Quality Improvement Webinar for PPGs
L.A. Care Covered

Updates to Quality Improvement

September 21, 2016
# Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Intro</td>
<td>Matt Emons</td>
</tr>
<tr>
<td>Quality Improvement Strategy</td>
<td></td>
</tr>
<tr>
<td>Selected HEDIS 2016 Results</td>
<td>Grace Crofton</td>
</tr>
<tr>
<td>HEDIS Resources and Data Submission Timetable</td>
<td></td>
</tr>
<tr>
<td>Provider Opportunity Reports</td>
<td>Henock Solomon</td>
</tr>
<tr>
<td>2016 QHP Enrollee Experience Survey</td>
<td>Asal Sepassi</td>
</tr>
<tr>
<td>New QI Measures Key QI Interventions 2016</td>
<td></td>
</tr>
<tr>
<td>TOC: Reducing Hospital Readmissions</td>
<td>Matt Emons</td>
</tr>
<tr>
<td>Contact Information</td>
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</tr>
<tr>
<td>Questions/Answers via Webinar</td>
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</tbody>
</table>
Welcome and Introductions

• Welcome
• This webinar is being recorded for future reference
• Attendance by PPG will be noted via log-in
• You will receive a copy of the PowerPoint
• Email notification regarding your PPG identifier on the graphs was sent prior (also see contact information at the end)
• Questions will be managed through the Q&A function (to be answered at the end of the webinar)
• Please send a message to the presenter if you cannot hear or cannot see the slides
Quality Improvement Strategy (QIS)

- Covered California has set an aggressive strategy for quality improvement to transform healthcare delivery

- Key areas of focus:
  - Reduction in health disparities
  - Promote Effective Care Models
  - Integrated Health Models/ACOs
  - Move towards value-based purchasing
  - Introduction of new quality measures
    - Reporting of Network Hospital Quality Data
    - Potentially Preventable Hospitalizations related to chronic diseases
  - Increase participation in quality initiatives such as the following:
    - CalSIM Maternity Initiative and CMQCC
    - CMS Partnership for Patients
    - Data Aggregation Across Health Plans
    - IHA
HEDIS 2016 - Background

- Publicly reported in HEDIS 2016
  - Improvement on 8 measures
  - Declines on 6 measures
- Small denominators were a challenge for some measures
- Most measures will not report well at the PPG/PPG level
  - Nearly 70% of our membership is covered under PPGs that report commercial data publically through IHA
  - In discussions with IHA to explore how we could participate and incentivize groups to self-report data and include LACC
  - A small increase in the number of reporting groups could easily increase to over 80% of membership in groups with reported data
- Currently compiling data to report the following LACC and Medi-Cal results by gender and race/ethnicity to Covered California:
  - CDC: HbA1c Control <8.0%
  - CBP
  - AMR
  - AMM
Selected HEDIS Results

Grace Kim Crofton, MPH
Director, Quality Performance Management
HEDIS 2016 LACC Results: Performance Improvement in 8 Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>H2015</th>
<th>H2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBP</td>
<td>45.8%</td>
<td>49.6%</td>
</tr>
<tr>
<td>CCS</td>
<td>24.8%</td>
<td>34.6%</td>
</tr>
<tr>
<td>CDC_EyeExam</td>
<td>29.3%</td>
<td>39.3%</td>
</tr>
<tr>
<td>CDC_AdequateControl</td>
<td>30.4%</td>
<td>39.3%</td>
</tr>
<tr>
<td>CDC_Nephropathy</td>
<td></td>
<td>82.3%</td>
</tr>
<tr>
<td>WCC_BMI</td>
<td>43.6%</td>
<td>48.4%</td>
</tr>
<tr>
<td>WCC_Nutrition</td>
<td>35.9%</td>
<td>52.6%</td>
</tr>
<tr>
<td>WCC_PhysicalActivity</td>
<td>25.6%</td>
<td>44.2%</td>
</tr>
</tbody>
</table>
HEDIS 2016 LACC Results: Performance Decline in 6 Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC_HBA1C</td>
<td>87.8%</td>
<td>86.9%</td>
</tr>
<tr>
<td>CHL</td>
<td>48.4%</td>
<td>46.7%</td>
</tr>
<tr>
<td>IET_Engagement</td>
<td>2.7%</td>
<td>6.7%</td>
</tr>
<tr>
<td>IET_Initiation</td>
<td>37.8%</td>
<td>66.7%</td>
</tr>
<tr>
<td>MPM_ACEorARB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPM_Diuretics</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L.A. Care QI Webinar | 8
HEDIS Resources and Data Submission Timetable

Grace Kim Crofton, MPH
Director, Quality Performance Management
# Data Submission Timetable

**Data Submission Timetable:**

<table>
<thead>
<tr>
<th>Date Due</th>
<th>Files - refer to “Direct Submission Guidelines”</th>
<th>Dates of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/30/2016</td>
<td>• Visits (claims/encounters)</td>
<td>Include services rendered 1/1/2013 through 9/15/2016 (to date)</td>
</tr>
<tr>
<td></td>
<td>• Lab service dates and RESULTS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vision (if in-house)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pharmacy (if in-house)</td>
<td></td>
</tr>
<tr>
<td>11/30/2016</td>
<td>• Visits (claims/encounters)</td>
<td>1/1/2014 – 11/15/2016 (to date)</td>
</tr>
<tr>
<td></td>
<td>• Lab service dates and RESULTS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vision (if in-house)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pharmacy (if in-house)</td>
<td></td>
</tr>
<tr>
<td>1/7/2017</td>
<td>• Visits (claims/encounters)</td>
<td>1/1/2015 – 12/31/2016 (to date)</td>
</tr>
<tr>
<td></td>
<td>• Lab service dates and RESULTS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vision (if in-house)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pharmacy (if in-house)</td>
<td></td>
</tr>
<tr>
<td>3/15/2017</td>
<td>• Visits (claims/encounters)</td>
<td>1/1/2015 – 2/28/2017 (to date)</td>
</tr>
<tr>
<td></td>
<td>• Lab service dates and RESULTS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vision (if in-house)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pharmacy (if in-house)</td>
<td></td>
</tr>
<tr>
<td>4/30/2017</td>
<td>• Visits (claims/encounters)</td>
<td>1/1/2014 – 4/15/2017 (to date)</td>
</tr>
<tr>
<td></td>
<td>• Lab service dates and RESULTS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vision (if in-house)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pharmacy (if in-house)</td>
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</tr>
</tbody>
</table>
HEDIS Resources

http://www.lacare.org/providers/provider-resources/hedis-resources

- Videos:
  - 6 Steps to HEDIS Success
  - HEDIS Made Easy
- HEDIS 2016 Handout & Office Manager’s Guide
- HEDIS-at-a Glance
- CCS Algorithm
- Site visits by PQIL Nurses and HEDIS team – commenced July 2016

Coming soon!
- CPT2 Tip Sheet
- HEDIS Tip Sheet for Hospital Care
- HEDIS 2017 Updates and Value Set
Provider Opportunity Report

Henock Solomon, MPH
Manager, Incentives
Provider Opportunity Report

- We were unable to include LACC in the July run of the POR
- Will include LACC for: September, November, February (2017) releases
- How to get gaps in care lists
  - Log on to L.A. Care’s Provider Portal at: https://external.lacare.org/provportal/ and visit the “Reports” section OR Email Incentive_Ops@lacare.org
- For virtually all measures, the POR can be used:
  - To monitor progress during the year (and compare to year prior)
  - To check for missed data capture, particularly later in the year
- For most measures, the POR is effective for member outreach
# Provider Opportunity Report Measures

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CIS-3</strong></td>
<td>Childhood Immunization Status - Combo 3</td>
</tr>
<tr>
<td><strong>W34</strong></td>
<td>Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life</td>
</tr>
<tr>
<td><strong>AWC</strong></td>
<td>Adolescent Well-Care Visits</td>
</tr>
<tr>
<td><strong>IMA-1</strong></td>
<td>Immunizations for Adolescents - Combo 1</td>
</tr>
<tr>
<td><strong>CCS</strong></td>
<td>Cervical Cancer Screening</td>
</tr>
<tr>
<td><strong>BCS</strong></td>
<td>Breast Cancer Screening</td>
</tr>
<tr>
<td><strong>CHL</strong></td>
<td>Chlamydia Screening in Women</td>
</tr>
<tr>
<td><strong>COL</strong></td>
<td>Colorectal Cancer Screening</td>
</tr>
<tr>
<td><strong>PPC</strong></td>
<td>Timeliness of Prenatal Care - Postpartum Care</td>
</tr>
<tr>
<td><strong>CDC</strong></td>
<td>Comprehensive Diabetes Care: -HbA1c Screening - HbA1c Control (&lt;8.0%) - Eye Exams - Medical Attention for Nephropathy</td>
</tr>
<tr>
<td><strong>AAB</strong></td>
<td>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</td>
</tr>
<tr>
<td><strong>CWP</strong></td>
<td>Appropriate Testing for Children with Pharyngitis</td>
</tr>
<tr>
<td><strong>MPM</strong></td>
<td>Annual Monitoring for Patients on Persistent Medications: - ACE Inhibitors or ARBs - Digoxin - Diuretics - Total Rate</td>
</tr>
<tr>
<td><strong>AMM</strong></td>
<td>Antidepressant Medical Management: - Acute Phase - Continuation Phase</td>
</tr>
<tr>
<td><strong>MMA</strong></td>
<td>Medication Management for People with Asthma: - 50% of Treatment Period - 75% of Treatment Period</td>
</tr>
</tbody>
</table>
Caveats for the Provider Opportunity Report

- Interpret the data in the context of the time lag for claims/encounters, lab data, and CAIR uploads
- Due to timing issues, the POR is less effective for member outreach for several measures*:

<table>
<thead>
<tr>
<th>HEDIS Measure</th>
<th>Factors Impacting Member Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIS-3 Childhood Immunization – Combo 3</td>
<td>• For children turning 2 during the calendar year, it is usually too late to catch up if they fell behind during the first 12 months</td>
</tr>
<tr>
<td>PPC Prenatal and Postpartum Care – Timeliness of Prenatal Care</td>
<td>• Index date is delivery, when prenatal care is complete</td>
</tr>
<tr>
<td>PPC Prenatal and Postpartum Care – Postpartum Care</td>
<td>• Claim/encounter lag time precludes timely identification for action</td>
</tr>
<tr>
<td>AAB Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</td>
<td>• Index date is acute episode, so treatment is historical</td>
</tr>
<tr>
<td>CWP Appropriate Testing for Children with Pharyngitis</td>
<td>• Index date is acute episode, so testing/treatment is historical</td>
</tr>
<tr>
<td>AMM Antidepressant Medication Management - Effective Acute Phase</td>
<td>• Measure timeframe is May 1 of prior year through April 30 of measurement year</td>
</tr>
<tr>
<td></td>
<td>• Index date is earliest dispensing event and a depression diagnosis, thus claim/encounter lag precludes timely intervention to impact adherence during initial 12 weeks</td>
</tr>
</tbody>
</table>

* Consider alternate methods to identify gaps and outreach to members for these measures
2016 QHP Enrollee Experience Survey

Asal Sepassi, MD
Director, Quality Improvement
2016 QHP Enrollee Experience Survey: Overall/Global

2016 QHP Enrollee Experience Survey: Overall Ratings and Global Measure

- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist
- Rating of Health Plan
- Global Measure: Recommend to Friends and Family

LACC Average vs National Average
2016 QHP Enrollee Experience Survey: Composites

2016 QHP Enrollee Experience Survey: Composite Measures

- Getting Needed Care Quickly: LACC 88.6%, National 89.5%
- Getting Needed Care: LACC 60.4%, National 69.1%
- Getting Information in a Needed Language or Format: LACC 80.8%, National 83.5%
- How Well Doctors Communicate: LACC 77.0%, National 77.1%
- How Well Doctors Coordinate Care and Keep Patients Informed: LACC 77.2%, National 79.0%
- Getting Information About the Health Plan and Costs of Care: LACC 76.4%, National 78.6%
- Health Plan Customer Service: 76.4%
- Enrollee Experience with Cost: 79.0%

LACC Average vs. National Average
Opportunity #1: Getting Routine Care Quickly

Getting Care Quickly Composite: Routine Care or Check-ups Within Past 6 Months

Below National Average

- Never or Sometimes: LACC 32%, National Average 22%
- Usually: LACC 24%, National Average 26%
- Always: LACC 44%, National Average 52%
Opportunity #2: Easy to Get Care or Treatment

Getting Needed Care: Easy to Get Care, Tests or Treatment Needed in Last 6 Months

Below National Average

Never or Sometimes
- LACC: 23%
- National Average: 14%

Usually
- LACC: 46%
- National Average: 55%

Always
- LACC: 30%
- National Average: 46%
Action Items for Member Experience

• Manage member expectations regarding the referral process and appointment availability

• Adhere to appointment access standards:
  – Routine preventive health exam: ≤10 business days of request, not to exceed 30 calendar days
  – Routine primary care (non-urgent): ≤10 calendar days of request

• Avoid contributing to or reinforcing a member’s negative perception of the Health Plan
New QI Measures and Key Interventions

Matthew Emons, MD, MBA
Medical Director, Quality Improvement
New QI Measures for Covered California

- Health Disparities for HbA1c Control, CBP, AMR and AMM mentioned
- Hospitalization for Potentially Preventable Complications (ambulatory care sensitive conditions)
  - Modeled after New Medicare HEDIS measure HPC and AHRQ PQI measures
  - To be reported by gender and race/ethnicity
    - Admission rates for Diabetes Short-term Complications
    - Admission rates for Diabetes Long-term Complications
    - Admission rates for Hypertension
    - Admission rates for Asthma in Older Adults
    - Admission rates for Asthma among Children and Younger Adults
- Additional measures to be added for contract year 2018
New QI Measures for Network Hospitals

In collaboration with CalPERS, CA Hospital Association, and all the QHPs, Covered CA will collect and share data for network hospitals:

- NTSV C-Section Rates
- Network OB Hospitals Meeting CalSIM NTSV C-Section goal
- Network OB Hospitals participation in CMQCC
- Infection Control Measures
  - CAUTI Standardized Infection Ratio (SIR)
  - Urinary Catheter Utilization Ratio
  - CLABSI SIR
  - Central Line Utilization Ratio
  - *Clostridium difficile* SIR
  - SSI-Colon SIR
  - MRSA BSI SIR

By 2019, Health Plans will need to either remove under-performing hospitals from the network or justify keeping them in the network.
Network Hospital NTSV C-Section Rates

- CMQCC Goal: 23.9% of NTSV births
- Average NTSV C-Section Rate (2014) for LACC-contracted hospitals: 21.6%, but some outliers noted
- 40% of OB network hospitals are contributing data through CMQCC
Hospital QI Workgroup to be Established

Call to Action:

• Increase awareness of appropriate C-sections with hospitals and network OB-GYNs
  – Know your maternity hospital NTSV rate and engage OB groups in outlier hospitals
  – Promote L.A. Care adopted guideline “Safe Prevention of the Primary Cesarean Delivery” (ACOG)
  – Encourage participation in CMQCC and use of their tools

• Increase awareness of infection control and antibiotic stewardship in the hospital setting

• We are seeking physician participants with experience in a hospital setting
  – Please let us know if you have contacts to share
  – Peer review experience and interest in QI helpful
    • Hospitalists
    • ER physicians
    • OB/GYN
    • Infectious Disease
    • Other
Pediatric and Adolescent Interventions

• Chlamydia Screening:
  – Educational mailing to parents of 16-17 year olds
  – Educational mailing for 18-24 years: “Protect Yourself - Get Tested”
  – Targeted social media campaign for 18-24 years of age using demographics: initial response encouraging

• Promote AWARE Guidelines and PCP fax blasts for responsible use of antibiotics and strep screening for children
  – Work with outlier PCPs or clinics
CCS Interventions for PPGs: CCS Algorithm

- Designed for Practitioners and office staff, particularly PCP sites
- Focus is on normal risk
- Complexity of current schedule creates challenges
- By Federal law, State regulations and L.A. Care policies, women can access network OB/GYNs without a referral

For a complete understanding, please refer to the algorithm diagram and the references provided.
For Cervical Cancer Screening
You Have a Choice!

<table>
<thead>
<tr>
<th>Locations available for screening</th>
<th>OS</th>
</tr>
</thead>
</table>
| □ Any PCP in this practice can perform Pap Tests | □ You can make an appointment with any of the following OB/GYN doctors.
| □ Only the following PCPs in this office perform Pap tests: | No referral is needed. |
| Fillable field for PCP name | Fillable field for OB/GYN name/phone |
| Fillable field for PCP name | Fillable field for OB/GYN name/phone |
| Fillable field for PCP name | Fillable field for OB/GYN name/phone |
| Fillable field for PCP name | Fillable field for OB/GYN name/phone |
| Fillable field for PCP name | Fillable field for OB/GYN name/phone |
| Fillable field for PCP name | Fillable field for OB/GYN name/phone |
| Fillable field for PCP name | Fillable field for OB/GYN name/phone |
| Fillable field for PCP name | Fillable field for OB/GYN name/phone |
| Fillable field for PCP name | Fillable field for OB/GYN name/phone |

Women ages 21 - 64:
- Need a Pap Test every 3 years

Women ages 30 - 64:
- Can get tested every 5 years if you get both a Pap Test and HPV test

Most women over age 65 do not need screening.

- Help women keep track of recommended cervical cancer screenings
- Reinforce their choice of PCP-based or OB/GYN-based screening, including how to contact OB/GYN providers in your network
- Ensure that OB/GYN offices understand open access policy
- Same holds for Prenatal Care
- Letter to OB/GYNs drafted

Letter to OB/GYNs drafted
Additional Adult HEDIS Interventions

- L.A. Care Robocalls for BCS, CCS, and COL
- Member mailer for CCS
- Member mailer in collaboration with ACS for Colorectal Cancer Screening

Call to Action:

- Remove member from referral auth process for preventive services
- Promote partnership with imaging centers
- Collaborate with gastroenterologists if member opts for colonoscopy
- Promote AWARE Guidelines for responsible use of antibiotics and strep screening for adults
Transition of Care: Reducing Readmissions

Matthew Emons, MD, MBA
Medical Director, Quality Improvement
Transition of Care: Reducing Readmissions

<table>
<thead>
<tr>
<th>Age</th>
<th>Count of Index Stays (Denominator)</th>
<th>Count of 30-Day Readmissions (Numerator)</th>
<th>Observed Readmission (Num/Den)</th>
<th>Average Adjusted Probability</th>
<th>Total Variance</th>
<th>Observed-to-Expected Ratio (Observed Readmission/Average Adjusted Probability)</th>
<th>Lower Confidence Interval (Observed-to-Expected Ratio)</th>
<th>Upper Confidence Interval (Observed-to-Expected Ratio)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-44</td>
<td>42</td>
<td>2</td>
<td>4.8%</td>
<td>0.14</td>
<td>4.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-54</td>
<td>34</td>
<td>3</td>
<td>8.8%</td>
<td>0.08</td>
<td>2.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>50</td>
<td>4</td>
<td>8.0%</td>
<td>0.13</td>
<td>4.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>9</td>
<td>7.1%</td>
<td>0.12</td>
<td>10.8</td>
<td>0.59</td>
<td>0.17</td>
<td>1.02</td>
</tr>
</tbody>
</table>

Call to Action:

- Assess readmission risk early in hospitalization
- Medication reconciliation
- Focus intense coordination of care efforts on higher risk patients
- Facilitate timely transfer of key discharge documents to receiving physician(s)
- Track readmission rates for quality improvement efforts
- Attend CME Program this fall (see flyer)
Earn 6 CME/CE Credits!

Transition of Care Conference

Hosted by:
L.A. Care and Health Services Advisory Group

Topics for this conference:
- Care Transition from Community Approach
- Communication between Providers
- Role of Medication Management in Care Transition
- Patient Centered Medical Home
- Population Management
- Care Coordination Community Coalitions

Date:
Saturday, November 5, 2016

Agenda:
Registration & Breakfast: 7:30 AM – 8:30 AM
Program & Lunch: 8:30 AM – 4:00 PM

Location:
Almansor Court
Lakeview Room
700 South Almansor Street
Alhambra, CA 91801

RSVP by November 1st

Register Online: https://Nov52016cmeconf.eventbrite.com  Or http://events.constantcontact.com/register/event?llr=rgrv4fxab&oeidk=a07ed2yp5ad9d0f490d

Open to MDs, DOs, PAs, NPs, RNs, LCSWs

L.A. Care Health Plan is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. L.A. Care Health Plan designates this live educational activity for a maximum of 4 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

L.A. Care Health Plan takes responsibility for the content, quality and scientific integrity of this CME/CE live activity.

L.A. Care Health Plan is an approved Continuing Education Provider by the California Board of Registered Nursing (CEP13731). This program is approved for 6 contact hours.

L.A. Care Health Plan is an approved provider of continuing education credits by the California Board of Behavioral Sciences (provider PCE503). This program is approved for 6 contact hours.
<table>
<thead>
<tr>
<th>Department</th>
<th>What do we do?</th>
<th>FAQs this team could help you with</th>
</tr>
</thead>
</table>
| HEDIS Operations                 | Submits to NCQA the overall performance measurement rates to all reporting entities.                                                                                                                                                                        | • What are the specifications for HEDIS Measures?  
• What is Supplemental data and how do we submit?  
• Where can I get sources for HEDIS info?  
• How do I get access to HEDIS related codes?                                                                                                                                  |
| HedisOps@lacare.org              |                                                                                                                                                                                                             |                                                                                                                                                                                                                               |
| Quality Improvement (QI)         | Operates L.A. Care’s incentive and pay-for-performance (P4P) programs that include:  
• L.A. Care P4P for PPGs  
• Physician P4P  
• Member Incentives  
• Provider Opportunity Reports                                                                                                                                               | • How do clinics and solo PCPs qualify for Physician P4P?  
• How are PPGs, clinics, and physicians measured in the P4P programs?  
• When are LA P4P and Physician P4P payments made?  
• Request for member level details from PORs                                                                                                                                  |
| Incentive_Ops@lacare.org         |                                                                                                                                                                                                             |                                                                                                                                                                                                                               |
| Quality Improvement (QI)         | Develops and implements interventions to improve preventive health screenings and treatment of chronic conditions.                                                                                                                                  | • What best practices can improve HEDIS scores?  
• What member and/or provider initiatives is L.A. Care implementing?  
• How can I partner with L.A. Care on initiatives?  
• What are L.A. Care’s clinical practice guidelines and preventive health guidelines?                                                                                          |
| Clinical Initiatives             |                                                                                                                                                                                                             |                                                                                                                                                                                                                               |
| Quality@lacare.org               |                                                                                                                                                                                                             |                                                                                                                                                                                                                               |
| Potential Quality Issues (PQI)   | Investigate submitted PQIs and prepare them for Medical Director review and referral to Peer Review, if indicated.                                                                                                                                    | • How do I submit a PQI to L.A. Care?                                                                                                                                                                                          |
Questions/Discussion

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Medical Director, Quality Improvement