Improve Health Outcomes

A GUIDE FOR PROVIDERS

Contents

You Can Improve Your Patients' Health Outcomes and Quality of Care

Our physicians' and other providers' commitment to providing the highest quality of care to their patients is vital to improve health outcomes. This includes taking actions to meet this goal:

- Identify and close care gaps for preventive screenings, annual exams and vaccinations.
- Complete timely submission of claims or encounters data.
- Share health education to influence patient behavior.
- Provide care coordination and timely access to care and services.
- Meet the cultural and linguistic needs of each person.
- Follow recommended clinical, preventive health guidelines and best practices.

The Plan knows the importance of working with and helping physicians and other providers in their efforts to improve their patients' health and meet quality standards. This toolkit provides general information about performance measures. It also contains useful tools to support your practice.

We have the same goal – to help improve your patients' health outcomes and provide the highest quality of care.

Health Care Performance Measurement Systems

The Plan monitors quality of care and patient experience metrics to improve patient health outcomes and satisfaction.

Reporting on care and service performance metrics is required by the:

- Department of Health Care Services (DHCS).
- National Committee for Quality Assurance (NCQA).
- Centers for Medicare & Medicaid Services (CMS).

Managed care accountability set

DHCS oversees the Medi-Cal health insurance program. They require Medi-Cal managed care plans (MCPs) contracted with DHCS to meet minimum performance levels on measures key to the health of this population. DHCS informs health plans of the measures, known as the Managed Care Accountability Set (MCAS), and requires performance to be reported to DHCS annually.

MCPs must meet Minimum Performance Levels (MPLs) established by DHCS for Managed Care Accountability Set measures. The Plan works with physicians and other providers and conducts Performance Improvement Projects (PIPs) to address areas below benchmarks.

Performance Measures

THESE MEASURES ARE USED TO REPORT, COMPARE AND RATE

Patients' experience and quality of care.

Your practice's preventive and chronic care efforts.

Overall performance of health plans.

Health outcomes to identify best practices or improvements needed.

Regulators use NCQA's standardized Healthcare Effectiveness Data and Information Set (HEDIS) metrics and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to rate health plans. HEDIS and CAHPS measures also drive improvements in health care performance.

Physicians and other providers have a direct and substantial impact on affiliated health plans and provider organization performance ratings based on patient experience and the care provided.

HEDIS measures

HEDIS is a set of standardized measures developed by NCQA to measure, report and compare performance across health plans. Visit NCQA for more information.

HEDIS results for health plans and provider organizations are publicly reported in the NCQA Quality Compass and state and federal Quality Report Cards. They are used by purchasers and consumers to compare performance between health plans.

CAHPS survey

The CAHPS survey is conducted annually on a random sample of patients. CAHPS results are used to measure patient experience with:

✔ **Access to care.**

✔ **Care coordination.**

✔ **Getting the care needed.**

✔ **Interactions with physicians and other providers.**

✔ **Services delivered by the health plan.**

The CAHPS Survey Tip Sheet gives examples of survey questions. It also provides recommendations to improve physicians' and other providers' CAHPS performance. For more information about how to improve these measures, refer to the *Improve Patient Experience and Quality of Care* tip sheet in the Provider Library.

Pharmacy measures

Pharmacy measures evaluate appropriateness and patient adherence to taking prescribed medications. This can include the percentage of patients appropriately prescribed, monitored or adherent for:

- Antidepressants.
- Asthma medications.
- Beta blockers.
- Bone strengthening medications.
- Cholesterol medications.
- Diabetes medications.
- Hypertension medications.
- Opioids.

Patient eligibility and performance on medication measures is based on evidence-based clinical guidelines and prescription claims.

Physicians and other providers have the greatest impact on:

- Prescribing appropriate treatment.
- Promoting medication adherence.
- Addressing patient barriers, such as knowledge deficits and side-effects.

Timely Access to Appointments & After-Hours Care

Ensuring patients have appointments within appropriate time frames is a vital component of delivering quality care and service. Monitoring and the evaluation of physicians and other providers is established to ensure compliance with timely access standards. Access standards are established to fully comply with regulatory (DHCS, CMS) and NCQA requirements.

Timely access standards

Timely access standards are monitored for primary care physicians (PCPs), specialists, ancillary and non-physician behavioral health providers as applicable to the surveys. Access measures include:

- Urgent care.
- Non-urgent care.
- First prenatal visits.
- Well-child visits.
- Wellness checks.
- After-hours accessibility.
- Phone access.

To learn more about the appointment wait time standards, refer to the *Improve your Patients' Experience with Timely Access* flyer in the Provider Library.

Access to care surveys

Physicians and other providers are monitored annually for their ability to provide timely access to care through the following provider surveys:

- **Provider Appointment Availability Survey (PAAS)** – Appointment availability for routine and urgent care, prenatal care, well child visits, and wellness checks.

- **Provider After-Hours Availability Survey (PAHAS)** – Appropriate emergency instructions for after-hours care and the providers' availability to be reached within 30 minutes of a patient's call for urgent after-hours issues.

- **Provider Office Telephone Access Monitoring** – Time to answer the call, and call-back wait time for patients with non-urgent issues.

Surveys may be administered by fax, email and telephone as applicable to the survey methodology sent to a randomly selected group of physicians and other providers.

Provider online training

Quarterly training webinars are conducted to assist physicians and other providers in meeting access standards. Training dates are available on the provider portal at healthnet.com.
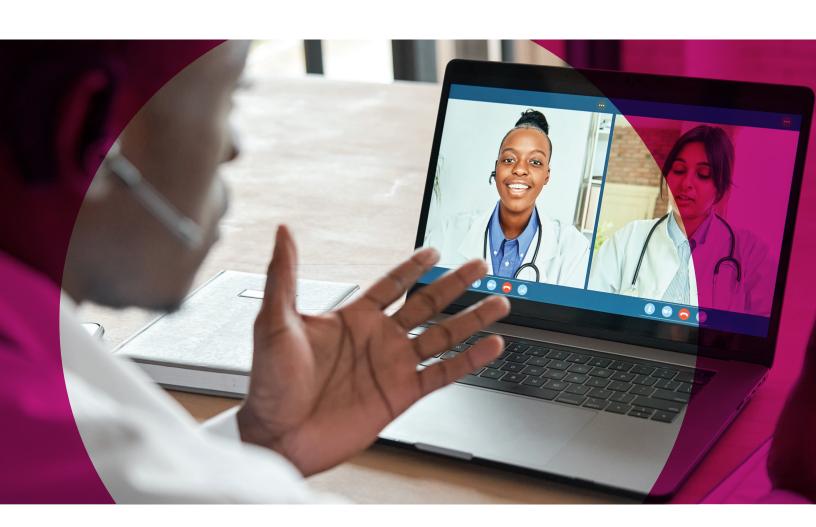
Webinar topics include, but are not limited to:

- Overview of regulations and standards on access and availability.
- Annual monitoring and reporting process for access surveys.
- Resources and best practices to help meet your needs.

Additional pre-recorded webinar training can be found under *Provider Webinar Information and Training Materials* **such as:**

- Improving Timely Follow-up Care After an Emergeny Department Visit for Mental Illness or Substance Use.

- Facility Site and Medical Record Review Training.

- HEDIS Improvement Program (HIP).

Links to more webinars and materials are available for past events from 2019 through 2021.

Quality Improvement Activities

The Plan conducts patient outreach activities to promote healthy preventive and chronic care practices, including:

- Mailed materials, such as flyers, postcards, health calendars, and newsletters.
- Educational emails.
- Live and programmed calls.
- Health education classes.
- In-home visits.
- Text messaging.
- Social media campaigns.
- Member incentives.

The Plan works with physicians and other providers to improve health outcomes and data capture of measures by:

- Offering weekend and extended access clinics.
- Providing online patient care gap lists.
- Data sharing, such as pharmacy/lab data and electronic medical records.
- Creating provider and patient tools.
- Hosting provider education webinars.
- Setting up mobile mammography events.

Mobile mammography

To help members overcome barriers to breast cancer screening, the Plan's Quality Improvement (QI) Department, in collaboration with participating physician groups (PPGs), offers mobile mammography to members. Mobile mammography is a convenient way for people to receive mammograms. Certified technologists perform studies at healthcare facilities, community clinics, employer groups, health fairs, and community events.

Incentive programs

Your performance scores are used to measure your practice's quality improvement and preventive care efforts. Performance-based incentive programs may reward select participating PCPs, clinics and PPGs based on care gap closures and HEDIS performance from claims and encounter data.

Resources to Improve Patient Experience

Positive patient experience can lead to improved clinical outcomes[1]. Those who are happy and satisfied with their care are more likely to stay engaged with their health care down the road. How you effectively engage with your patients and their needs makes a difference! See the various resources that can help improve the patient experience.
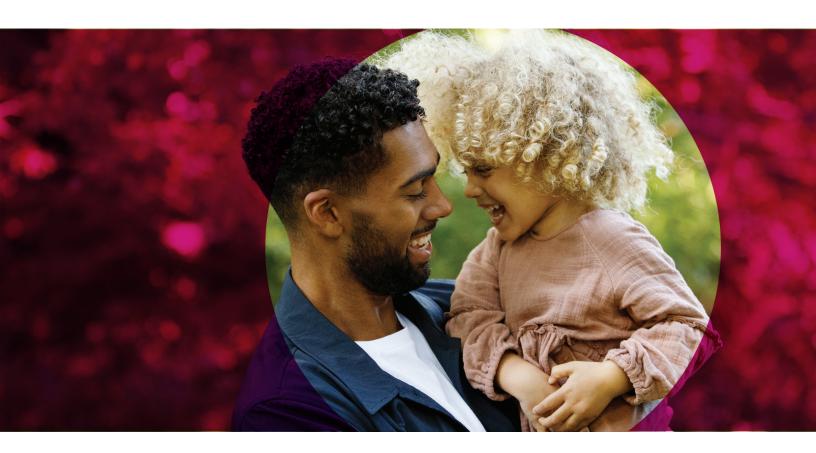
Language assistance

No-cost interpreter services are available to help you communicate with your patients. You can request telephone or in-person interpreters.

Transportation

Reliable transportation is one of the most common barriers for the Medi-Cal population. You can schedule or refer transportation services to support patients getting to and from their various health care appointments. The transportation vendor's name is Modivcare and their phone number is **855-253-6863.**

[1]Why Improve Patient Experience? Agency for Healthcare Research and Quality (AHRQ).

Quality Improvement Resources Online

Provider portal

The provider portal allows easy access to:

- Patient eligibility.
- Prior authorizations.
- Claims status.

You must have a website account to access secure information on the provider portal. If you don't have an account, it's easy to register. If you are not able to register on the provider portal or have questions, call technical support at **866-458-1047**, Monday through Friday, 8 a.m. to 6 p.m.

Navigating the quality improvement corner

The Plan's Quality Improvement Department posts valuable tools online.

Useful information on health care topics includes:

- Access to care.
- Behavioral health.
- Care coordination.
- Chronic care management.
- Maternity and obstetrics.
- Patient safety.
- HEDIS tip sheets and guides.

The Plan encourages the use of these tools. They can be used to help patients better understand their health care. These tools also help to improve patient recall, their experience and meet quality of care standards.

Provider library

The online Provider Library allows physicians and other providers to access relevant items in real time. This includes, but is not limited to:

- Operations manuals.
- Updates and letters.
- Forms and references.
- Education, training and other materials.
- Health equity, cultural and linguistic resources.
- Quality Management Program and resources.
- Contacts.

Quality reports

The provider portal allows PPGs to access provider care gaps and report cards. These reports assist in closing care gaps and improving compliance.

Physicians and other providers can also utilize Cozeva®, a web-based reporting and analytics tool, to view patient-level details on gaps in care, upload records, and track measure performance. Contact your assigned Plan representative or sign up today.