



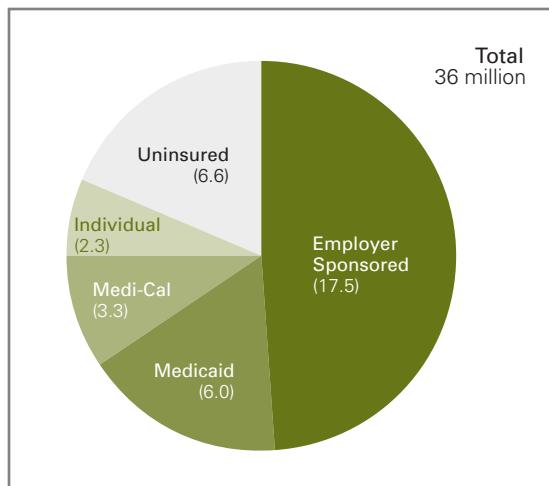
California Performance Measurement and Health IT Landscape

CALIFORNIA HAS BEEN A LEADER IN advancing performance measurement, public reporting and information technology initiatives at every level of health care delivery: plan, hospital, medical group and physician. These accountability and information exchange efforts reflect broad consensus-driven collaborations among key stakeholders. The California marketplace has a high penetration of HMO managed care enrollment and a significant portion of the population that receive health care services through integrated medical groups. This has presented unique opportunities for collaboration and alignment of financial and performance incentives. Table 1 on the following page summarizes major performance measurement programs and the types of services that are assessed.

California is a unique “market” not only because of the high degree of integrated delivery, but also because of its size and diversity. Even within the state, the organization of health care delivery varies considerably in the north and south, and in urban and rural areas. There is also significant variation in the quality and efficiency of health care services. California is geographically and ethnically diverse, representing approximately twelve percent of the U.S. population. Figure 1 shows the insurance coverage breakdown of California’s 36 million residents.

This overview highlights major statewide measurement, reporting and IT initiatives, along

Figure 1. Insurance Coverage of CA Residents, in millions



with their sponsoring organizations. Leading public and private purchasers in the Pacific Business Group on Health have helped catalyze many of these performance measurement initiatives through their efforts to promote value-purchasing and quality improvement. California’s health plans and major provider organizations have also been actively involved in starting and participating in an array of collaborative initiatives. The high penetration of Medicare Advantage programs has also contributed to an active role by the Centers for Medicare and Medicaid Services Region IX. The California HealthCare Foundation has provided the funding support to foster many of the performance improvement efforts that are now incorporated by both public and private agencies.

In addition, California has an array of quality improvement initiatives which are not

OVERVIEW

described in this Landscape summary. Regional and statewide stakeholders are advancing performance measurement and improvement in local initiatives. The statewide IT initiatives are augmented by a number of regional pilots that seek to build a health IT infrastructure. Other groups, participate actively in these issues — such as AARP, Health Access, Health Rights Hotline, the Latino Issue Forum and many more — representing the perspective of consumers in these efforts. California also has a wealth of academic and research entities, including the University of California, RAND and Stanford University, that are helping to refine the measurement landscape.

Table 1. CA Performance Measurement Programs

HEALTH PLAN

- California Cooperative Healthcare Reporting Initiative
- California Department of Health Services Medi-Cal Managed Care Division
- California Department of Managed Health Care
- Pacific Business Group on Health (eValue8)

HOSPITAL

- California Hospital Assessment and Reporting Taskforce (quality and patient experience)
- CalPERS-PBGH Hospital Value Initiative (efficiency)
- HHS/CMS — Hospital Quality Initiative
- Leapfrog
- Office of Statewide Health Planning and Development

MEDICAL GROUP

- California Cooperative Healthcare Reporting Initiative (patient experience)
- California Department of Managed Care
- Integrated Healthcare Association — Pay for Performance Program (clinical process and outcomes, HIT adoption)

PHYSICIAN

- California CCHRI-AQA Pilot
- California Cooperative Healthcare Reporting Initiative (doctor-level patient experience)
- Pacific Business Group on Health (efficiency)

Table 2. Performance Measurement and Information Technology Initiatives

The following describes major statewide measurement and reporting initiatives that foster stakeholder collaboration to achieve accountability, performance transparency, alignment of incentives and health care IT adoption.

BREAKTHROUGHS IN CHRONIC CARE PROGRAM



Diane Stewart
Project Director
www.breakthroughcare.org

The Breakthroughs in Chronic Care Program (BCCP), co-sponsored by the California Association of Physician Groups, is a cooperative effort of California's purchasers, health plans, physician groups and public health advocates to build and optimize systems within health plans and physician groups to provide evidence-based, patient-centered care for all insured Californians. BCCP works to re-engineer care in California by creating state, regional, and local support for quality improvement through intensive performance measurement, benchmarking, feedback, and practice re-design. BCCP supports accelerated improvements in the systems that can earn higher scores for groups in the pay for performance measures. This is done through strengthening clinical leadership, change management skills, and IT infrastructure to sustain and spread improvements in clinical care and patient service. BCCP is a project of the California Cooperative Healthcare Reporting Initiative, funded by contributions from health plans, participating medical groups, pharmaceutical and foundation grants and the support of PBGH members from its Quality Improvement Fund.

The 2006 BCCP program focuses on four strategies: 1) Optimizing Performance Series, a collaborative to prepare groups to build and enhance systems to improve clinical performance, patient experience, and EHR implementation; 2) Collaboratives to redesign care at the practice level to produce top-performing clinical and patient experience results; 3) Population management coordination across health plans and groups to optimize clinical outcomes for those with chronic disease; and 4) Learning Exchanges to accelerate best practice adoption.

CALIFORNIA CLINICAL DATA PROJECT: SETTING STANDARDS



Jonah Frohlich
Program Officer, CHCF
www.calinxstandards.org

The California Clinical Data Project: Setting Standards (CDDP) is a collaborative of industry stakeholders to develop and implement laboratory and pharmacy data standards to facilitate data integration into clinical information systems. The project was organized and facilitated by the California HealthCare Foundation (CHCF). The standards will be maintained by the Integrated Healthcare Association (IHA).

- CALINX Lab 1.2 is an HL7-based message profile for reporting batch laboratory results.
- CALINX Rx 2.0 is a standardized file format for electronically transmitting pharmacy data.

The pharmacy and lab standards have been adopted, and are currently in use throughout California, by numerous provider organizations, labs, hospitals, and commercial and Medi-Cal health plans. The data are being used primarily in support of pay-for-performance activities.

CHCF has also developed a real-time data standard to help support the adoption of electronic health record systems. ELINCS (EHR-Laboratory Interoperability and Connectivity Standards) standardizes the electronic reporting of test results from clinical laboratories to Electronic Health Record (EHR) systems. ELINCS 1.1 is proposed to be included in the 2007 Certification Criteria for Ambulatory EHR Products by The Certification Commission for Healthcare Information Technology (CCHIT).

CALIFORNIA COOPERATIVE HEALTHCARE REPORTING INITIATIVE



David Hopkins, PhD
Administrator and Chair,
CCHRI Executive Committee
www.cchri.org

The California Cooperative Healthcare Reporting Initiative (CCHRI) is a collaborative administered by the Pacific Business Group on Health with governance by an Executive Committee of health care purchaser, plan and provider stakeholders. For more than a decade, CCHRI has sought to:

- Collect and report standardized, reliable health plan and provider performance data;
- Promote the use of accurate and comparable quality measures within health care;
- Create efficiency in data collection leading to reduced burden and cost to all participants;
- Maintain a unique forum for collaboration on quality improvement initiatives; and
- Provide a source for expert advice to consumer reporting entities.

Eight health plans, representing over 85 percent of the commercial HMO population in California, participate in a variety of CCHRI data collection and reporting projects. Public and private purchasers include CMS and PBGH, which together represent approximately seven million California Medicare beneficiaries, employees, retirees, and their families. Healthcare provider organizations represented in the cooperative include 150 medical group participants in the standardized survey of patients' experience with their medical group (the "Patient Assessment Survey") as well as the California Association of Physician Groups, California Hospital Association, California Medical Association, and Kaiser Permanente Medical Groups.

THE CALIFORNIA CCHRI-AQA PILOT



David Hopkins, PhD
Administrator
www.ambulatoryqualityalliance.org

The California Cooperative Healthcare Reporting Initiative – Ambulatory Care Quality Alliance serves as one of six national pilots to measure and report physician-level performance. The scope of the Pilot is expanding to encompass price/cost transparency and hospital performance. The California pilot is seeking to measure physician performance in multiple delivery models—PPO, HMO (including Kaiser), Medicare FFS, and is seeking to include robust quality, efficiency, and patient experience measurement, in addition to demonstrating how to efficiently collect as many as possible of the AQA "starter set" of 26 measures. Building on a lengthy track record of patient experience reporting at the group and individual physician levels, the project scope anticipates measuring 40,000+ physicians statewide, using data for approximately 10 million covered lives. Provider-level performance information will be provided to physicians for quality improvement and to consumers so they can make better informed health care decisions. Payers and purchasers will use the information in developing innovative new products and pay for performance programs.

CALIFORNIA HOSPITAL ASSESSMENT AND REPORTING TASKFORCE



Bruce Spurlock, MD
Chair, CHART Steering Committee
www.chcf.org/topics/hospitals/index.cfm?itemID=111065&subsection=chart
<https://chart.ucsf.edu>

The California Hospital Assessment and Reporting Taskforce (CHART), launched by the California HealthCare Foundation in 2004, seeks to implement a statewide hospital performance reporting system using a multi-stakeholder collaborative process to establish common data collection, aggregation and audit procedures. Participants adopted more than 50 hospital performance indicators that will be collected in 2006. These measures expand beyond the Hospital Quality Alliance's (HQA) 22 national consensus measures and include process and outcome measures in specific clinical areas such as cardiac care, maternity, pneumonia treatment, and intensive care. Other metrics include hospital-wide outcomes in areas such as infection control, patient experience, nursing-sensitive measures, and appropriateness of cardiac procedures. CHCF is conducting focus groups on translating complex data into consumer-friendly decision-support tools.

More than 200 California hospitals have agreed to participate and to pay the costs of data collection, including 75 percent of all hospitals with an average daily census of 75 patients or more, and 100 percent of those hospitals with an average daily census greater than 300 patients. In addition, the major health plans working in California have agreed to use the data as the basis for quality reporting and have committed to providing financial support. Government and regulatory agencies are actively engaged in the effort, including the California Office of Statewide Health Planning and Development (OSHPD) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

CALIFORNIA IMPROVEMENT NETWORK

Better Ideas for Chronic Disease Care.

Sophia Chang, MD, MPH
Director, Chronic Disease Care

[www.chcf.org/topics/
chronicdisease/
index.cfm?itemID=112543](http://www.chcf.org/topics/chronicdisease/index.cfm?itemID=112543)

The California Improvement Network (CIN) links improvement leaders committed to promoting practices known to improve care for patients living with chronic disease and to disseminate them widely across outpatient settings in California. CIN brings together those working on improvement across all delivery systems and provides opportunities and forums for learning while exploring how best to accelerate practice improvement and complement each other's work. CIN also provides tools to improvement champions who, in turn, can help frontline clinicians take advantage of more effective practices.

CIN's key strategies to improve care for patients with chronic diseases include:

- Strengthen existing improvement programs;
- Stimulate learning and working relationships among improvement programs;
- Increase the number of trained experts to lead and teach improvement work;
- Expand the number of office practices and clinics reached by improvement programs through expert consultation, increased numbers of champions, and successful learning models; and
- Focus on self-management, team care, use of clinical data and techniques for diffusion of better practices.

CIN is a project of the California HealthCare Foundation.

DOCTOR'S OFFICE QUALITY – INFORMATION TECHNOLOGY



Justin Graham, MD, MS
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www.doqit.org
[www.lumetra.com/programs/
doqit.aspx](http://www.lumetra.com/programs/doqit.aspx)

The Doctor's Office Quality – Information Technology (DOQ-IT) project is one of the Physician-Focused Quality Initiatives sponsored by the Centers for Medicare and Medicaid Services to improve the quality, safety and efficiency of health care services. The adoption of information technology in the outpatient setting is a primary focus of the DOQ-IT initiative, which also includes submission of clinical measure data to the Quality Improvement Organization (QIO) Clinical Warehouse. Electronic Health Record (EHR) specifications have been developed that outline data standards required for submission to the QIO Clinical Warehouse using HL7 messaging. Measures will be calculated and reported at the practice level for quality improvement assessment.

Participants work with more than 300 California adult primary care practices in a no-cost, six-month EHR training program that includes teleconferences, workshops, EHR vendor fairs, and access to a robust online community. Benefits include optimizing chronic care management, benchmarking and improving performance for pay-for-performance metrics.

HOSPITAL VALUE INITIATIVE



Loren Suter
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David Hopkins, PhD
PBGH, Co-Chair
www.pbgh.org

Launched by CalPERS and the Pacific Business Group on Health in 2005, the Hospital Value Initiative (HVI) seeks to foster a more value-sensitive market by instituting a standard set of metrics for evaluating the relative cost and resource use of California hospitals. At issue are the substantial variation in the cost and quality of hospital services being delivered, and the lack of a standard, methodologically-sound performance metric for evaluating cost-efficiency. Two areas of focus are: 1) cost to payers based on financial information from their claims databases, and resource use based on the application of standardized prices to hospital length of stay in various bed types, and 2) aggregation of plans' financial and resource-use data to generate statistically sound estimates of hospital performance. Ongoing funding is provided by PBGH's members through its Quality Improvement Fund and participating health plans. Plan, hospital and purchaser input is being incorporated on the measurement areas, technical specifications of the selected cost-efficiency metrics and the implementation plan for reporting and disseminating the comparative hospital-level results.

INTEGRATED HEALTHCARE ASSOCIATION – PAY FOR PERFORMANCE PROGRAM



Tom Williams
Executive Director

Jenni Vargas
Chair, Board of Directors
www.iha.org/p4py4.htm

The Integrated Healthcare Association (IHA) seeks to create breakthrough improvements in health care services for Californians through collaboration among key stakeholders. IHA promotes accountability and transparency by promoting health care standards, measurement, rewards and public reporting. It brings together plans, providers and purchasers to implement common metrics for California's provider group pay for performance program. The IHA P4P program pools medical group data to produce clinical performance results that are publicly reported through the California Office of the Patient Advocate web site.

In the largest medical group performance reward program in the nation, health plans paid approximately \$54 million to medical groups for 2005 performance, with an additional \$50 million from plans for carrier-specific measures. For many medical groups these payments are leveraged many times over, as they incorporate performance-based factors into individual physician compensation in amounts that range from 5 to 20 percent of compensation. Current IHA measures include HEDIS clinical process and outcomes metrics, patient experience of care, the extent to which medical groups measure and reward differential physician-level performance within their groups' and health care IT adoption. The IHA Committees are currently developing cost efficiency metrics, as well as transforming the current IT measures into measures of "systemness" which promote use of electronic systems to improve patient centered care.

THE LEAPFROG GROUP



Suzanne Delbanco, PhD
CEO

Anne Castles, MPH
California Roll-Out Director
www.leapfroggroup.org

The Leapfrog Group is a national initiative—for which California is its largest "roll-out region"—driven by organizations that buy health care who are working to initiate breakthrough improvements in the safety, quality and affordability of health care for Americans. It is a voluntary program aimed at mobilizing employer purchasing power to alert America's health industry that big leaps in health care safety, quality and customer value will be recognized and rewarded. The Leapfrog Group aims to reduce preventable medical mistakes through adoption of four leaps: 1) computerized physician order entry, 2) evidence-based hospital referral, 3) ICU Physician Staffing, 4) adoption of hospital safe practices. Transparency is encouraged through public reporting of health care quality and outcomes so that consumers and purchasing organizations can make more informed health care choices.

Pacific Business Group on Health leads the California roll-out region and works in collaboration with health plans and hospital organizations to promote transparency. Nearly 250 California hospitals, representing 76 percent of statewide beds, voluntarily report their status in adopting the four leaps.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT



David Carlisle, MD, PhD
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The Office of Statewide Health Planning and Development (OSHPD) is part of the California Health and Human Services Agency, planning for and supporting the development of a health care delivery system that meets the current and future needs of Californians. OSHPD conducts studies on access, cost and quality and is responsible for reporting risk-adjusted hospital outcomes data. The Healthcare Outcomes Center produces risk adjusted outcomes studies that assess the quality of care provided by California hospitals. Administrative data studies include the California Hospital Outcomes Program (CHOP) and Hospital Volume and Utilization Indicators. Clinical data programs include the California CABG Outcomes Reporting Program (CCORP), California CABG Mortality Reporting Program (CCMRP), and the California Intensive Care Outcomes Project (CALICO). The CABG Outcomes Reporting Program began as a voluntary effort jointly run by OSHPD and the Pacific Business Group on Health. Hospital reporting was subsequently legislatively mandated, with surgeon-level reporting to begin in 2007.

Table 3. Statewide Stakeholder Organizations

The following describes major statewide stakeholder organizations/associations that drive health care decision making in California especially as it relates to transparency, developing incentives for both providers and consumers, pay-for-performance efforts, and health care IT adoption. Others, including local chambers of commerce and consumer groups participate actively in these efforts.

CALIFORNIA ASSOCIATION OF HEALTH PLANS



Chris Ohman
President and CEO
www.calhealthplans.com

The California Association of Health Plans (CAHP) is a statewide trade association representing 35 full-service health plans that serve 21 million health care insurance enrollees in California. Through legislative advocacy, informational communications, and collaborative efforts with other organizations the Association promotes high quality affordable health care to California consumers 21 million of which receive their coverage from CAHP member health plans. CAHP promotes collaborative efforts among health plans, providers, purchasers, brokers, other health care associations and others to assert policy toward the provision of high quality, affordable, and accessible health care. CAHP also acts as a forum for plan members to discuss critical issues affecting the industry, and improve industry effectiveness.

CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS



Don Crane
President and CEO
Bart Wald, MD
Chair, Executive Committee
Gloria Austin
Chair, Governing Board
www.capg.org

The California Association of Physician Group (CAPG) represents organized medical groups in California and is one of the nation's largest professional associations representing physician groups practicing in the managed care model. CAPG is a professional association comprised of 149 of California's leading physician groups. These groups employ and/or contract with physicians who in turn provide health care services to approximately 13 million Californians. More than fifty percent of California's health care is delivered by physicians employed by or contracted with CAPG members. Its members are committed to the delivery of coordinated, accountable, clinically integrated health services. CAPG supports its members through public advocacy, educational services and collaboration with other stakeholders in California health care.

CALIFORNIA HEALTH CARE COALITION



Sally Covington
Executive Director
www.chccnet.org

The California Health Care Coalition (CHCC) is a membership organization of employers, unions and health and welfare funds, currently representing 2 million Californians. Members of the Coalition are determined to reduce health costs and improve quality without degrading benefits. CHCC seeks working partnerships with accountable, high value providers and health plans. Its goal is to raise performance at the hospital and physician level so that California families and communities have timely access to medical care that is appropriate, evidence-based, patient-centered, prevention-oriented, efficiently delivered, and fairly priced. CHCC's strategies are to organize group purchasers of health services at local and statewide levels, to use their leverage to obtain detailed information about quality and cost from providers and plans, to educate plan members and the public about cost and quality variation, and to direct their members to high quality, high value hospitals and physicians in their communities.

CALIFORNIA HEALTHCARE FOUNDATION



CALIFORNIA
HEALTHCARE
FOUNDATION

Mark Smith, MD, MBA
CEO

www.chcf.org

The California HealthCare Foundation (CHCF) is an independent philanthropy committed to improving the way health care is delivered and financed in California, and helping consumers make informed health care and coverage decisions. Formed in 1996, its goal is to ensure that all Californians have access to affordable, quality health care.

CHCF commissions research and analysis, publishes and disseminates information, convenes stakeholders, and funds development of programs and models aimed at improving the health care delivery and financing systems. CHCF's goals and priorities are to:

- Overcome barriers to efficient, affordable health care for the underserved.
- Improve the quality of care for Californians with chronic diseases.
- Promote greater transparency and accountability in California's health care system.

Over the years CHCF has developed particular skills and expertise in promoting the adoption and effective use of health information technology, developing educational materials and tools to help Californians make informed decisions about their health care, and in publishing and communications. CHCF publishes two popular daily news digests—*California Healthline* and *iHealthBeat*, along with a regular series of reports, surveys and research studies.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY AND DEPARTMENT OF HEALTH SERVICES



Kim Belshé
CA HHS Secretary

www.chhs.ca.gov



Sandra Shewry
CA DHS Director

www.dhs.ca.gov

The California Health and Human Services Agency (CHHS), administers state and federal programs for health care, social services, public assistance and rehabilitation. While maintaining access to essential health and human services for the state's most disadvantaged and at-risk residents, CHHS pursues ways to better manage and control costs over the long-term.

The mission of the California Department of Health Services (CDHS) is to protect and improve the health of all Californians. The CDHS administers a broad range of public and clinical health programs that provide health care services to Californians, and has overseen a significant expansion of the Medi-Cal Managed Care and Healthy Families programs. Approximately 3.5 million Medi-Cal beneficiaries in 22 counties receive their health care through three models of health care plans: Two-Plan, County Organized Health Systems (COHS) and Geographic Managed Care (GMC). The CDHS frequently partners with other state departments, state agencies, hospitals, clinics, health plans, local health jurisdictions and community-based organizations. Key strategic objectives include improving coverage and access, improving health status and outcomes, and fostering integrated service delivery.

The Medi-Cal Managed Care Division reports health plan quality performance and patient experience with care survey results.

CALIFORNIA HOSPITAL ASSOCIATION



Duane Dauner
President and Chair

www.calhealth.org

The California Hospital Association (CHA) is the statewide organization of hospitals and health systems in California. CHA includes nearly 500 hospital and health system members, and more than 200 Executive, Associate and Personal members. CHA operates in conjunction with three corporate members – the Hospital Council of Northern and Central California, Hospital Association of Southern California, and Hospital Association of San Diego and Imperial Counties. CHA provides members with state and federal representation and advocacy in the legislative and regulatory arenas through an agenda designed to improve access to quality, cost-effective health care services.

CALIFORNIA MEDICAL ASSOCIATION



Jack Lewin, MD
CEO

Michael Sexton, MD
President
www.cmanet.org

The California Medical Association (CMA) is the statewide organization representing individual physicians, small and large medical groups and providing leadership for all practice settings on issues of quality, health information technology and price transparency. CMA representatives are active participants in IHA, PBGH, CCHRI and other quality projects. CMA was the first medical association in the country to develop a “Quality First” pay for performance proposal for the Medicare program and is launching a Web site that will publish physician price information—the first of its kind in the country. The goals to which the founders subscribed in 1856 remain the same today: “to protect the public health and to promote the science and art of medicine.”

CALIFORNIA REGIONAL HEALTH INFORMATION ORGANIZATION



Donald L. Holmquest, MD, PhD, JD
CEO

Jo Ellen Ross, MNA
Board Chair
www.calrhio.org

The California Regional Health Information Organization (CalRHIO) is a collaborative effort to incrementally build the structure and capabilities necessary for a secure statewide health information exchange system that enables California’s health care providers and patients to access vital medical information at the time and place it is needed. CalRHIO will build financial and business case models for health information exchange, demonstrate their feasibility and utility, and encourage business, health care, and policy leaders to create private and public policy agendas and funding for data exchange and IT investment. A collaborative process will facilitate creation of common governance, process, technology, and other elements needed for regional and statewide data exchange organizations. Goals also include ensuring participation by safety net providers and underserved populations in data exchange and IT investment. In working with local and regional data exchange efforts, CalRHIO will ensure that California’s data exchange projects are consistent with national technology platforms and networks.

CalRHIO was founded through the HealthTech Center with financial support from the California HealthCare Foundation, major hospital and delivery systems, the Blue Shield Foundation, and others.

CONSUMERS UNION



Betsy Imholz
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Consumers Union advocates on consumers’ behalf on such issues as health care, food safety, financial services, and product safety. In health care, the Consumers Union has focused efforts to extend and improve health care coverage and services, quality and safety. Consumers Union sponsored California legislation to mandate reporting of surgical outcomes by hospital, including coronary artery bypass graft surgery outcomes, and to expand reporting to include surgeon-level results. Consumers Union participates on OSHPD, NQF, and other advisory committees, and has a national campaign to promote mandatory hospital infection rate reporting. Additionally, Consumers Union seeks to advance transparency in prescription drug cost and efficacy.

DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR MEDICARE AND MEDICAID SERVICES



Michael Leavitt
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www.cms.hhs.gov/
QualityInitiativesGenInfo

In November 2001, HHS announced the Quality Initiative to assure quality health care for all Americans through accountability and public disclosure. The Quality Initiative was launched nationally in 2002 with the Nursing Home Quality Initiative (NHQI), and expanded in 2003 with the Home Health Quality Initiative (HHQI) and the Hospital Quality Initiative (HQI). In 2004, the Physician Focused Quality Initiative, which includes the Doctor’s Office Quality Project, was developed. The End Stage Renal Disease (ESRD) Quality Initiative seeks to improve the quality of care in kidney dialysis facilities. The Physician Voluntary Reporting Program begins in 2006.

Partnerships are a key feature of all Quality Initiatives and can include federal and State partners, researchers and academic experts, external stakeholder and consumer organizations, federal contractors, providers and advocates. Quality Improvement Organizations (QIOs) will assist Medicare beneficiaries and their caregivers by promoting the availability of the quality measures, helping to ensure that they understand what the measures mean, and encouraging them to use the measures as a part of their health care decision making process. QIOs will achieve this by working through community, business, and health care organizations, as well as through local media. The Quality Initiative also relies on the support of State survey agencies and CMS for ongoing regulation and enforcement of quality standards. CMS also conducts and sponsors a number of innovative demonstration projects to test and measure the effect of potential program changes, including new methods of service delivery, coverage of new types of service, and new payment approaches on beneficiaries, providers, health plans, states, and the Medicare Trust Funds.

Examples of the active engagement of CMS Region IX in California’s major initiatives includes CMS’ holding a purchaser seat in the governance of the California Cooperative Healthcare Reporting Initiative and role on the CalRHIO Board of Directors.

DEPARTMENT OF MANAGED HEALTH CARE



Cindy Ehnes
Director
www.dmhc.ca.gov

The Department of Managed Health Care (DMHC) provides regulatory oversight of insured health plans in California. The DMHC operates the Financial Solvency Standards Board, comprised of people with expertise in the medical, financial and health plan industries. The DMHC also acts as an HMO consumer rights organization by helping California consumers resolve problems with their health plan. The Department works with constituents toward an affordable, accountable and robust managed care delivery system that promotes healthier Californians. The Department collaborates with major constituent organizations—CAPG and IHA, plans and purchasers—to implement policy, advance HIT adoption and support pay for performance programs.

INTEGRATED HEALTHCARE ASSOCIATION



Tom Williams
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www.iha.org

The IHA is a nonprofit statewide healthcare leadership group composed of health plans, physician groups, hospitals, and healthcare systems, plus purchaser, pharmaceutical, technology, consumer, and academic representatives. By engaging the various sectors of healthcare delivery in dialogue and collective action, the IHA develops policy and special projects centered on integrated healthcare and managed care. IHA sponsors the California Pay for Performance Program.

LUMETRA



Jo Ellen Ross, MNA
President and CEO
www.lumetra.com

Lumetra is a San Francisco-based independent, non-profit organization dedicated to improving the quality, safety, and integrity of health care for providers and consumers. Lumetra provides innovative services and solutions in the areas of medical review, quality improvement, data analysis, and fraud detection and prevention. Since 1984, Lumetra has been contracted by CMS to be the Medicare Quality Improvement Organization (QIO) for California. Lumetra provides a broad array of services to public and private organizations:

- Health Information Technology
- Healthcare Marketing & Communications
- Independent Medical Review
- Quality & Performance Improvement
- Scientific Data Analysis & Reporting

OFFICE OF THE PATIENT ADVOCATE



Sandra Perez
Director/Patient Advocate
www.opa.ca.gov

Established in 2000, the California Office of the Patient Advocate (OPA) is an independent office in state government charged with informing and educating consumers about their rights and responsibilities as HMO enrollees. The OPA publishes an annual internet-based and print report card on the quality of HMO services delivered by plans and medical groups. The print report card is also disseminated through multiple channels. The OPA also develops consumer education materials and programs in multiple languages, advises the Department of Managed Health Care regarding consumer issues, and collaborates with government and community-based patient advocacy organizations. The OPA web site also provides one of the most comprehensive summaries of health plans' cultural competency in meeting the diverse needs of Californians.

PACIFIC BUSINESS GROUP ON HEALTH



Peter V. Lee, CEO
www.pbgh.org

The Pacific Business Group on Health (PBGH) is one of the nation's top business coalitions focused on health care. PBGH's large purchaser members spend billions of dollars annually to provide health care coverage to more than 3 million employees, retirees and dependents. PBGH is a respected voice in the state and national dialogue on how to improve the quality and effectiveness of health care while moderating costs. Partnering with the state's leading health plans, provider organizations, consumer groups and other stakeholders, PBGH works on many fronts to promote value-based purchasing in health care. Reflecting the vision of its member organizations, PBGH plays a leadership role in an array of health care quality initiatives that includes providing consumers with standardized comparative quality information and developing methods to assess and communicate the quality of care delivered by health plans, medical groups, physicians, and hospitals.

PARTNERSHIP FOR CHANGE



Fred Buenostro
CalPERS CEO
www.calpers.ca.gov/index.jsp?bc=/about/press/news/health/partnership/partner-change.xml

The Partnership for Change: Promoting Value in Hospital Care is a CalPERS-led effort to increase hospital accountability and improve the quality and efficiency of hospital care. By advancing cost and quality transparency, purchasers seek to better differentiate value in benefit design and provider payments, including use of high performance networks. Public and private purchasers and labor trusts representing 1.5 million lives have endorsed this effort. Key objectives include:

- Objective efficiency and quality criteria should be established, made public, and applied by purchasers and health plans to differentiate value among hospitals.
- Purchasers, though their health plan partners, should differentiate hospitals, including those within an integrated health care system, based on hospital performance and demonstrated value.
- Accurate information about the cost of specific hospital services should be publicly available to consumers and purchasers.
- Standardized, auditable accounting of hospital profit and efficiency should be available.
- Hospitals should be financially rewarded based on their demonstrated efficiency and quality.

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