

# SACRAMENTO HEALTH AUTHORITY DHCS QUALITY STRATEGY

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# DHCS Quality Strategy

## Overall Goals

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### QUALITY STRATEGY GOALS

Engaging members as owners of their own care

Keeping families and communities healthy via prevention

Providing early interventions for rising risk and patient-centered chronic disease management

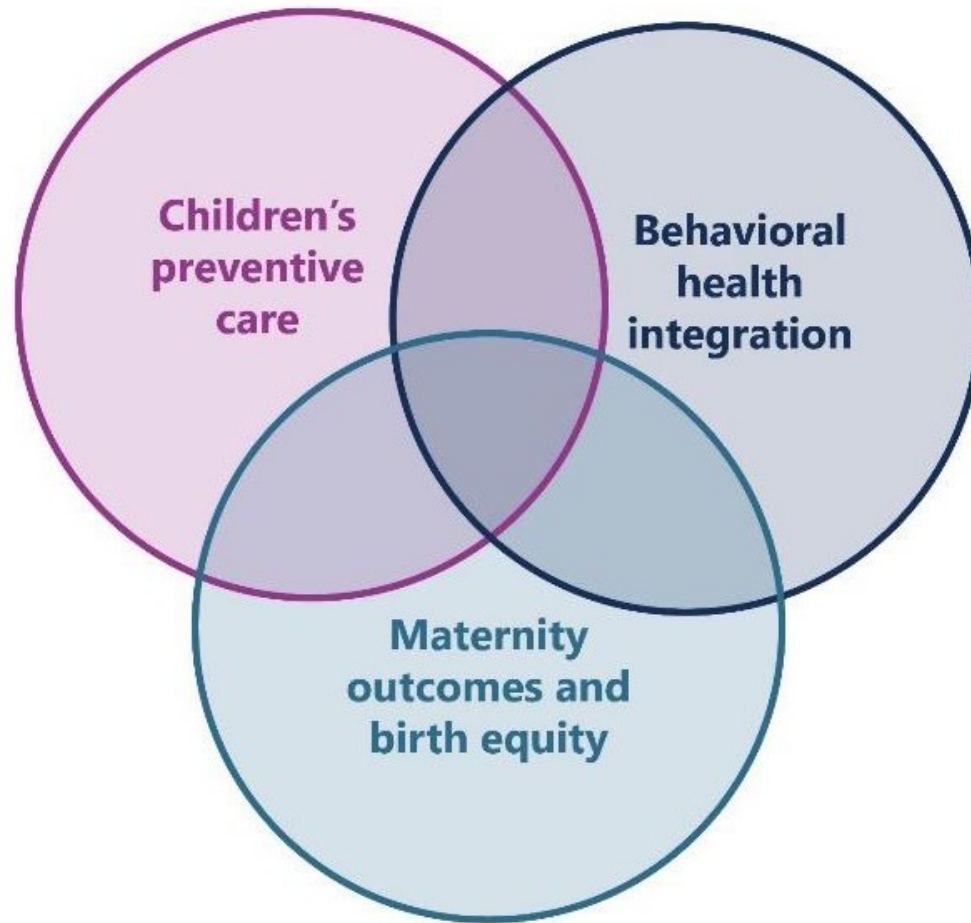
Providing whole person care for high-risk populations, addressing drivers of health

### QUALITY STRATEGY GUIDING PRINCIPLES

- » Eliminating health disparities through anti-racism and community-based partnerships
- » Data-driven improvements that address the whole person
- » Transparency, accountability, and member involvement

# Core Areas of Focus

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# Specific Goals

## **BOLD GOALS: 50x2025**

**STATE LEVEL**



Close racial/ethnic disparities in well-child visits and immunizations by 50%



Close maternity care disparity for Black and Native American persons by 50%



Improve maternal and adolescent depression screening by 50%



Improve follow up after emergency department visit for mental health or substance use disorder by 50%

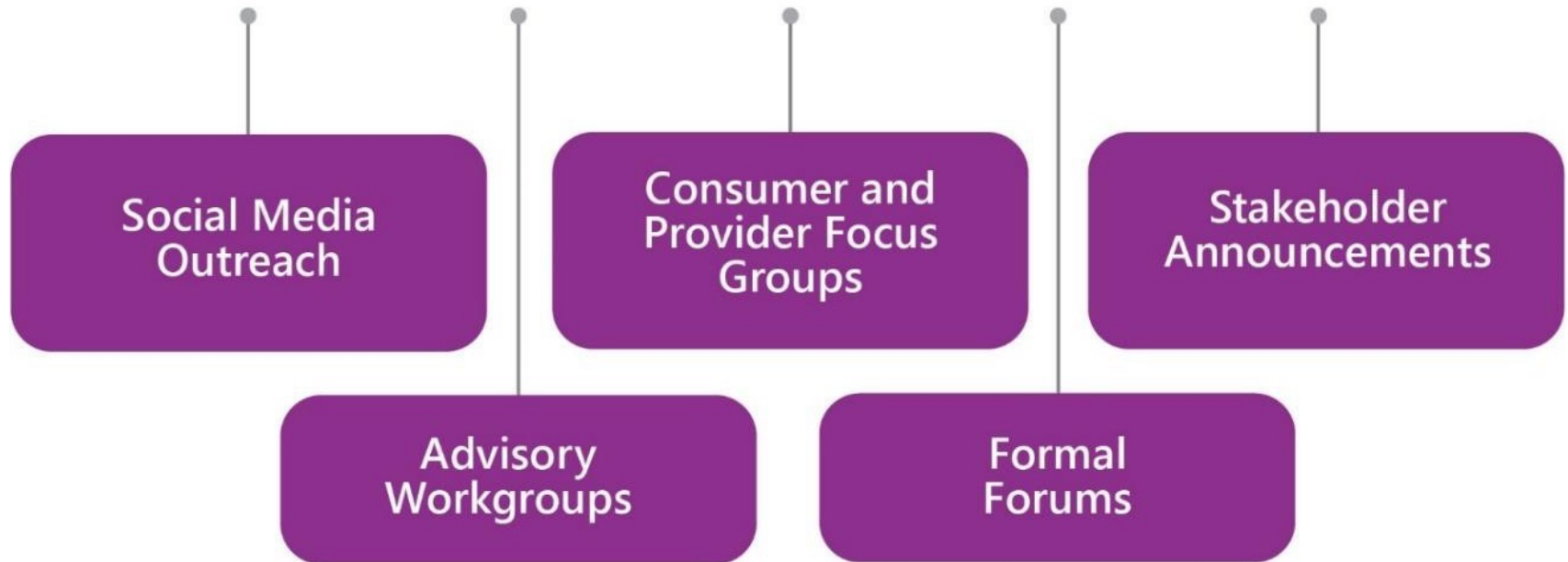


Ensure all health plans exceed the 50th percentile for all children's preventive care measures

# Input to Quality Strategy

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## STAKEHOLDER ENGAGEMENT



# Quality Measures

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- Health Plans are reporting 39 quality measures to DHCS for Measurement Year 2022
- 15 Measures have required national 50<sup>th</sup> percentile benchmarks that plans must meet
  - ▣ This requirement is for all plans for all 15 measures
- Over time, more measures will have defined Minimum Performance Levels (MPLs) with accountability
- Here is the link for the 2022 MY set:  
<https://www.dhcs.ca.gov/Documents/MCQMD/MY2022-2-RY2023-MCAS.pdf>

# Value Based Purchasing

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Starting in 2024, DHCS will begin exploring models of value-based purchasing to leverage in the future, better understanding APM models that plans use with provider networks and establishing a framework to guide these relationships. DHCS will also explore how to strengthen primary care investment and engagement in its managed care contracts, considering minimum primary care spending targets and advanced primary care metrics.



# Oversight and Sanctions

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- DHCS has and will sanction plans for quality issues
  - ▣ 2018- two plans financially sanctioned for quality
  - ▣ 2018- five plans under quality CAPs
  - ▣ 2019- four additional plans under quality CAPs
  - ▣ 2019- five plans financially sanctioned for data quality issues
- For HEDIS Measurement Year 2021 /RY 2022 DHCS will implement CAPS and/or sanctions for plans under national 50<sup>th</sup> percentile for specific measures
- Plans can be required to increase their community investment amount (an additional 7.5% of net surplus) with quality deficiencies



# Key TakeAways

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- Major focus on quality with input from advocates, the legislature and other stakeholders
  - ▣ Significant emphasis on children's health with it being one of three focus areas and a new contract section including requirements down to the provider level
- Bold goals by 2025 including all health plans achieving 50<sup>th</sup> percentile for all child preventive measures
  - ▣ Depending on MY year used, this can be a moving target
- Significant focus on reducing health disparities- given experience with COVID, this is challenging but necessary

# The New Environment

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- DHCS highly focused on quality outcomes
- Plans will be expected to achieve standards and goals
  - ▣ CAPs and sanctions will happen
  - ▣ More public reporting
  - ▣ Plans may pass through financial sanctions to delegates
  - ▣ Good news- potentially better focused and more robust pay for performance programs

# Role of Health Authority

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- Review and comment on plan QIHEP
  - ▣ Plans could submit to Authority prior to submission to DHCS, Commission to review and comment back to plan
- Review of quality results by plan
  - ▣ Plans could submit interim quality results quarterly to Authority on key measures so progress can be monitored
  - ▣ Commission reviews results and could request action plans for lagging measures
  - ▣ Commission provides input to interventions or strategies to improve quality results-community input required by DHCS

# Role of Health Authority

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- Plans will be required to invest a minimum of 5-7.5% of net surplus for community services/activities. If quality results are inadequate plans may be required to invest an additional 7.5%
- DHCS will require input from the community
- Authority could provide input prior to the plans finalizing their community investment strategies and their submission to DHCS
- Input should be based on review of the plans Population Needs Assessment and input from providers, plan members and the community

# Role of Health Authority

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- Plans could notify Authority of requests for quality related Corrective Action Plans or sanctions from the state (DMHC or DHCS)
  - ▣ Commission could review plans proposed responses and provide input to the plans if inadequate or missing key components
- Summary.....the Authority could play an active and engaged role regarding the quality of care provided to Sacramento Medi-Cal members through active engagement and input to contracted health plans