



L.A. Care
HEALTH PLAN®

Quality Improvement Annual Evaluation Executive Summary

2017

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Mission

To provide access to quality health care for Los Angeles County's vulnerable and low income communities and residents and to support the safety net required to achieve that purpose.

Vision

A healthy community in which all have access to the health care they need.

Values

We are committed to the promotion of accessible, high quality health care that:

- Is accountable and responsive to the communities we serve and focuses on making a difference;
- Fosters and honors strong relationships with our health care providers and the safety net;
- Is driven by continuous improvement and innovation and aims for excellence and integrity;
- Reflects a commitment to cultural diversity and the knowledge necessary to serve our members with respect and competence;
- Empowers our members, by providing health care choices and education and by encouraging their input as partners in improving their health;
- Demonstrates L.A. Care's leadership by active engagement in community, statewide and national collaborations and initiatives aimed at improving the lives of vulnerable low income individuals and families; and
- Puts people first, recognizing the centrality of our members and the staff who serve them.

EXECUTIVE SUMMARY

L.A. Care Health Plan continues its efforts to improve the quality of care and services to members. The Quality Improvement Program describes the infrastructure L.A. Care uses to coordinate quality improvement activities with quantifiable goals. The 2017 Quality Improvement Work Plan was the vehicle for reporting quarterly updates of quality activities and progress toward measurable goals. This 2017 Annual Report and Evaluation summarizes and highlights the key accomplishments in the area of quality improvement for the period of January 1, 2017 through December 31, 2017 except where annotated otherwise. This Annual Report evaluates activities for L.A. Care's lines of business: Medi-Cal, PASC-SEIU Homecare Workers Health Care for In-Home Supportive Services Workers, L.A. Care Covered™ (Marketplace), L.A. Care Covered Direct™, and Cal MediConnect [(CMC) Duals Demonstration Project].

Under the leadership and strategic direction established by the L.A. Care Health Plan Board of Governors through the Compliance and Quality Committee (C&Q) and senior management, the 2017 Quality Improvement Plan was implemented. This report provides a detailed discussion of quality improvement activities and significant accomplishments during the past year, in the areas of clinical care, patient safety, model of care implementation & monitoring, member experience/satisfaction, and access to care. The evaluation documents activities undertaken to achieve work plan goals and establishes the groundwork for future quality improvement activities.

The development and execution of the Quality Improvement Program is a process which relies on input from a number of committees, public and member advisory groups and task forces, as well as dedicated organizational staff. The input and work of these committees and of L.A. Care staff are directed at appropriate initiatives, activities, deliverables, and policies and procedures that support the mission and direction established by the Board of Governors.

Staff throughout L.A. Care contribute to activities to support the execution of the Quality Improvement Program. Most activities are coordinated and/or carried out by staff in two main service areas: Health Services and Managed Care Operations. The Quality Improvement (QI) Department takes the lead in compiling this Annual Report, with support from staff in the following departments: Healthcare Outcomes and Analysis (HO&A), Appeals & Grievances (A&G), Disease Management (DM), Customer Solutions Center (CSC), Provider Network Management (PNM), Pharmacy, Community Outreach and Education (CO&E), Safety Net Initiatives (SNI), Medicare Operations (Med Ops), Health Education, Cultural and Linguistic Services (HECLS), Medical Management: Utilization Management (UM), Case Management (CM), Managed Long Term Services and Supports (MLTSS), Behavioral Health (BH), Facility Site Review (FSR) (Medical Record Review), and Credentialing (CR).

Activities in the 2017 Quality Improvement Program and the associated Work Plan activities focused on refining the structure and process of care delivery with emphasis on member centric activity and consistency with regulatory and accreditation standards. All activities were undertaken in direct support of organizational changes and the Mission, Vision, and Strategic Priorities of the Board. Highlights include:

L.A. Care has successfully undergone evaluation by regulators and accrediting bodies:

- Completed DHCS audit in 2016 had 15 total finding, which was an improvement from the 50 finding found in 2015. Of the 15 finding 14 have been corrected during re-audit. DHCS has audited L.A. Care during 2017 in the 4th quarter and final results are still pending.
- L.A. Care has an onsite accreditation survey from NCQA, which is done every three years for accredited health plans. The on-site audit was for all line of business MCLA, LACC and CMC.

L.A. Care obtained “accredited status” for all line of business, which is a three year accreditation status.

- NCQA annual accreditation update based on HEDIS and CAHPS performance resulting in overall “Accredited” status
- Maintained our “Distinction in Multicultural Health Care” by NCQA
- The Compliance department gathered and submitted all required reporting for Part C and D to CMS on time in 2017. Reports were reviewed by their respective areas for accuracy and completeness.

Membership changes:

- Medi-Cal – increased by 95,484 members
 - 55.8% are Hispanic, 15.4% are Caucasian, 11.0% African American
 - 59.0% speak English, 31% speak Spanish
 - 53% are female
 - 43% are below 21 years of age
 - Members 65 years or older increased from below 1% to 10% of the population
- Cal MediConnect – increased by 2,826 members
 - 41.8% are Hispanic, 14.6% are African American, and 12.4% are Caucasian
 - 46.8% speak English, and 39.1% speak Spanish
 - 52.8% are female
 - 28.6% are 65 years of age and older
- L.A. Care Covered – increased by 14,776 members
 - 22.1% are Caucasian, 9.7% are Hispanic, and 5.7% are Chinese
 - 58.9% speak English, and 24.4% speak Spanish
 - 52.8% are female
 - 92% are 21-64 years of age

Clinical Care:

- HEDIS Performance
 - Demonstrated statistically significant improvement in 13 measures and declines in 3 measures with (Medi-Cal).
 - Demonstrated statistically significant improvement in 19 measures and declines in 1 measure with (CMC).
 - Demonstrated statistically significant improvement in 11 measures and declines in no measures with (LACC).
 - In 2017 L.A. Care focused on restructuring the workgroups aimed at improving the HEDIS metrics. This involved increasing collaboration with Behavioral Health and Pharmacy Departments to develop comprehensive interventions to improve outcomes.
 - There was a continued strong focus on focus on preventative care for adults and children, and women’s health issues.
 - L.A. Care revamped the incentive programs and took strong efforts to engage the PPGs and provider network on improvement.
- CAHPS Performance
 - The decline in HP-CAHPS results reported last year continued in this reporting cycle.
 - For MCLA we scored a 3.03 (using the adult score) out of 13.0 possible and for CMC L.A. Care scored a 4.49 out of 13.0 total possible.

- Significant emphasis needs to be placed on improving doctor/patient interaction, access to care, and health plan customer services.
- Facility Site Review Record Review and HEDIS Medical Record Review demonstrates good compliance with records addressing “child” preventive guidelines and compliance with “adult” preventive guidelines.
- Disease Management
 - Asthma and Diabetes programs available to all LOB, and are NCQA Accredited programs.
 - Cardiovascular program available to MCLA-D, LACC and CMC LOB, MCLA was added in Q4 2017.
- Clinical Practice Guidelines
 - New and revised clinical practice and preventative care guidelines are presented for adoption by Joint Performance Improvement Collaborative Committee and Physician Quality Committee (PICC/PQC).
 - Approved guidelines for the following categories (Chronic Care, Preventative Health, Behavioral Health, Women’s Health)
 - Diabetes
 - Cardiovascular
 - Asthma
 - Depression
 - ADHD
 - Opioid Use
 - Obesity in Children and Adults
 - Colorectal Screening
 - Breast Cancer Screening
 - Immunizations
 - Low Back Pain
 - Prenatal Care
- Guidelines are disseminated to providers in:
 - Quarterly Newsletters (Progress Notes)
 - Posted on L.A. Care Website (the Pulse)
 - Office Visits with HEDIS and Provider Quality Improvement Liaison (PQIL) staff
- Provider Continuing Education:
 - L.A. Care continues to be accredited as CME provider and as CE Provider for Registered Nurses
 - Received approval for accreditation from American Psychological Association (APA) to provide continuing education for Psychologists; Behavior Analyst Certification Board for type 2 CE activities for Behavioral Analysts; California Association of Marriage and Family Therapists (CAMFT) for continuing education of LMFTs, LCSWs, LPCCs and LEPs.
 - Developed and provided 16 direct CME/CE programs
 - Jointly co-sponsored 26 additional CME/CE programs
 - Developed and presented 6 Saturday conferences
 - Developed and provided 5 dinner events for providers
- Cultural and Linguistic Services:
 - Received and translated 1,224 documents covering 3 million words, which represents a 19% reduction in volume. The reduction is due to a 42% reduction in full translation of document,

meaning more documents are revised templates and not new full translation so less translated words are necessary.

- Top requested language translation is Spanish, Khmer, Russian, Tagalog, Arabic
- Processed 4,551 face-to-face interpreting requests – 4,334 were for medical appointments
 - Top 3 Languages – Spanish, American Sign Language, and Farsi.
- Telephonic interpreting services provided during 84,442 calls for a total of 1,134,870 minutes.
 - Telephonic interpreting services offered in 90 languages.
- Conducted 21 in-person trainings with a total of 595 attendees
 - Additional 373 staff and 222 providers completed cultural competency on-line.
 - 2,741 received training on-line

- Health Education:
 - Developed and managed several health education programs that directly support HEDIS performance.
 - Conducted 2,328 health education encounters
 - Topics include COPD, Chronic disease self-management, cholesterol, hypertension, senior health, nutrition, and physical activity.
 - 33% were *Weight Watchers* encounters.
 - 50 group appointment were completed at the Family Resource Centers
 - 347 pieces of Health Education materials to network providers and Family Resource Centers.
 - *Healthy Moms* reached out to 2,964 post-partum members
 - 8,400 members received pregnancy relate health education material related to *Healthy Pregnancy*
 - The *Healthy Baby Program* outreached to 37,384 parents by sending a mailing, 4,464 had IVR calls completed, and 2,453 had live agent calls completed.
 - 2,337 members completed a Health Appraisal *Rewards for Healthy Living*, a member wellness incentive program reached 752 members who reached a total of 68,395 points, and represents the completion of 1,656 activities within the program.
 - Youth Empowerment Screening “YES” Chlamydia Campaign was implemented in FY16-17 to improve chlamydia screening rates by increasing awareness among young women, parents/guardians of young women, and providers. The intervention consisted of three components: 1) a letter to parents of young women 16-17 years old, 2) a provider fax blast, and 3) a Facebook ad campaign. 897 mailings were completed, 837 faxes to provider sites and over 200 thousand member viewed the information on Facebook.
 - L.A. Care’s “Fight the Flu” Campaign encourages high-risk members to obtain their seasonal flu vaccine with the intent of improving CAHPS scores, which asks adult members whether they received a flu vaccination during the last year. A total of 170,509 automated calls were completed.
 - L.A. Care offers a variety of benefit and health education information on its primary website, www.lacare.org.
 - Patient Safety:
 - Pharmaceutical safety an area of focus – current programs include:
 - Retrospective Drug Use Evaluation.
 - Potential Inappropriate Medications.
 - Level 1 Severity Drug-Drug Interactions.

- Potential Quality of Care Issues (PQI)
 - Criteria for PQI case review developed.
 - Developed the Critical Incident reporting process within the PQI system.
 - Developed and implemented training for identification and processing PQI. Training completed with:
 - Appeals and Grievances, Case Management, MLTSS, Customer Services and other key areas within organization.
- Critical Incident Reporting
 - Cal MediConnect requirement.
 - Training completed with network providers covering “Critical Incidents”.
 - Webinar training conducted with CBAS Centers in collaboration with Department of Aging.
- Facility Site Review
 - Compliance with needle stick safety rate increased to 70%.
 - Spore testing of autoclaves at 81%.
- Hospital Safety
 - L.A. Care laid the groundwork to expand quality of care and patient safety into hospitals in a collaborative effort with health plans for the LACC line of business. With this effort we have mailed out materials to hospitals about our monitoring of critical incidents (i.e. hospital acquired infection, C-sections rates, etc.)

Addressing Disparities

- Each year the QI program completes an evaluation and analysis of HEDIS data to identify and address any disparities. This year’s evaluation contains a separate analysis for each HEDIS measure by SPD or non SPD, race, ethnicity, gender, age, and RCAC (Regional Community Advisory Committee) region. Highlights from the analysis shows culture, ethnicity, and geography can change perception and participation in seeking and attaining preventive healthcare.
- Disparities for Comprehensive Diabetes Care A1c Control among African Americans and higher rates of hospitalization for both long-term and short-term complications of diabetes continued in 2017.
- American Indians with diabetes also had worse glycemic control and higher rates of hospitalization for long-term complications of diabetes.
- Asthma Medication Ratio (AMR) was noted to be lower in African Americans and asthma hospitalization rates were higher in children/young adults, while a disparity in asthma hospitalization for older adults and admissions for bacterial pneumonia were noted for Hispanic members.
- Controlling High Blood Pressure (CBP) rates are difficult to assess for health disparities, but African American had higher rates of hospitalizations associated with hypertension, including admissions for heart failure.
 - For Antidepressant Medication Management, both acute and continuation phases, disparities were noted for African American members.

Access to Care and Appointment Availability:

- Appointment Availability and After Hours Access
 - Did not meet 2016 performance goals, but improving.
 - 2016 – 2017 work completed to address network noncompliance with standards;
 - Webinars conducted with PPGs.
 - Resource materials provided to PPGs including: regulatory requirements; appointment standards; survey methodology; best practice interventions; FAQ and tip sheets.
 - Corrective Action Plans (CAP) received quarterly documenting actions taken to bring network into compliance.
 - Member Quality Services Committee conducting root cause analysis of access related grievances by PPG on a per member per month basis.
 - 2017 survey fielded in 4th Quarter 2017; results available 2nd Quarter 2018.

After Hours- We did not meet our performance goals for after-hours access, and formal corrective action plans were requested from the PPGs on how they plan to engage tier contracted provider to be compliant.

Member Participation, Community Outreach and Engagement:

- L.A. Care gave 75k in grants to the each RCAC to engage member on preventive and chronic care
 - 4,400 members were reached during this effort
 - 17 Community Based Organizations sponsored these efforts
 - 1,275 oral health kits were given out
 - 491 dental screening done
 - 70 dental cleanings were completed
 - 6000 toothbrushes were given out
 - Focus on Community related care issues and emergency preparedness.
- In support of educating and empowering community members to autonomously advocate for themselves, there were a total of 5 leadership trainings conducted throughout the year. The topics addressed were: meeting management, Roberts Rules of Order and effective participation in public meetings, health equity, social determinants of health and understanding data and effective communication.

Marketing:

- Marketing staff participates in workgroups to facilitate collateral materials in format, languages and reading levels.
- Marketing staff are aligned by product line, health plans initiatives and utilize the Family Resource Centers.
 - Lynwood, Inglewood, Boyle Heights, and Pacoima.
 - Plan is to open up to 3 more centers including one in Antelope Valley.

Provider Incentive Programs:

- 6th year of L.A. Care Physician P4P (MY 2016) – paid out \$21.1 Million to 882 physicians and 57 community clinics.
 - Added access to care as a payment gate in measurement year 2017
- 7th year of L.A. Care LA P4P (MY 2016) for PPGs – paid out \$13.6 Million to 39 groups
 - VIIP and LA P4P for PPGs were merged into one program beginning MY 2017.
- Plan Partner Incentive Program – paid out \$10.2 Million to Anthem Blue Cross and Care 1st for measurement year 2016.

Member Incentives (each of the below programs are continuing in 2018):

- Cervical Cancer Screening (DHS MCLA members) – \$50.00 gift card for completion of services related to cervical cancer screening; 3,247 members were awarded in 2017. 7.76% of eligible members awarded.
 - 834 of awarded members were enrolled with L.A. Care between 2010-2015 and had no CCS screening before the incentive.
 - 12 of awarded members tested positive for cervical cancer, and were perhaps able to detect the cancer earlier than they would have without the incentive.
- Breast Cancer Screening (LACC members) – \$50.00 gift card for completion of mammogram; 22 members were awarded in 2017. 3.94% of eligible members awarded.
- Follow-Up for Hospitalization after Mental Illness (CMC members) – emergency preparedness kit for completing follow-up visit on or before 30 days of their initial visit. 5 members were awarded in 2017.

Value Initiative for IPA Performance (VIIP):

- Final list of metrics was updated for 2017 and includes aggregated score for HEDIS, Access to Care, Member Satisfaction, Utilization and Encounter Timeliness.
- April – Sept 2017 The QI team held meetings with each IPA to engage them on the quality process and action plans.
- We conducted several webinars with the PPGs further pushing the program.
- VIIP for Report Year 2017, Measurement Year 2016 was completed in November 2017.
- VIIP Collaborative meeting weekly with Plan Partners throughout 2017.
- All IPAs were included in 2017 VIIP results.

Committees:

- Reported on Role of Committees and the number of times they met during 2017.
- Workgroups were revised so they better align with the committees and reporting process
- In 2018 committees will be evaluated for duplication of reporting and we will look to streamline these meeting better.

Barriers Identified:

- Access to care metrics did not meet goals and have not for a few years. L.A. Care has seen great improvement in appointment availability but still not at goal. Ancillary service provider listing was not correct and we could not do that portion of the study. The Total Provider Management (TPM) organizational effort is focused on improving this in 2018.
- HEDIS software and process was not capable of producing Provider Opportunity Reports timely or as frequently as desired. These reports were produced only 3 times during the year and were months outdated when distributed.
- CAHPS results continue to be very low scoring giving us evidence on member dissatisfaction with their care and services.

- Outdated internal systems do not allow for adequate capture and management of member and provider data. A new effort, Enterprise Information Management now focuses on this.
- Competing goals and/or priorities among L.A. Care, Plan Partners, PPGs and individual provider levels often creating re-work or conflicting messages.
- Lack of consistent incorporation of statistical analysis to draw identifiable conclusions that would lead to improvement within the workgroups
- Unreliable contact information on members to execute contact and promote high-touch engagement.
- Outdated processes for engaging member by using mail, and phone only and not using newer sources of contact such as texting and e-mail.
- Lack of member and provider understanding of Health Plan functions related to access and availability, referral management and authorization requirements, and satisfaction metrics.
- Incomplete analysis, understanding and identification of health disparities and their impact on overall health care.
- Insufficient education of members and providers
- New NCQA population health criteria that needs to be implemented.
- Lack of understanding of the HEDIS specifications among providers.
- Limited impact on providers and members due to delegated model and PPG contracting structure.

Based upon the evaluation of the 2017 activity, regulatory requirements and needs of populations served, the workgroup activities described in the 2017 work plan will continue and the following items will be added for 2018:

- Enterprise goal: Increase NCQA accreditation status through improvement of HEDIS and CAHPS results
- Ensure NCQA audit readiness and improve HEDIS and CAHPS or QHP-EES performance for all product lines.
- Fully implement Cognizant ClaimsSphere™ and Clinical+ systems for HEDIS hybrid cycle Feb 2018.
- Initiate monthly POR reports to providers, starting in April 2018.
- Initiate the web portal system for PPGs and select provider to access POR and submit data directly to us to close gaps.
- Develop geo-access mapping by PPG network and other selection options, to understand the details of member access issues and work with PPGs to correct gaps
- Develop a member mapping study to understand all member touch points and timing and work to assure we have a more balanced approach to the members going forward.
- Develop and start specialized survey in pilot process. These surveys will be post-encounter satisfaction surveys for the member regarding the specific visit for PCPs and SCP's.
- Continue to support the FQHC specialized survey process of member asking them about their recent visit.
- Add Access to Care to provider P4P to further increase engagement on this effort.
- Continue to improve the timely capture and completeness of data.
- Require baseline and goal for all metrics and return on investment for incentives programs.
- Continue departmental and committee restructuring in support of the strategic priorities.
- Explore and implement opportunities for consolidation of work effort and resources at Plan, Plan Partner, PPGs and individual provider levels related to interventions.
- Refinement and implementation of Covered California Quality Rating System (QRS) activities.
- Improve engagement and utilization of community based clinics, other non-profits and hospitals.
- Increase usage of social media to engage members and providers.
- Implement value based contracting and optimal delegation models.

QI COMMITTEE SUMMARY

L.A. Care's quality committees oversee various functions of the QI program. The activities of the quality committees were formally documented in transcribed minutes, which summarize each agenda item, the discussion, action taken, and follow-up required. Draft minutes of the prior meeting were reviewed and approved at the next meeting. Minutes were then signed and dated. Minutes were also reported to their respective Committee as required. All activities and associated discussion and documentation by the committee participants were considered confidential and shall abide with L.A. Care policies and procedures for written, verbal, and electronic communications. The committees serve as the primary mechanism for intradepartmental collaboration for the Quality Program.

Compliance and Quality Committee (C&Q)

The Compliance and Quality Committee (C&Q) is a subcommittee of the Board of Governors (BoG). The C&Q monitors quality activities and reports its findings to the BoG. The Compliance and Quality Committee is charged with reviewing the overall performance of L.A. Care's quality program and providing direction for action based upon findings to the BoG. The C&Q met four (4) times in 2017. The Compliance and Quality Committee reviewed and approved the 2017 QI and UM program descriptions, 2017 QI and UM work plans, quarterly QI work plan reports, and 2016 evaluations of the QI and UM programs. The Committee also reviewed periodic reports on quality activities.

Quality Oversight Committee

The Quality Oversight Committee (QOC) is a cross functional staff committee of L.A. Care which reports to the Board of Governors through the Compliance and Quality Committee. The QOC is charged with aligning organization-wide quality improvement goals and efforts prior to program implementation and monitoring the overall performance of L.A. Care's quality improvement infrastructure. The QOC met five (5) times in 2017. The Quality Oversight Committee conducted the following activities:

- Reviewed current projects and performance improvement activities to ensure appropriate collaboration and minimize duplication of efforts.
- Conducted as well as reviewed quantitative and qualitative analysis of performance data of reports and subcommittee reports.
- Identified opportunities for improvement based on analysis of performance data.
- Tracked and trended quality measures through quarterly updates of the QI work plan and other reports.
- Reviewed and made recommendations regarding quality delegated oversight activities such as reporting requirements on a quarterly basis.
- Reviewed, modified, and approved policies and procedures.
- Reviewed and approved the 2017 QI and UM program descriptions, 2017 QI and UM work plans, quarterly QI work plan reports, and 2016 evaluations of the QI and UM programs.

Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC)

The Joint Performance and Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) membership includes Plan Partners, Provider Groups, and practitioner participation in the QI program through planning, design, and review of programs, quality improvement activities and interventions designed to improve performance. The committee provides an opportunity to dialogue with the provider community and gather feedback on clinical and administrative initiatives. The committee also provides an opportunity to improve collaboration between L.A. Care and delegated Plan Partners/Provider Groups and practitioners by providing a platform to discuss reports, assess current interventions in place, and propose new interventions to improve HEDIS and CAHPS results and other measures as defined. The

Joint Performance and Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) reports to the Quality Oversight Committee.

The Joint PICC and PQC met four (4) times in 2017. The Joint PICC and PQC contributions in 2017 included:

- Made recommendations to L.A. Care about barriers and causal analysis relating to quality improvement activities and administrative initiatives.
- Reviewed and approved updated clinical practice and preventive health guidelines.
- Provided input and made recommendations to L.A. Care's Quality Oversight Committee (QOC) on policy decisions, as well as quality and service improvements.
- Discussed clinical report results and how to improve results based on their practice and experience with L.A. Care membership.
- Provided feedback and recommendations regarding the Behavioral Health program.

Utilization Management Committee

The Utilization Management Committee (UMC) is responsible for overall direction and development of strategies to manage the UM Program. The Committee met five (5) times in 2017. The UM Committee assessed the utilization of medical services, reviewed and made recommendations regarding utilization management and case management, reviewed and made recommendations regarding UM program activities. The UMC was also responsible for the review, revision and approval of all 2017 UM policies and procedures, 2017 UM and Care Management (CM) program descriptions, the 2017 UM and CM Program Work Plans, and the 2016 UM and CM program evaluations.

Credentialing/Peer Review Committee

The Credentialing/Peer Review Committee is responsible for credentialing, recredentialing, peer review assessments and actions to improve the quality of care and demonstrated appropriate follow-up on all findings. The Committee met 10 times in 2017. Facility Site Reports were also included in order to coordinate these findings with Peer Review and credentialing. Policies and Procedures pertinent to this committee and department were updated as per appropriate changes in the industry, reviewed and approved.

Pharmacy Quality Oversight Committee (PQOC)

The PQOC Committee is responsible for oversight of the P&T process administered by the existing Pharmacy Benefit Manager (PBM) and review new medical technologies or new applications of existing technologies. This is for all L.A. Care direct lines of business. The PQOC's role is to review and evaluate drugs and drug therapies to be added to, or deleted from, the formulary and to review new medical technologies or new applications of existing technologies and recommend for benefit coverage, based on medical necessity.

Additionally, the PQOC provides a peer review forum for L.A. Care's clinical policies, provider communication strategies, pharmaceutical quality programs/outcomes, and specialty drug distribution options.

This Committee met four (4) times in 2017 and conducted the following activities:

Oversight/Advisory of PBM Vendor

- Review newly marketed drugs for potential placement on the formulary.
- Provides input on new drug products to Navitus P&T.
 - L.A. Care has the ability to overrule a Navitus P&T formulary and/or utilization control decision when required by regulation or unique member characteristics in the health plan.
- Develop protocols and procedures for the use, of and access to, non-formulary drug products.

L.A. Care Strategic and Administrative Operations

- Specialty pharmaceutical patient management and distribution strategies.
- Pharmaceutical care program selection and evaluation.
- Develop, implement and review policies and procedures that will advance the goals of improving pharmaceutical care and care outcomes.
- Serve the health plan in an advisory capacity in matters of medication therapy.
- Recommend disease state management or treatment guidelines for specific diseases or conditions. These guidelines are a recommended series of actions, including drug therapies, concerning specific clinical conditions.

Member Quality Service Committee (MQSC)

The Member Quality Service Committee (MQSC) is responsible for improving and maintaining the L.A. Care member experience for all product lines. This Committee met six (6) times in 2017. The committee reviewed analysis the following sources to identify opportunities for improvement in member satisfaction as identified in the following: Member Satisfaction Surveys, Member Retention Reports, Access & Availability Surveys, Grievances & Appeals Data, and Interface of Provider Satisfaction with Member Satisfaction. The committee also acts as a Steering Committee for member quality service issues.

Behavioral Health Quality Improvement Committee

The Behavioral Health Quality Improvement Committee (BHQIC) is responsible for developing, implementing and monitoring interventions based on the analysis of collected data to result in improvement in continuity and coordination of medical and behavioral health care (mental health and substance abuse). L.A. Care delegated specialty behavioral health services for Healthy Kids, and PASC-SEIU Home Workers, Cal MediConnect, and Medi-Cal members to an NCQA accredited Managed Behavioral Health Organization (MBHO). L.A. Care worked closely with its MBHOs in order to collaborate with behavioral health practitioners (BHPs) and use information collected to improve and coordinate medical and behavioral health care. This committee met four (4) times in 2017. The Committee performed substantive review and analysis of quarterly reports from the MBHO; assessed exchange of information between BHPs and PCPs, assessed appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care settings, assessed appropriate use of psychopharmacological medications and consistent guidelines for prescribing by behavioral and medical practitioners. Using quantitative data and causal analysis, L.A. Care and MBHO identified and took action on areas of opportunity annually.

L.A. Care is collaboratively working with the MBHO as well as the County Department of Mental health (DMH) and Department of Public Health/Substance Abuse Prevention & Control (SAPC) to conduct activities to improve coordination of behavioral healthcare and physical health care providers such as Interdisciplinary Care Team and Clinical Management Team meetings. L.A. Care identified an opportunity to improve the Behavioral Health Quality Improvement Committee; therefore, enhanced the committee membership to include practitioners from the Los Angeles County DMH, SAPC, the UCLA Integrated Substance Abuse Program (UCLA ISAP), and Participating Provider Groups (PPGs). With the addition of

the Autism Spectrum Disorder (ASD) Treatment Benefits to the health plans, L.A. Care has added a Manager for ASD to the Behavioral Health Department Leadership Team.

The restructure of the committee members, the committee will focus on improving quality improvement initiatives related to behavioral health aspects, avoiding duplication of efforts, improving coordination of services to members, prioritizing initiatives, and increasing collaborative efforts to include new committee members.

Continuing Medical Education Committee

The Continuing Medical Education (CME) Committee develops, implements, and evaluates L.A. Care's CME program and oversees the (re)application process for maintaining CME accreditation status. The Continuing Medical Education Committee convene on a quarterly basis through in-person with teleconference communication capability. When applicable, the reports of these communications are provided to the QOC and Board of Governors. The Continuing Medical Education Committee reviews CME applications, policies and procedures, and receives pertinent updates from the Institute for Medical Quality as necessary.

POPULATION DEMOGRAPHICS

Membership

The Quality Improvement Program is designed to meet the unique and specific needs of L.A. Care members. The following information provides a high level summary of L.A. Care's membership.

The top 15 diagnoses, were identified using Clinical Classifications Software (CCS) Single Level Diagnosis categories by LOB and by In Patient and Out Patient setting (using primary diagnosis only), from July 1, 2016–June 30, 2017.

Medi-Cal Membership

As of October 1, 2017, L.A Care had 2,040,400 Medi-Cal members of those 160,165 members in the Senior and Persons with Disabilities (SPDs) categories (a decrease from 161,135 at the end of 2016), and 49,161 PASC-SEIU members.

Three ethnic groups make up 81.9% of L.A. Care's Medi-Cal membership as shown below:

- Hispanic/Latino: 1,139,210 members or 55.8%
- Caucasian/White: 308,801 members or 15.1%
- African American/Black: 223,559 members or 11.0%

90.5% of all L.A. Care Medi-Cal members speak one of two languages as shown below:

- English: 1,213,395 members or 59.5%
- Spanish: 631,660 members or 31.0%

Approximately 43.2% of L.A. Care's Medi-Cal members are under 21 years of age. The rate of members 65 and over increased from 1% in 2010 to 10.05% in 2017. Of the adult membership, approximately 53.9% are female and 46.1% are male. Approximately 55.8% of L.A. Care Med-Cal members are Hispanic/Latino, but the main preferred languages spoken are divided between English and Spanish. L.A. Care strives to make available easy-to-read, well translated health education material, and continuously increases the availability of material in alternative formats (audio, Braille, large format).

For Medi-Cal, the SPD vs. non-SPD top diagnosis category lists emphasize the different patient mix of these populations. The top three outpatient diagnosis categories for 2017 Medi-Cal SPD were Chronic Kidney Disease, Spondylosis; Intervertebral Disc Disorders; Other Back Problems, and Medical examination/evaluation and for Non-SPD were Medical Examination/Evaluation, Other Upper Respiratory Infections, and Other screening for suspected conditions (not mental disorders or infectious disease). In terms of top three diagnosis categories for Inpatient for Medi-Cal SPD were Septicemia (except in labor), Hypertension with complications and secondary hypertension; and Chronic Obstructive Pulmonary Disease and Bronchiectasis and for Non-SPD were Liveborn, Septicemia (except in labor), and Diabetes mellitus with complications.

Cal MediConnect Membership (Duals Demonstration Project)

As of October 1, 2017, L.A Care had 15,436 Cal MediConnect members. The population below 65 years of age qualifies for participation in the Duals Demonstration Project based on presence of a disabling condition and/or aid code designation.

L.A. Care's Cal MediConnect membership based on ethnicity can be seen below: *Note: The majority of the Cal MediConnect-members' ethnicity (23.4%) is either unknown/blank or decline to state.*

- Hispanic/Latino: 6,457 members or 41.8%
- Black/African American: 2,259 members or 14.6%
- White/Caucasian: 1,915 members or 12.4%
- Filipino: 474 members or 3.1%
- Asian Pacific Islander: 356 members or 2.3%
- Chinese: 174 members or 1.1%
- Vietnamese: 67 members or 0.4%
- Korean: 51 members or 0.3%
- Asian Indian: 37 members or 0.2%
- Cambodian: 30 members or 0.2%
- Samoan: 10 members or 0.1%

Approximately 79% of the L.A. Care Cal MediConnect members speak one of two languages as seen below:

- English: 1,213,395 members or 59.5%
- Spanish: 631,660 members or 31.0%

71.3% of L.A. Care Cal MediConnect members are 65 years and over. Of adult membership, 52.8% are female and 47.2% are male. The main preferred languages spoken are divided between Spanish and English with English being the predominant preferred language. L.A. Care strives to make available easy-to-read, well translated health education material, and continuously increases the availability of material in alternative formats (audio, Braille, large format).

The top three outpatient diagnosis categories for 2017 were Essential Hypertension, Medical examination/evaluation, and Spondylosis; Intervertebral Disc Disorders; Other Back Problems. In terms of top three diagnosis categories for Inpatient, they were Septicemia (except in labor), Schizophrenia and Other Psychotic Disorders, and Hypertension with complications and secondary hypertension.

L.A. Care Covered™ Membership (Marketplace)

As of October 1, 2017, L.A Care had 25,476 L.A. Care Covered™ members.

Six ethnic groups make up 46.7% of L.A. Care's L.A. Care Covered™.

- White/Caucasian: 5,622 members or 22.1%
- Hispanic/Latino: 52,461 members or 9.7%
- Chinese: 1,447 members or 5.7%
- Filipino: 970 members or 3.8%
- Black/African American: 720 members or 2.8%
- Korean: 671 members or 2.6%

83.3% of all L.A. Care L.A. Care Covered™ members speaks one of two languages as seen in the table below:

- English: 15,008 members or 58.9%
- Spanish: 6,213 members or 24.4%

Approximately 7.0% of L.A. Care's L.A. Care Covered™ members are under 21 years of age. Of the adult membership, approximately 49.4% are female and 43.6% are male.

L.A. Care strives to make available easy-to-read, well translated health education material, and continuously increases the availability of material in alternative formats (audio, Braille, large format).

The top three outpatient diagnosis categories for 2017 were, Medical Examination/Evaluation, Other Screening for Suspected Conditions (not mental disorders or infectious disease), and Mood Disorders. In terms of top three diagnosis categories for Inpatient, they were, Septicemia (except in labor), Biliary tract disease, and Liveborn.

As of October 1, 2017, L.A. Care had 31 L.A. Care Covered Direct™ members. L.A. Care's L.A. Care Covered Direct™ members speak English (58.1%) or Spanish (41.9%). Approximately 25.81% of L.A. Care's L.A. Care Covered Direct™ members are under 21 years of age. Of the adult membership, approximately 48.39% are female and 51.61% are male.

Addressing Disparities

Each year the QI program evaluation completes an analysis of HEDIS data to identify and address any ethnic disparities. The HO&A Department completed this analysis by measure in 2017. This year's evaluation contains a separate analysis for each HEDIS measure by SPD or non SPD, race, ethnicity, gender, age, and RCAC (Regional Community Advisory Committee) region. Highlights from the analysis shows culture, ethnicity, and geography can change perception and participation in seeking and attaining preventive healthcare.

Disparities for Comprehensive Diabetes Care A1c Control among African Americans and higher rates of hospitalization for both long-term and short-term complications of diabetes continued in 2017. American Indians with diabetes also had worse glycemic control and higher rates of hospitalization for long-term complications of diabetes. Asthma Medication Ratio (AMR) was noted to be lower in African Americans and asthma hospitalization rates were higher in children/young adults, while a disparity in asthma hospitalization for older adults and admissions for bacterial pneumonia were noted for Hispanic members. Controlling High Blood Pressure (CBP) rates are difficult to assess for health disparities, but African American had higher rates of hospitalizations associated with hypertension, including admissions for heart failure. For Antidepressant Medication Management, both acute and continuation phases, disparities were noted for African American members.