

2023 Impact Report

California Quality Collaborative,
a program of the Purchaser Business
Group on Health

JUNE 2024



Introduction

At the California Quality Collaborative (CQC), a health care quality improvement program of the Purchaser Business Group on Health, we're committed to continuous improvement in the quality of health care through workforce training, multi-stakeholder alignment on standards and priorities, technical support for teams and care providers and resource development for operationalizing best practices. This critical work is transforming the delivery system, promoting better health outcomes for all.

Rooted in our foundational role as both a neutral convener and technical assistance provider, CQC continues to expand our work to address mental health needs and health disparities, as well as forge new multi-stakeholder partnerships for collective action. In 2023, we:

- **Strengthened Primary Care.** Through the [California Advanced Primary Care Initiative](#), in partnership with the Integrated Healthcare Association, payers and purchasers, we developed a common value-based payment model and completed a pilot to assess if individual practices meet key advanced primary care measures, identifying four crucial areas of quality improvement for the health care delivery system.
- **Accelerated Behavioral Health Integration.** Our [Behavioral Health Integration Initiative](#) prepared eight provider organizations serving more than 730,000 Californians to integrate behavioral health into primary care through our [CalHIVE Behavioral Health Integration Improvement Collaborative](#). In addition, we're developing the [Behavioral Health Integration - Children and Youth Collaborative Learning Exchange](#), a technical assistance learning collaborative launching in 2024.

- **Advanced Health Equity.** We have built health equity-focused quality improvement and advanced primary care capabilities in small, independent practices through [Equity and Quality at Independent Practices in LA County](#), an improvement collaborative with four provider organizations and 31 small practices serving more than 30,000 Medi-Cal enrollees of color in Los Angeles County.
- **Enhanced Maternity Care.** Aligning with our newly defined aims for CQC from 2024 through 2027 that prioritize maternal health, developed with the CQC Steering Committee, we convened a postpartum sub-workgroup of over 20 experts to define recommendations for enhancing health outcomes for Medi-Cal families. This project is part of the [California Department of Health Care Service Birthing Care Pathway Project](#).

As we steadily move forward along the path of quality improvement, CQC is poised to lead the way toward transforming our health care delivery system, ensuring a healthier and more equitable future for all.

2024 - 2027 Aims:

Californians access and engage in **advanced primary care** that is equitable and incorporates collaboration with high-value specialty expertise.

Californians experience reduced morbidity, mortality and inequities in care and health outcomes, with a focus on **cardiovascular disease, diabetes and maternal health**.

2024 - 2027 Drivers of Improvement:

- Spread adoption of and success in **value-based payment models** through multi-payer alignment, care team support and harmonization of measures and reporting.
- Expand the **integration of behavioral health** care into primary care with improved quality and access.
- Increase collection and exchange of accurate and complete patient **self-reported demographic data** (e.g. REaLD, SOGI) for use in care and quality improvement.
- Improve **postpartum care and maternal mental health** through integration with adult and pediatric primary care.
- Address **socials needs** through support to care teams and payers to utilize existing community-based services and organizations.
- Equip payers and delivery systems to build partnerships and engage in dialogue to meaningfully impact **health equity** and social drivers of health in our communities.

Current CQC Initiatives

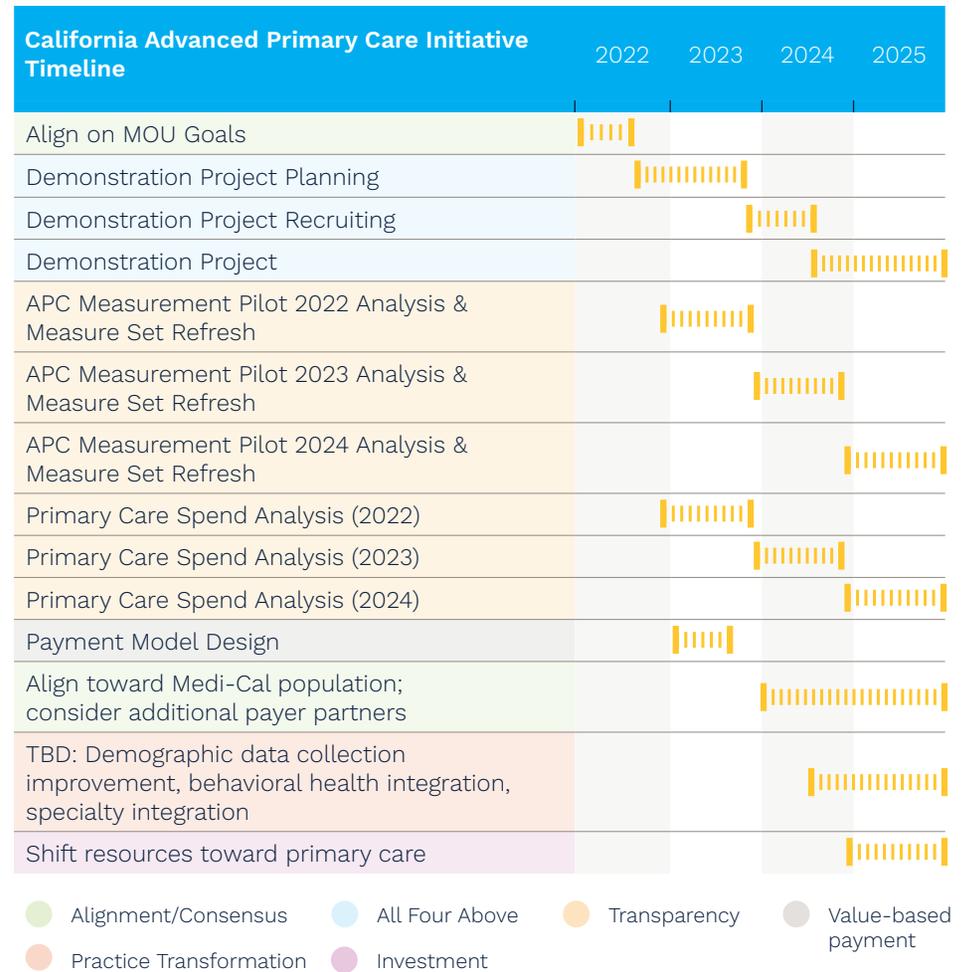
California Advanced Primary Care Initiative	2020 - 2025: Strengthening the primary care delivery system in California by building a primary care model that emphasizes comprehensive, team-based and care, the integration of behavioral and physical health services and high-quality outcomes. 2023 - 2025: Payment Model Demonstration Project
CQC Behavioral Health Integration Initiative	2022 - 2027: Accelerating integration efforts by small and independent primary care practices throughout the state, through technical assistance, patient surveying, and standards development.
Improvement and Learning Collaboratives	2023 - 2026: CalHIVE Behavioral Health Integration 2024 - 2025: BHI - Children and Youth Collaborative Learning Exchange 2023 - 2025: Equity & Quality at Independent Practices in LA County
Maternal and Child Health	Expanding activities in addition to the Maternity Coordinating Group and DHCS Birthing Care Pathway - Postpartum Care
California Data Exchange Framework	2023 - 2024: Facilitating education and technical assistance for rapid data exchange within the health care delivery system to achieve equitable, patient-centered care.
Building Capacity for Improvement	Ongoing: Training and educating the workforce through webinars, virtual learning, and workshops building knowledge and skills in delivery system improvement.

California Advanced Primary Care Initiative

Through the [California Advanced Primary Care Initiative](#), CQC is partnering with the Integrated Healthcare Association (IHA), payers and purchasers to strengthen the California primary care delivery system. Efforts are underway to build alignment across payers and purchasers, reduce provider burden, increase investment in primary care and accelerate adoption of value-based payments — enabling the health care delivery system to achieve the upcoming goals set by the [California Office of Health Care Affordability](#).

California’s Largest Health Plans Align on Common Payment Model and Demonstration Project

- CQC and IHA forged ahead in the California Advanced Primary Care Initiative alongside [seven payers](#) — Aetna, Aledade, Anthem Blue Cross, Blue Shield of California, Health Net, Oscar Health and United Healthcare — collectively serving seven million commercial lives in California and representing 18% of the population. A common value-based payment model has been developed that increases investment in primary care and includes two versions — hybrid with capitation and fee-for-service plus.
- Aetna, Blue Shield of California and Health Net jointly agreed to design and test the common valued-based payment model through a [Payment Model Demonstration Project](#) with 30 small, independent practices in California. The design includes a joint technical assistance program, common contract language, outreach list of shared practices across the plans, common reporting platform process and evaluation plan.
- The Payment Model Demonstration Project will launch an onboarding phase of technical assistance on October 1, 2024.
- CQC met with all Medi-Cal health plans in Los Angeles County to discuss the potential for aligning their performance improvement programs with the California Advanced Primary Care Initiative’s payment model and state purchaser priorities. The group will continue working toward this goal, which will ultimately invest more into providers for better patient outcomes.



California Advanced Primary Care Initiative

Measuring Advanced Primary Care in California

- CQC and its partners completed the [Advanced Primary Care Measurement Pilot](#) to assess if individual practices meet key advanced primary care measures, identifying four crucial measures for quality improvement within the California health care delivery system (blood pressure control, diabetes control, colorectal cancer screening, childhood immunizations). These measures have been adopted as a priority by California’s largest purchasers and employers, covering more than 42% of the state’s population, which include Covered California, California Public Employees’ Retirement System, eBay and San Francisco Health Services System.
- CQC and IHA updated the [Advanced Primary Care Measure Set](#) and developed an annual process for revisions which involves drafting a proposal for changes once refreshed results on the measure set are available. Stakeholder review will then occur with various groups, including IHA’s Technical Measurement Committee, state purchasers and provider trade associations. The [CQC Steering Committee](#) will approve final changes to the measure set and any measures to test for future inclusion. Changes are considered based on the feasibility of assessing the measure at the practice level, alignment with other sets and existing reporting and the value the measure adds in terms of understanding primary care strength.

	Measure	Acronym
Remove	Concurrent Use of Opioids and Benzodiazepines	COB
Add	Breast Cancer Screening	BCS
	Diabetes HbA1c Control <8%	HBD
Test	Pharmacotherapy for Opioid Use Disorder	POD
	Well-Child Visits in the First 30 Months of Life	W30
	Child and Adolescent Well-Care Visits	WCV
	Prenatal and Postpartum Care	PPC

Behavioral Health Integration Initiative

Through the [Behavioral Health Integration Initiative](#), CQC, with support from Centene, is accelerating behavioral health integration efforts by small, independent California primary care practices. This work aims to improve screening, diagnosis and treatment of patients' mild-to-moderate behavioral health needs, like depression, anxiety and substance use disorders through technical assistance and collective behavioral health integration solutions.

The initiative includes direct support and funding for primary care practices engaged in improvement efforts through the CalHIVE Behavioral Health Integration Improvement Collaborative ([see the Practice Transformation section on page 7 for more details](#)) and the future programming listed below.

[View our 2023 Behavioral Health Integration Initiative Annual Report for additional insights and program updates.](#)

Improving Behavioral Health Services for Children and Youth

In 2023, CQC conducted a needs assessment, gathered stakeholder feedback from the [BHI Advisory Group](#) and completed the technical assistance program design for [Behavioral Health Integration - Children and Youth Collaborative Learning Exchange](#). This nine-month learning collaborative launching in October 2024 will bring together organizations experienced in integrating behavioral health services into primary care for children and youth to:

- Showcase successful practices and highlight solutions through a vibrant network of peer organizations
- Sprout adoption of new solutions addressing real-world challenges that improve the delivery of pediatric and adolescent integrated behavioral health care
- Share best practices through a public toolkit that synthesizes collaborative participants' recommendations, experience and contributions to the field

Organizations selected to participate in the collaborative will address record levels of anxiety and depression among young patients. Participants will have the opportunity to improve their existing integration programs by focusing on areas such as recent policy initiatives like dyadic services and boosting engagement for patients, families and caregivers.

Collective Behavioral Health Integration Solutions

As part of the Behavioral Health Integration Initiative, CQC is piloting collective solutions with the goal of reducing the administrative burden of integrated care. In 2023, CQC completed a landscape analysis for five collective actions, incorporated feedback from the BHI Advisory Group and prioritized behavioral health financing as a key focus area for the following year. Supported by Blue Shield Industry Initiatives, CQC will conduct a state-wide landscape assessment in spring 2024 through [Behavioral Health Integration Financing](#) to identify, synthesize and communicate successful practices to ensure sustainable payment for behavioral health integration into primary care. In late 2024, CQC will publish recommendations for successful practices that provider organizations and health plans can implement to facilitate the long-term sustainability of behavioral health integration.

Practice Transformation

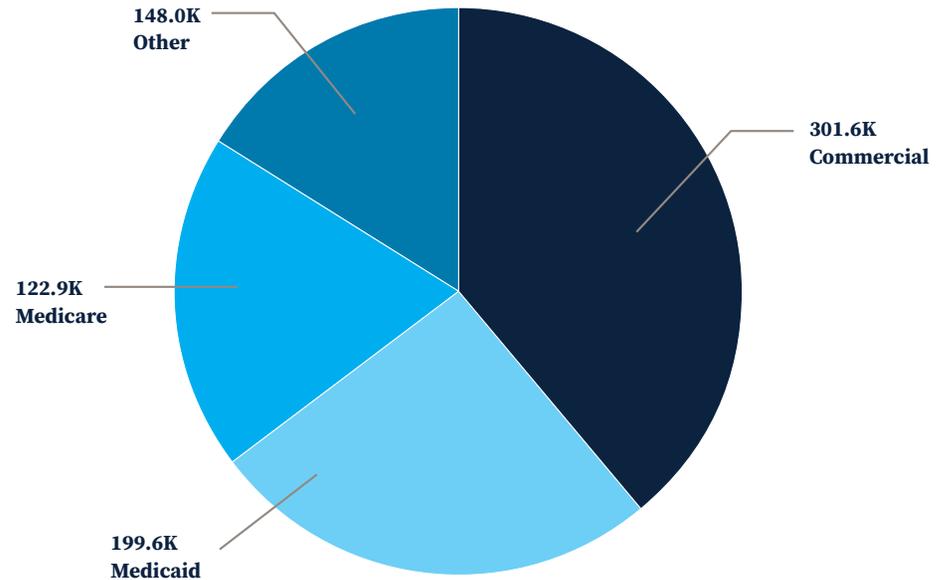
CQC's foundation is strongly anchored in delivering effective technical assistance to care teams, ensuring that every provider organization receives comprehensive support. In 2023, this commitment was underscored by the launch of two major technical assistance programs: a multi-year initiative focused on behavioral health integration and a program aimed at enhancing advanced primary care capabilities in Los Angeles practices to address health disparities. These strategic efforts highlight CQC's role in driving significant improvements in health care quality and equity across the state.

Implications

- By supporting implementation of successful practices resulting in high-quality, patient-centered, equitable care, CQC programming can impact patients statewide
- Working with practices that have multiple payer and payer types can help drive alignment across the delivery system
- By supporting different practice types, CQC generates insight into common implementation best practices for our delivery system partners and stakeholders to spread across their networks

The graph on this page demonstrates the total number of Californians, stratified by payer, whose care and health are impacted through CQC's current technical assistance projects.

Californians Impacted



- Commercial includes Commercial HMO and PPO patients
- Medicaid includes Managed Medi-Cal and Medi-Cal fee-for-service patients
- Medicare includes Medicare Advantage and Medicare fee-for-service patients
- Other includes Veterans Affairs, Medi-Medi, uninsured and patients with other types of health insurance

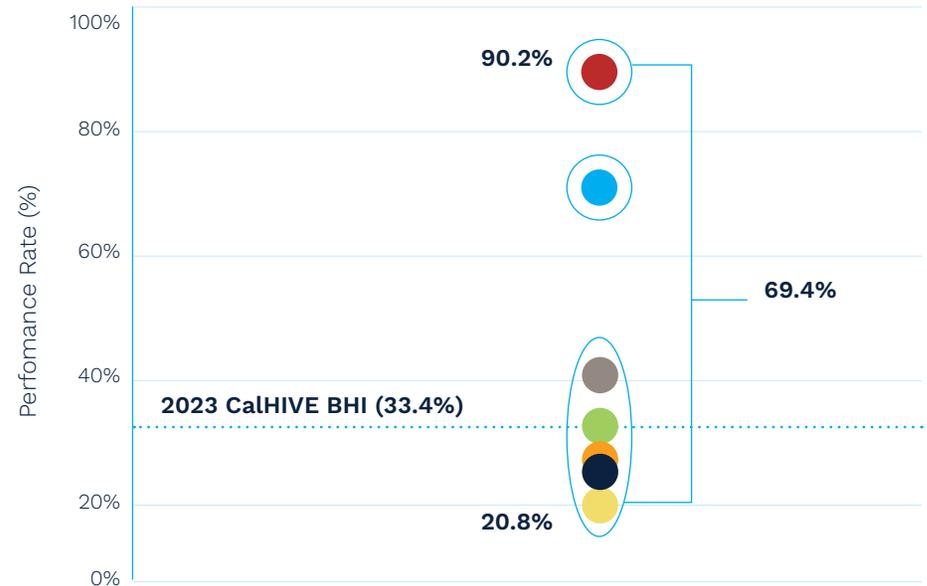
CalHIVE Behavioral Health Integration

Increasing access to behavioral health treatment in primary care is a central attribute of advanced primary care. In 2023, CQC finalized recruitment for the [CalHIVE Behavioral Health Integration Improvement Collaborative \(CalHIVE BHI\)](#), a 36-month program under CQC’s Behavioral Health Integration Initiative that aims to improve integration of behavioral health services within primary care and depression screening for Californians.

By the start of the program in July, CQC had enrolled nine provider organizations that provide care for 730,000 Californians. Within the first year of the program, CQC supported participating organizations to:

- Prepare for behavioral health integration implementation, developing a multi-disciplinary team including an executive champion, data, quality improvement, provider champion and behavioral health
- Complete four “implementation plan” assignments with support from their assigned CQC improvement advisor, setting a vision for integration, analyzing staffing, solidifying depression screening workflows, preparing for billing and coding and selecting a pilot site and integration model
- Identify improvements and peer cohort brights spots highlighted in 10 learning webinars and the first in-person annual meeting
- Submit two cycles of quarterly data for five measures, building internal reporting and analytics capacity to begin tracking the impact of behavioral health integration

In 2024, organizations will be assessed on implementation readiness, with participants working to launch integration implementation at their pilot sites. As of mid-2024, all eight organizations made progress demonstrated by the second deployment of the Implementation Milestone Assessment Tool (IMAT), which examines system-wide integration progress across 15 milestones, advancing from the *Prepare* to the *Implement* phase.



Data from first cycle of CalHIVE BHI reporting shows a cohort average of 33.4% for depression screening (data from Dec 2023)

Implementation Models



Primary Care Behavioral Health Model

- Available for primary care population for any behaviorally influenced concern
- Adds licensed behavioral health professional as behavioral health consultant
- Often billed under behavioral health benefits

6
provider organizations chose PCBH



Collaborative Care Model

- Targets specific population (mild-to-moderate depression) using registry and PHQ-9 and psychotropic medication
- Adds psychiatrist consultant and behavioral health care manager
- Often billed under medical benefits, “incident to” PCP

2
provider organizations chose CoCM

Equity and Quality at Independent Practices in LA County

In Los Angeles County, [most Medi-Cal primary care visits take place outside of Federally Qualified Health Centers \(FQHCs\)](#). Small, independent primary care practices that provide care to these patients are a prominent presence in the Los Angeles health care system, but they have historically received limited technical assistance support.

With support from the California Health Care Foundation and project sponsors Health Net and L.A. Care Health Plan, CQC designed and launched a new collaborative called [Equity and Quality Improvement at Independent Practices in Los Angeles \(EQuIP-LA\)](#). With four provider organizations and 31 small practices serving more than 41,000 patients (including 33,000 Medi-Cal enrollees of color) in Los Angeles County, participants (Allied Pacific IPA, Angeles IPA, L.A. Care Direct Network and Omnicare Medical Group) are working to:

- Address disparities of care for Medi-Cal enrollees of color in areas related to chronic disease management of diabetes and high blood pressure and preventative screening for colorectal cancer
- Reinforce and expedite quality improvement and develop advanced primary care skills

Communities Served by EQuIP-LA Practices



EQuIP-LA Measure Set

Measures of Focus	Measure Type
Glycemic Status Assessment for Patients with Diabetes (>9%) (GSD)	Outcome
Controlling High Blood Pressure (CBP)	Outcome
Colorectal Cancer Screening (COL-E)	Process

Measures align with MCAS MY24 and APC

A Codesign Approach

Patient Listening Session

Insights gathered from a virtual patient listening session supported by L.A. Care Health Plan and jointly organized by CQC and PFCC partners helped inform the program's design and recruitment strategies. During the hour-long listening session, 15 Medi-Cal enrollees shared their experiences interacting with the primary care delivery system across Los Angeles. The session included live translation between English and Spanish to support patient engagement. Key takeaways from the session that informed the program's design included:

1. The importance of identifying and addressing social drivers of health, for example, access to transportation and timeliness of referrals
2. Applying approaches to culturally competent care, ensuring that patients feel their concerns are addressed with empathy and that they can communicate with their care team members in their native language

Implementation Milestone Assessment Tools

The analysis of 31 baseline IMATs from small, independent primary care practices has provided valuable insights into the strengths and areas for improvement within these practices. These findings have proven instrumental in guiding the formulation of programmatic strategies and the development of a tailored curriculum to address the identified needs and reinforce existing practice capabilities effectively.

Tailoring the Program's Curriculum

To address these areas of improvement, CQC has tailored the programs curriculum to address:

- Team-based care, supporting efficient practice workflows and ensuring care team members are working to the top of their license
- Data-driven improvement, with a focus on the collection of patient self-reported race, ethnicity and language data and approaches to measure stratification
- Social drivers of health, including approaches to expand screening and connecting patients to available resources supported through CalAIM
- Patient and family engagement to inform the design, implementation and evaluation of disparity reduction interventions

Health Equity Training at Scale

The program deploys a community-based coaching model — a scalable approach to build practice coach capacity within health care delivery organizations to help them deliver health equity-focused quality improvement interventions across small, independent primary care practices serving Medi-Cal members of color in Los Angeles County. To date, community-based coaches have supported EQUiP-LA practices to:

- Define equity-focused AIM statements (goals) to address disparities of care
- Design and implement small tests of change (PDSA cycle), examples of practice interventions include:
 - Launching patient outreach campaigns to support preventative care needs
 - Re-evaluating care team member roles and responsibilities to improve practice operations
 - Conducting in-office patient demonstrations of how to complete an at-home colorectal cancer screening kit

Equity and Practice Transformation Support

CQC provided tailored support to EQUiP-LA practices in applying to the Department of Health Care Services' [Equity and Practice Transformation Payments Program](#). Six practices were successful in their application to join the program.

NCQA Health Innovation Summit

CQC's work designing health equity-centered improvement programs, highlighting EQUiP-LA, was featured during the 2023 Health Innovation Summit. This included:

- Identifying new strategies for centering health equity into the design and implementation of quality improvement programming
- Methods to support the collection, analysis and interpretation of performance data stratified by race, ethnicity and language (REaL)

Building Capacity for Improvement

As part of CQC's commitment to disseminate best practices, foster peer-sharing and learning and identify opportunities to align for collective action, CQC held over 50 learning events in 2023, attended by more than 131 organizations.

Training the Workforce

Our free, [public-facing webinars](#) highlighted:

- Actions the health care system can take to drive better data collection and outcomes improvement based on results of the Advanced Primary Care Measurement Pilot
- Strategies for hospital leaders to strengthen their relationships with freestanding birth centers within their communities or establish new birth centers
- Different models to achieve integration of behavioral health into primary care settings
- Patient, provider and payer perspectives on addressing colorectal cancer disparities.

CQC facilitated three in-person training courses in 2023 with a focus on the practical application of the concepts shared. This includes our longstanding Improvement Coaching Workshop held in April and attended by over 30 individuals across nine different organizations. This workshop is designed to support care teams, practice transformation specialists and practice coaches who directly engage providers and practices in improvement efforts through exploring the Model for Improvement and designing interventions to address health disparities.

Accelerating the Exchange of Health and Social Services Data

In addition to learning events, CQC partnered in a multi-association collaborative promoting participation in the [California Health and Human Services Agency's Data Exchange Framework](#) by facilitating rapid data

exchange within the health care delivery system to achieve equitable, patient-centered care for all Californians. Facilitation by CQC included:

- Providing support for 10 provider organizations in applying for technical assistance funding
- Hosting two events and disseminating monthly communications to support participation

Driving Health Care Transformation

CQC released several issue briefs tackling barriers to transforming the health care delivery system. These publications detailed evidence-based recommendations for guiding policy change for the system and tactical changes within delivery systems:

- [Capitated Payment for Primary Care in Self-Funded Health Insurance Arrangements in California](#): Hybrid payments that include capitation offer a promising alternative to traditional fee-for-service models, focusing on quality over quantity to enhance patient outcomes and system efficiency.
- [Measuring Advanced Primary Care in California](#): CQC and IHA executed a pilot project in California, bringing together four large health care purchasers — Covered California, California Public Employees' Retirement System, eBay and San Francisco Health Services System — and 13,055 primary care practices.
- [Recommendations to Advance Equity Through Payment Models](#): Alternative Payment Models (APMs), incentivizing clinicians to provide high-quality, cost-efficient care beyond traditional fee-for-service payments, hold immense potential to revolutionize health care delivery, expanding access, improving outcomes and addressing health disparities.
- [Selecting a Behavioral Health Integration Model](#): This implementation snapshot details the process for organizations to select an integration model that best meets their needs.

Acknowledgments

Thank you to the individuals and organizations that support CQC and its initiatives.

The [CQC Steering Committee](#) is a multi-stakeholder advisory committee, comprised of leaders from all facets of California's health care delivery system working together to effect positive change.

CQC is sponsored by:



California Health Care Foundation

About the California Quality Collaborative (CQC)

California Quality Collaborative (CQC), a program of PBGH, is a health care improvement program dedicated to helping care teams gain the expertise, infrastructure and tools they need to advance care quality, be patient-centered, improve efficiency and thrive in today's rapidly changing environment. The program is committed to advancing the quality and efficiency of the health care delivery system across all payers, and its multiple initiatives bring together providers, health plans, the state and purchasers to align goals and take action to improve the value of health care for Californians.

CQC is a program of the Purchaser Business Group on Health.

Join Us

Learn more about CQC and its quality improvement initiatives and resources at pbgh.org/california-quality-collaborative

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