requirements pose significant obstacles to effective collaboration and meeting performance standards.

- **Limited Capacity and Resources**

  Collaborative quality improvement efforts require sustained investment in staff time, data resources, and technological infrastructure. Workforce shortages, growing Medi-Cal enrollment, and implementation of several ambitious CalAIM initiatives, including Enhanced Care Management (ECM) and Community Supports (CS), contribute to a significantly larger workload for both local plan and public health care system staff. While local plans are developing new partnerships and networks to support ECM and CS, public health care systems are evolving the Global Payment Program to include the social supports offered under ECM and CS. These efforts are time-consuming and resource-intensive in themselves, making it challenging to also coordinate the work, particularly in the early stages.

- **Uncoordinated Patient Outreach and Engagement**

  To improve health outcomes and meet quality care requirements, local plans and public health care systems may, at times, conduct outreach and engagement campaigns on similar topics that can leave patients feeling confused due to conflicting messages or inundated with information. Additionally, local plan or public health care system data may not be synchronized, so inaccurate information about preventive care may not be up-to-date and members might be asked to take an action they have already taken. When a local plan and public health care system work together to develop coordinated strategies for reaching out to and engaging patients, they support one another in improving health outcomes.

CASE STUDY: IEHP-RUHS COLLABORATION IMPROVES PATIENT OUTCOMES

Despite the challenges that can hinder quality improvement, public health care systems and local health plans have shown they can surmount these obstacles through collaboration. One such partnership between Inland Empire Health Plan (IEHP) and Riverside University Health System (RUHS) **led to a nearly 20 percent improvement in blood pressure rates for their patients.** Analysis of shared data uncovered data flow issues, which pushed both teams to develop a solution to achieve the same baseline. From there, the teams developed a plan to improve blood pressure outcomes, which included providing blood pressure cuffs to IEHP members, the underinsured and self-insured patients.

The fruitful partnership between **IEHP** and **RUHS** not only improved the health of patients but has **led to a sustainable collaboration model** that will allow them to make a meaningful impact on patient outcomes.

IEHP A Public Entity Inland Empire Health Plan

Riverside University HEALTH SYSTEM

> Notably, this partnership grew incrementally. With each meeting, the relationship deepened, trust was built, and the opportunity to make transformative change emerged.

IEHP-RUHS COLLABORATION

Journey to Deepening Collaboration

Executive Direction and Dedication of Resources

Leadership buy-in and support was the first and most essential step in IEHP's and RUHS' collaboration. Executives from each organization committed to partnering together, providing direction to their teams and dedicating resources to support collaboration. **With a large majority of RUHS' patients enrolled as IEHP members, the value of joint efforts compelled leadership to prioritize and foster a strong partnership.**

Executive leadership **endorsed clear goals** to guide their work together:

- Significant & strategic
- Shared value for both entities
- Sustainable return on investment
- Scalable

This buy-in from executive leadership led to open communication, an agreement to leverage resources to achieve the shared goal, and an openness to sharing data.

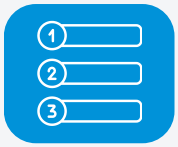
Regular Joint Operation and Face-to-Face Meetings

Establishing in-person joint operations meetings allowed for organized, focused discussions for addressing issues, sharing strategies, highlighting successes, and planning future initiatives. Below are a few best practices that can be implemented when initiating joint operation meetings:

Coordinate the agenda in advance

Make meetings accessible and an operational priority

Identify disparities or pain points to address and discuss intervention strategies



Determine action steps that should be taken ahead of the next meeting

Communicate between meetings to follow up on action items and other identified issues

IEHP-RUHS COLLABORATION

Data Sharing

Perhaps the most fundamental step in fortifying the IEHP-RUHS partnership was strengthening data sharing. Bidirectional data flow and supplemental data submission helped address data discrepancies, allowing the system and plan to align on shared quality metrics and target improvement efforts.

EXAMPLE: COLLABORATIVE APPROACH TO BLOOD PRESSURE CONTROL

- RUHS found major discrepancies in their data reporting compared to IEHP.
- The first step was to reconcile the data to understand the scope of the problem and determine which quality measures to prioritize and work on together.
- Teams from both organizations met to review claims data and strategized approaches to improve patient blood pressure control.
  - Remote monitoring
  - Blood pressure re-checks
  - Addressing hypertension caused by anxiety related to doctor visits
- Eventually, both IEHP and RUHS decided to make blood pressure cuffs available to RUHS patients as a pharmacy benefit through IEHP coverage, **which led to a nearly 20 percent improvement in blood pressure control.**

"In the Riverside example, a critical component of success was how the plan and system supported one another as organizations and as people. There's a lot I love about that Riverside continuum because it lays out what's possible."

- Giovanna Giuliani, Executive Director, SNI

IEHP-RUHS COLLABORATION

Shared Vision Partnership

Based on their success working together to improve blood pressure control, IEHP and RUHS quickly realized there was potential to strengthen their collaboration further. This resulted in the creation of a **Shared Vision Partnership**, which provides each organization with unprecedented access to information and resources that would help achieve significant quality improvements throughout the Inland Empire. Leadership committed to trust, transparency and a shared vision of improved outcomes for patients.

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SHARED VISION PARTNERSHIP

Achieve a bold synergistic outcome for Access & Quality that neither organization could accomplish on its own … and has never been accomplished in the Inland Empire or beyond

With the partnership sealed under the Shared Vision Partnership, IEHP and RUHS have continued to pursue new, innovative strategies to improve health outcomes, including a focus on well-child measures. Through these efforts they have established the following key deliverables:

- Action plan for a well-child journey
- Data insights tools offering actionable findings
- Shared marketing materials
- Coordinated outreach activities

The IEHP-RUHS collaboration provides a practical approach for building a trust-based, mutually beneficial partnership that positively impacts quality and patient outcomes.

FOUR STRATEGIES FOR LEVERAGING COLLABORATION IN QUALITY IMPROVEMENT

IEHP and RUHS exemplify effective collaboration, underscoring key practices that can be replicated by systems and plans to nurture meaningful partnerships.

1

Secure Leadership Buy-in

Leadership buy-in is not only crucial for initiating partnerships but also for setting clear quality improvement goals and identifying shared priorities. Engaged plan and system leadership support the partnership's success by authorizing funding and resources for joint initiatives.

2

Foster Open and Consistent Communication

Establish regular meetings involving executive leadership and quality teams from both entities to facilitate the identification of shared objectives and performance improvement initiatives, and also monitoring of data integration.

3

Enable Bidirectional Data Sharing and Integration

Data sharing is vital for successful collaboration, enabling plans and systems to identify data gaps and improve information-sharing processes. Investing in technological solutions is a foundational step to address reporting issues and resolve discrepancies. Additionally, incorporating the human element of information sharing by dedicating time for peers to discuss challenges and best practices will support stronger coordination.

4

Coordinate Patient Outreach

Coordinated patient outreach across local plans' and public health care systems' different patient touchpoints will amplify priority health messages and engage patients in their health and wellness journey. Consistent communication and messaging results in a greater impact on patients. Whether through centralized call centers, visit incentives, or mobile health care services, coordinated efforts lead to more effective and efficient patient outreach, preventing individuals from slipping through the cracks.

CONCLUSION

Collaboration between local plans and public health care systems is critical to improving health outcomes among California's Medi-Cal managed care members. Despite challenges, continued partnership is imperative to drive innovative solutions and achieve sustainable improvements in health care quality and accessibility. Through a steadfast commitment to open communication, bidirectional data sharing and integration, and coordinated patient outreach, collaboration efforts will continue to improve health outcomes.

The partnership between the LHPC Institute and the Safety Net Institute is a statewide representation of the collaboration between local plans and public health care systems. While still in its early stages, leadership from both teams are committed to deepening the support, education and relationships between these essential safety net partners. Joint convenings, webinars and new resources like the **Quick Reference Guide** are already fostering stronger relationships and providing new spaces for local plans and public health systems to network, brainstorm, and develop creative ways to improve quality and access to health care services for the millions of people they serve.

The success of local plans and public health care systems is highly interdependent. As we quite literally serve the same members or patients, when we work together instead of in silos, we will see greater improvement in timely access to care and quality of care.

- Linnea Koopmans, CEO, LHPC