

# 2010 QI Program Accomplishments and Progress Toward Goals

CalOptima strives to provide access to quality health care services for our members. Each year, CalOptima implements a Quality Improvement Program to review and improve the health of our members. CalOptima's Quality Improvement Program goals are to improve or ensure:

- The quality of clinical care and services provided by the health care delivery system in all settings
- The important clinical and service issues facing the CalOptima population relevant to its demographics, high-risk conditions, and disease profiles for both acute and chronic illnesses, and preventive care
- The continuity and coordination of care between specialists and primary care providers, and between medical and behavioral health practitioners
- The accessibility and availability of appropriate clinical care
- The qualifications and practice patterns of all individual providers in the CalOptima network to deliver quality care and service
- Member and provider satisfaction, including the timely resolution of complaints and grievances
- Risk prevention and risk management processes
- Compliance with regulatory agencies and accreditation standards
- The effectiveness and efficiency of CalOptima's internal operations
- The effectiveness and efficiency of operations associated with functions delegated to the provider network
- The effectiveness of aligning ongoing quality initiatives and performance measurements with the organization's strategic direction in support of its mission, vision and values
- Compliance with clinical practice guidelines and evidence-based medicine

Throughout CalOptima, there are projects and processes to ensure access to quality health care services, provide education and tools to prevent disease, and to manage chronic health conditions. In 2010, CalOptima's Quality Improvement Program accomplished the following:

- Received several quality related awards from the state and the community for organizational quality, individual contributions and programs designed to increase access to services and better medical management
- Restructured quality committees to ensure efficient and effective implementation of the Quality Improvement Program
- Enhanced delegation oversight processes and contract matrices to clarify responsibilities
- Expanded chronic care management programs to better meet population needs; programs now include diabetes, asthma, heart disease and childhood obesity

- Improved access to non-emergency medical transportation by streamlining authorization requests and expanding the vendor network
- Established a medical director forum with representation from the contracted networks and physician medical groups to identify global opportunities for improvement; focus areas in 2010 included appropriateness of ER visits, reducing preventable inpatient admissions and reducing care transitions
- Enhanced the case management program to complex case management design, deployment of individual care plans and use of interdisciplinary care teams for higher risk members
- Established the CalOptima Care Network to provide direct services for members with complex medical, social or care coordination needs

As a part of its Quality Improvement Program, CalOptima uses HEDIS<sup>®</sup>, a standardized set of measures, to gauge quality performance. In 2010, CalOptima demonstrated improvement in the HEDIS areas that monitor quality for various aspects of its member population. Immunizations for children and adolescents, well-care visits, and weight assessment/counseling for nutrition and physical activity for children and adolescents showed improvement. Measures that relate to health care for women such as breast and cervical cancer screening, prenatal and postpartum care, and Chlamydia screening also showed improvement. Care for members with certain chronic conditions like hypertension, diabetes and heart disease also showed improvement.