**ACCESS TO HEALTHCARE FOR VULNERABLE AND LOW-INCOME COMMUNITIES AT L.A. CARE HEALTH PLAN**

**HIT 674 - Process and Quality Improvement with Health IT**

**University of Maryland Baltimore County**

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**Submitted by: Anh Tran, Mounika Madamanchi, Tejasri Lakkampalli, Srinitha Reddy Cholapalli, Krutika Nayak**

**BACKGROUND**

L.A. Care Health Plan (LACHP) is a not-for-profit organization established in April 1997 that delivers vulnerable and low-income communities and residents in Los Angeles County access to quality health care and enhances safety in the area. LACHP is the largest public health plan and provides care to more than 2.5 million patients with four healthcare plans, including Medi-Cal, L.A. Care Covered™, L.A. Care Cal MediConnect Plan, and the PASC-SEIU Homecare Workers Health Care Plan (L.A. Care Health Plan, 2022).

During 25 years in service, LACHP has promoted health equity and received the National Multicultural Health Care Distinction five times. Furthermore, LACHP supports accountable and responsive healthcare services that will make a difference in the communities and enhance healthcare equity by serving members with respect and competence. The organization also increases members’ participation in healthcare by providing healthcare choices and education. In 2009, LACHP invested $1.5 million to enhance physical access to care, health education to members, and community outreach (L.A. Care Health Plan, 2022).

**PROGRAM GOALS**

LACHP implemented a quality improvement (QI) program for all business lines in 2022 with four strategic directions and twelve goals. In this project, we will focus on four major goals, which are (1) to enhance the quality of care including patient safety and patient satisfaction, (2) to improve health equity, (3) to provide high-quality providers and practitioners, and (4) to promote behavioral healthcare in the cities and communities in Los Angeles County.

**MEASURES ADDRESSED**

To achieve the desired outcomes, LACHP implemented several measures and objectives for each specific goal.

1. Improve the quality of care

LACHP enhances health outcomes and guarantees access to care for all members on time.

**Objectives:**

* LACHP creates, implements, and monitors a QI work plan aligned with its mission, vision, and values with specific goals, program scope, activities, and timeframes. LACHP also reviews and evaluates the progress at the end of the year.
* LACHP maintains its quality improvement structures and procedures in accordance with the industry standards and accreditations (e.g., National Committee for Quality Assurance, Multicultural Healthcare Distinction Certification) and local, state, and federal laws and regulations.
* LACHP uses HEDIS, CAHPS, and Star ratings to establish performance goals to track improvement and award medical professionals and other staff, which will encourage them to participate in QI programs and activities.
* Ensure that decisions about health and finances are taken separately.
* Ensure that members can access and receive medically necessary covered services regardless of their demographic information, mental or physical disabilities, medical conditions, genetic information, or any other characteristic listed in Penal Code 422.56. Additionally, ensure that all covered services are delivered in a cult-free environment.
* Promote cultural and linguistic programs that support quality improvement and health equality interventions, patient safety, health awareness, education initiatives, and patient-centered care by assigning members to appropriate providers based on their cultural, linguistic, and ethnic needs.
* Enhance member health status through the provision of wellness and disease prevention services, programs, and resources by instructing and empowering members to use primary and preventive healthcare services effectively, alter personal health behaviors, achieve and maintain healthier lifestyles, and adhere to self-care routines and treatment therapies for pre-existing medical conditions.

1. Improve health equity:

Enhance and guarantee that all patients receive superior equitable treatment. One strategy to increase health equity is to address health inequalities.

**Objectives:**

* To help clinicians and members and eventually decrease health disparities within LACHP's membership, raise awareness of health equality and implement reinforced, extended, and/or new health equity initiatives that are needed.
* Ensure that there is no implicit bias or racism in the services we offer to members.
* Implement initiatives that address the racism and poverty that our members and their communities experience as sources of injustice.
* Examine the occurrence of sizable healthcare inequities in clinical settings.
* By adopting targeted quality improvement programs, we may lessen health inequalities among our members.
* Promote physician engagement in initiatives addressing health equality, inequities, and equity.
* Perform focus groups or key informant interviews with members of linguistic or cultural minorities to ascertain how best to address their requirements.

1. Provide a network of high-quality providers and practitioners:

Maintain a network of practitioners and providers with the necessary credentials based on the members' language and cultural requirements as well as recognized and enforced standards. By monitoring and recording the performance of LACHP's contracted network through facility site assessments, medical record checks, and HEDIS scores, you may provide continuous quality improvement oversight to the delivery of healthcare inside the LACHP system network.

**Objectives:**

* Establish and maintain policies, practices, criteria, and standards for the initial and continuing credentialing, re-credentialing, and oversight of organizational providers and plan practitioners.
* To satisfy the requirements of the underserved member community, enhance and maintain network adequacy.
* Provide comments on practitioners' compliance with LACHP's performance expectations and educate them about the company's performance standards.
* Utilize health-related indicators, member and provider satisfaction surveys, access and availability surveys, facility site reviews, medical record audits, and analysis of administrative data (such as grievance and appeals data) to track and document the performance of network practitioners in providing access to and availability of quality care.
* Workflows and regulations relating to access and availability of service providers and providers should incorporate NCQA Network Management Standards.
* Establish expectations for continuing network involvement by working with other important external stakeholders to evaluate hospital quality and performance metrics.
* Provide feedback to IPA/PPGs and Practitioners on their performance as well as the performance of the whole network. Systematically gather, filter, identify, assess, and measure information regarding the quality and appropriateness of clinical treatment.

1. Monitor and improve behavioral healthcare:

Coordination of medical and behavioral health treatment should be monitored and improved.

**Objectives:**

* To guarantee the proper use of behavioral health services, continuity, and coordination of medical and behavioral healthcare, work together with behavioral health practitioners and organizations.
* Improve the information sharing between primary care physicians and behavioral health professionals.
* Watch over how well psychopharmacological drugs are being taken and monitored.
* For members with co-existing physical and mental health disorders, manage treatment access and follow-up.
* Encourage the completion of routine screens for depression, anxiety, and drug use disorders, as well as the making of appropriate follow-up recommendations for adult and adolescent members with chronic medical illnesses, as well as for women throughout pregnancy and the postpartum period.
* When substance use disorders are discovered, connect members to treatment.

**REVIEW & DESIGN OF THE PROJECT:**

* The QI Program was established to systematically and objectively track and evaluate the fairness, quality, safety, adequacy, and outcome of member care and services.
* Make sure there is no room for unconscious or explicit bias in any of the services we provide to our members. Raising awareness of health equality and adopting strengthened, expanded, and/or novel health equity initiatives to aid clinicians and members would help reduce health inequalities within LACHP's membership. Supporting Quality Improvement and Health Equity via Culturally and Linguistically Appropriate Patient Safety, Health Awareness, Educational, and Patient Programs Caregiver networks that prioritize patient satisfaction and Facilitating the ongoing enhancement of quality and the enhanced quality performance of suppliers. Make sure that everyone involved in the quality improvement process, including practitioners, providers, and members, has access to the necessary information. In order to identify network hospitals with a history of subpar patient experiences in maternity care, hospital-acquired infections, and other areas, it is important to examine quality and safety indicators related to hospitals in the network. Participating in a network of hospitals, LACHP is able to identify those with poor performance and work with them to develop a strategy for improving their results through collaborative discussion and analysis of relevant data. In order to persistently seek out opportunities for improvement and problem-solving, the QI Program provides instruments for doing so. The QI program takes a population management approach and collaborates with members, providers, the community, and other health plans. It also works in tandem with public health programs at the national, state, and local levels. The QI program's official decision-making framework is outlined in the LACHP QI program, along with the program's stated goals and objectives. This Quality Improvement work plan identifies, groups, and coordinates the activities that will bring about the desired results. The Quality Improvement Program Description describes the methods through which the company employs its resources and analytical assistance to achieve its goals. It also details the reporting structure of the Quality Improvement Department, Quality Improvement Committees, and Quality Improvement Subcommittees, as well as the functional areas that support the program and its roles. These are elaborately explained in the software.

**METHODS**

This program was developed to deliver high-quality healthcare while also identifying opportunities to enhance member safety and satisfaction, equity, care coordination, and population health. The Quality Improvement program ensures that data on safety and clinical care from every segment of the network is consistently gathered and analyzed to spot problems with clinical services, service quality, access to care, and member experience.

Types of information to be reviewed include:

* Population Demographics – Data on enrollee characteristics relevant to health risks or utilization of clinical and non-clinical services, including age, sex, race, ethnicity, language, and disability or functional status.
* Performance Measures – Data on the organization’s performance as reflected in standardized measures, including when possible Local, State, or National data on the performance of comparable organizations (L.A. Care Health Plan, 2022).

LACHP conducts Quality Improvement Projects (QIPs) in compliance with the Department of Health Care Services (DHCS), Covered California, and the Centers for Medicare and Medicaid Services (CMS) requirements. DHCS requires that Medi-Cal plans have two long-term quality improvement projects known as Performance Improvement Projects (PIPs) and assigns rapid cycle quality improvement projects known as Plan Do Study Act cycles (PDSAs) for low-performing measures.

**Performance Improvement Projects (PIPs)**

LACHP conducts at least four state-mandated rapid-cycle PIPs/QIPs; two PIPs for Medi-Cal, one QIP for Covered California, and one QIP for Cal MediConnect. PIPs are initiatives focused on one or more clinical and/or non-clinical areas with the aim of improving health outcomes and beneficiary satisfaction.

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| **Performance Improvement Project** | **Topic** |
| Medi-Cal | State-selected topics and specific area in need of importance |
| Covered California | Measures related to chronic condition management |
| Cal MediConnect (CMC) | Assigned statewide collaborative |

**Performance Improvement Project I & II**

For Medi-Cal, LACHP chooses the first PIP topic from state‐selected topics related to the Medi-Cal Managed Care Program Quality Strategy priority areas. The second Medi-Cal PIP topic is selected from a specific area in need of improvement and requires DHCS approval. PIPs are conducted over a 12 to 18-month period and require the submission of four modules to DHCS.

**Performance Improvement Project III**

LACHP and Covered California together select measures related to chronic condition management to be monitored and improved over the course of several years. LACHP is required to follow the reporting templates for both the data submission and the QIP report.

**Performance Improvement Project IV**

For CMC, the PIP is an assigned statewide collaborative PIP. The PIP must utilize outcome-focused improvement strategies and must be documented and submitted on forms supplied by the EQRO, which differ from the Medi-Cal forms.

**PDSA Model**

**Plan:** LACHP plans to identify Healthcare Effectiveness Data and Information Set (HEDIS) indicators with rates below the Minimum Performance Level (MPL) in any given reporting year. These are submitted to DHCS as a part of Managed Care Accountability Set (MCAS).

**Do:** LACHP completes and submits a PDSA cycle worksheet for each measure with a rate below the MPL and conducts quarterly evaluations of the ongoing rapid-cycle quality improvement interventions.

**Study:** These PDSAs are used to perform small tests of change in real work settings to determine if the change is an improvement.

**Act:** LACHP makes adjustments throughout the improvement process with real-time tracking and evaluation of the interventions. It develops PDSA cycles using Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) objectives.

LACHP is also committed to ensuring patient safety and promoting a supportive environment for network practitioners and other providers to improve patient health outcomes and safety. It also conducts potential quality of care issues reviews and timely resolution of potential service issues that may affect the patient’s health outcome and safety (L.A. Care Health Plan, 2022).

**RESULTS**

Annually, LACHP reviews data, reports, and other performance measures regarding program activities to assess the overall effectiveness of its QI Program. Through this intervention, it has managed to achieve affordable healthcare services to communities with low-income groups. The QI program was effective in identifying opportunities for improvement and enhancing processes and outcomes. Sufficient resources were committed to support committee activities and to complete projects detailed in the work plan. This evaluation includes a review of completed and continuing program activities and audit results; trending of performance data; analysis of the results of QI initiatives including barriers, successes, and challenges; an assessment of the effectiveness of monitoring activities and identifying and acting upon quality and safety of equitable clinical care and service issues (L.A. Care Health Plan, 2022).

LACHP defines significant improvement as a 95% probability that the improvement is real and measures baseline and follow-up rates at defined intervals to measure improvement or decline. It is not expected that a QI project initiated in a given year will achieve improvement in that same year. A significant change can be measured over several years of interventions and measurement.

An evaluation of the overall effectiveness of the QI program including progress toward influencing network-wide safe clinical practices; and the goals and plans for the next year. The annual QI Program Evaluation is presented to the Joint Performance Improvement Collaborative Committee (PICC) & Physician Quality Committee (PQC), Quality Oversight Committee (QOC), and Compliance & Quality Committee (C&Q).

**BARRIERS/CHALLENGES**

A coordinated investigation by the two departments found that, among other things, LACHP had been handling enrollee grievances incorrectly, not processing authorization requests, and not adequately supervising contracted entities regarding timely access.

Immediate action is required due to the scale of LACHP's violations, which have harmed its members.

Investigations revealed a number of operational flaws at LACHP, which have had a significant impact on the health and safety of some of the most vulnerable healthcare consumers in the state. This action is required to safeguard plan members and persuade LACHP to make significant adjustments to the plan's operations.

According to the departments, a September 2020 article in the Los Angeles Times identified multiple county residents who died from their conditions as a result of prolonged treatment delays.

“The scope and breadth of its violations indicate deep-rooted, systemic failures that threaten the health and safety of its members,” even though LACHP cooperated with the department's investigation.

Tens of thousands of instances in which LACHP failed to respond to member complaints in a timely manner had been disclosed. According to the departments, it also had a "significant backlog" of more than 90,000 prior authorization requests that were not processed on time between January 1, 2019, and October 13, 2021.

LACHP did not properly disclose the full extent of its backlogs and previous violations, nor did it fund or staff its utilization management department. It also did not keep up adequate systems for promptly responding to requests for prior authorization.

**KEY STAKEHOLDERS**

Members, all staff and employees, providers, the communities, local, state, and federal public health agencies, as well as health insurance companies, are the key stakeholders in the quality improvement program.

**ROLE OF THE STAKEHOLDERS**

Members play a significant role in the quality improvement project since they can provide feedback on the services provided by LACHP and help to decide whether the organization should make an improvement.

Public advisory committees, board committees, a compliance team, a chief medical officer, a chief operating officer, a chief financial officer, a department of enterprise strategic services, financial and legal stakeholders from human resources, and a product and chief product officer are all members of the team.

Children's health and technical advice are the responsibility of public advisory committees; auditing, compliance, and quality are the responsibility of board committees; finance and budgeting are the responsibility of governance rules.

Utilizing health information technology to organize the hospital, maintain the pharmacy, and manage the health of the population, the chief medical officer is responsible for health education, disease prevention, and treatment. They likewise work to further develop interactions and the nature of the firm.

The payments and enrollment services are overseen by the chief operating officer.

The chief financial officer is in charge of accounts, finances, and actuarial services.

Legal counsel is responsible for managing legal issues and board services.

The Chief of staff is maintaining communications, networking, and data management. (L.A. Care Health Plan, 2022).

**TOOLS USED IN THE PROJECT**

***Staying Healthy Assessment tool***

The Staying Healthy Assessment stipulates that all current members will receive the Individual Health Education Behavior Assessment (IHEBA) at their subsequent non-acute care visits and that the IHEBA will be reviewed at least once a year by the Primary Care Provider (PCP).

Health Risk Evaluations (HRAs) and Annual Wellness Exams (AWE) are two different types of assessments for Medicare participants. To create an Individualized Care Plan (ICP) that properly takes into account each member's particular circumstances and choices, the HRA's primary goal is to directly assess the functional, cognitive, psychosocial, and mental health needs of Medicare members. The goal of the Annual Wellness Exam (AWE) is to obtain a thorough annual health assessment of the member to identify any changes to the member's physical and mental health status and to ensure that timely and appropriate care is provided in accordance with the identified health conditions.

***Readmission Risk tool***

The demographics and health hazards of the covered population are always considered when determining essential performance measures. Key indicators that show discrepancies to target are identified for both the entire population and each subpopulation. These metrics include pieces of information about culture, demographics, and the results of the provision of care or services. All indicators are developed with a sound, exacting measurement approach, which is then used. L.A. Care uses these indicators to proactively spot potential quality problems. Performance information is gathered by L.A. Care from a variety of sources. The data sources may include, but are not limited to, encounters/claims, pharmacy, and lab data through direct, supplemental, or Health Information Exchange (HIE) pathways; results of medical record review or facility site review; other monitoring and audit results; and grievances, appeals, and denial overturns.

***Facility Site Review (FSR) and Medical Record Review (MRR) tools from the Department of Health Care Services (DHCS)***

To comply with contractual requirements for the delivery of primary care within their service regions, all Health Plans are required by state legislation to have sufficient facilities and service site locations available. The ability to provide primary care services in a secure and efficient manner is a requirement for all Primary Care Provider (PCP) locations. DHCS’s FSR and MRR tools and standards must be used by the L.A. Care Facility Site Review Department to conduct initial and subsequent site reviews, which include an FSR and an MRR, to assure compliance. The site evaluation procedure is a component of L.A. Care's quality improvement programs, which emphasize each PCP site's ability to guarantee and support the safe and effective provision of pertinent clinical services are carried out to make sure that all PCP locations under contract have the resources to deliver suitable primary healthcare services and can uphold patient safety standards and procedures.

***Self-assessment tools***

To enhance HEDIS, CAHPS, access to care, auto-assignment, NCQA certification, and member care, L.A. Care's Quality Improvement (QI) Department runs provider pay-for-performance incentive programs. Additionally, they are intended to enhance L.A. Care's administrative data collection from encounters, labs, and other administrative data sources. A highly visible platform, peer-group benchmarking, actionable performance reporting, and value-based revenue connected to quality are all provided through incentive programs, which are used to engage providers in quality improvement initiatives. To encourage cooperation and set shared performance improvement targets for all providers in the L.A. Care network, incentives for doctors, community clinics, PPGs, and Health Plan Partners are coordinated whenever practicable. The Physician PFP Program of L.A. Care, which concentrates on high-volume solo and small-group physicians as well as community clinics, will enter its twelfth year in 2022.

The Physician PFP Program offers practices that serve Medi-Cal members performance reporting, financial incentives, and the chance to earn sizable profits above capitation. Annual incentive payments are given to qualified doctors and clinics for their exceptional performance and progress on several HEDIS indicators. For the next Physician P4P program years, L.A. Care is considering adding new domains and metrics relating to Utilization Management and Member Experience, which are currently being examined for program fit. The use of the California Immunization Registry (CAIR) and other metrics pertaining to medical record request compliance are also being investigated. By fostering the growth of a strong network of effective PPGs, the Value Initiative for IPA Performance (VIIP) seeks to raise the standard of care for L.A. Care subscribers.

**RETURN ON INVESTMENT**

Since the quality improvement program launched for the year 2022, there is no calculation for return on investment (ROI) by LACHP. However, we believe the QI program will benefit LACHP in the long run and support its mission, vision, and values regarding access to care, health equity, and providing quality services to the communities. Besides, we have developed the steps to calculate ROI for this program.

***Step 1: Determine the value of the quality improvement program***

Since LACHP has been performing a quality improvement program every year, the project will not bring significant value or difference within a year. We can determine the value based on the fair market value of a similar project or compare the net profits at the end of each year.

***Step 2: Determine the cost of the quality improvement program***

The possible expenditures for the program are training programs for all staff and employees, education program costs for members, compliance auditing fees, contracts review and renewal fees, health equity certifications and other accreditations fees, fundraising and grant applications costs, and other direct expenses (e.g., materials, systems, labors) from the QI program.

***Step 3: Use the return on investment (ROI) calculation***

Beattie (2022) indicated the following formulas to calculate the return on investment for businesses:

We can get the net return on investment by identifying the initial value and final value of the investment then subtracting the initial value from the final value.

***Step 4: Evaluate the results***

After calculating the ROI, if we receive a positive result, it means the program’s revenue exceeds expenses. We can either maintain the current procedures or create more improvements. A negative ROI pointed out that the program’s earnings cannot cover the costs. We will need to identify the causes by reviewing and finding the differences in revenues and expenses from year to year. We also need to evaluate the goals to see if they are achievable. After that, we determine whether we should continue the program and develop new strategies and desired outcomes. Besides, we can also compare it to other organizations’ ROIs, if applicable, to figure out new opportunities to improve the program.

**CONCLUSIONS**

L.A. Care Health Plan provides access to quality care and services for the vulnerable and low-income communities in Los Angeles County. The organization performs an annual quality improvement program with an evaluation at the end of each year to ensure that all members are receiving quality healthcare services on time based on their needs and promote health equity in the communities. Besides, LACHP uses various tools to track progress, evaluate results, and identify problems and new opportunities. In conclusion, the quality improvement program assists LACHP in delivering high-quality healthcare services to its members and communities and finding new opportunities or solutions to their current problems.

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