



2019 Annual Report

Healthcare Effectiveness Data and Information Set (HEDIS)

Prepared by the Health Plan's Quality Management Department



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Executive Summary

Contra Costa Health Plan (CCHP) is pleased to present a summary of our most recent performance measurement rates. The measures reported are known as the Healthcare Effectiveness Data and Information Set (HEDIS). Established by the National Committee for Quality Assurance (NCQA), these measures are standardized quality indicators used to compare health plans and providers across the nation. Our contracts specify which measures we must report.

Since the measures are required of virtually all plans, benchmarking using national Medicaid Health Maintenance Organization (HMO) or State Medicaid averages is possible and included in this report. Benchmark peer groups vary depending on the product line and are chosen based upon what is the most comparable population.

A summary of the results by product follows.

County Benefits

For County Employees, four measures are used. Two of the four CCHP measures were higher than the nationwide 2018 Commercial HMO average as reported by NCQA in the data warehouse titled, *2018 Quality Compass*.

Medi-Cal

Medi-Cal is CCHP's largest population, with about 90% of our members. This year, CCHP improved on 15 of the 24 Medi-Cal measures. Four declined; five were unchanged. This year, we have 4 measures above the national Medicaid 90th percentile (High Performance Level or HPL): Avoidance of Antibiotics for Bronchitis, Postpartum visits, Immunizations for Adolescents, and Physical Activity Counseling. We have no measures below the national Medicaid 25th percentile (Minimum Performance level or MPL. Two measures had large changes. Asthma Medication Ratio improved by 12 points, and Immunizations for Adolescents improved more than 8 points.

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Kaiser results show one oddity, Diabetic Eye Exam had a very low score, dropping more than 20 points. Well visits age 3-6 also had a big decline. We have determined that there was a problem with how IT loaded some data.

In addition to the measures required by Medi-Cal, we collected data on additional measures required for NCQA Accreditation. There is no Medi-Cal mean for these. Most measures were above the Medicaid HMO nationwide mean.

A Note on Timeframes and Terminology

This report refers to “HEDIS 2019”. 2019 is the reporting year. Most of the activity reflected in these measures occurred in 2018, although some measures have longer lookback periods.

Introduction

CCHP is pleased to present a summary of our HEDIS performance measurement rates. These performance measurements are a gauge of how well CCHP's contracted networks and systems of care deliver services in an accessible, efficient, and effective manner in comparison to other health plans.

Description of Healthcare Effectiveness Data and Information Set (HEDIS)

The State of California, Department of Health Care Services (DHCS) requires all health plans managing state Medicaid benefits ("Medi-Cal") to utilize an External Accountability System (EAS). The EAS ensures high quality services that meet Federal and State requirements established by the Centers for Medicaid and Medicare Services (CMS). This requirement is met by CCHP by collecting and reporting the set of performance measures known as the HEDIS. Originating from the National Committee for Quality Assurance (NCQA), these measures are standardized quality of care indicators used to compare health plans and providers across the nation. The rates are published and are publicly available. Benchmarks are also available at a state and national level. This report provides the benchmark to the most appropriately comparable group of plans.

Data Collection Methodology

The HEDIS data collection process requires two distinct data collection methods. The first method for data collection is purely administrative or "admin". This method uses the plan's encounter and claim data and lab results. Fourteen of the Medi-Cal measures or sub-measures are defined as "administrative only" by NCQA, meaning that there is a high likelihood that good information on compliance can be gained from those data alone. The other measures require medical record review to supplement the administrative data.

The first method, an administrative methodology, is quick and relatively inexpensive. The second method for data collection, medical record review, is a manual process requiring trained staff. This method provides data that is frequently more clinical in nature and more detailed than what the administrative data captures. Measures using both sources are referred to as "hybrid".

Over time, we have gotten more and more data electronically. We have also gained remote access to some EHR data remotely. As a result, we did not have to visit provider offices for chart review this year.

Data Completeness and Limitations

One Kaiser measure does seem suspicious, and we are investigating. We had an excellent group of chart auditors this year, and we were able to pursue all of the data chases.

Performance Evaluation of Product Lines

The software, processes, and accuracy of data are audited by NCQA-accredited outside firms for Medi-Cal (State required and Accreditation required) measures. The results of each performance evaluation are submitted to state authorities and NCQA. Both groups of measures passed their audits.

The following are the organizations that require HEDIS audits and have the HEDIS measure results reported to them:

1. Contra Costa County Human Resources for Commercial Plans for Employees
2. California Department of Health Care Services (DHCS) for Medi-Cal
3. NCQA for our Accreditation

Internally, the data are reviewed and results are prioritized by the Quality Director and staff, the Medical Director, the CEO, Clinical Leadership Group, and the Quality Council. The annual report is also presented to the Joint Conference Committee, CCHP's governing body.

Commercial Plans for County Employees

The commercial plans, known as “Plan A” and “Plan B”, offer employees a choice to either use the CCRMC Network (Plan A) or use CCRMC and/or CPN networks (Plan B). Measures are reported to Contra Costa County Human Resources. At the end of 2018, we were serving about 6700 members in these plans. The benchmark presented is the national average for commercial plans. Two of the four measures are above the national mean performance level.

Commercial Plans for County Employees Performance Rates

CCHP County Benefits

HEDIS Score: % Compliance

MEASURES	2015	2016	2017	2018	2019	2018 National mean
AMM- Antidepressant Med. Mgmt., acute phase	71.5	70.9	67.4	55.2	73.2	51.82
AMR-Asthma Medication Ratio		49.4	33.2	40.8	52.7	78.58
URI- Appropriate Treatment for children with URI	93.7	90.5	89.3	90.0	87.1	88.77
CHL- Chlamydia screening	50.2	53.1	52.3	57.1	54.21	48.94

Medi-Cal

The CCHP Medi-Cal product line is the State Medicaid program in California. This is by far CCHP’s largest product, serving around 178,000 members at the end of 2017 or about 90% of our membership. Measures are reported to the state’s Department of Health Care Services (DHCS).

This year, CCHP improved on 15 of the 24 Medi-Cal measures. Four declined; five were unchanged. This year, we have 4 measures above the national Medicaid 90th percentile (High Performance Level or HPL): Avoidance of Antibiotics for Bronchitis, Postpartum visits, Immunizations for Adolescents, and Physical Activity Counseling. We have no measures below the national Medicaid 25th percentile (Minimum Performance level or MPL).

Two measures had large improvements. Asthma Medication Ratio improved 12 percentage points, Immunizations for Adolescents improved 8 points and Controlling High Blood Pressure in Diabetics improved 8 percentage points.

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No measures declined by 5 percentage points or more.

CCRMC saw their average measure improve by almost 4 percentage points. Leading the way was Asthma Medication Ratio, improving 18 points and Controlling High Blood Pressure in Diabetics, improving 10 points. Cervical Cancer Screening and Well Visits Age 3-6 improved 8 points each, and Avoidance of Antibiotics in Adults with Acute Bronchitis improved 6.. The largest decline, just under 4 points was in Immunizations Combo 3. They have five rates above the national 90th percentile: Physical Activity Counseling, Nutrition Counseling, Postpartum Visits, Controlling High Blood Pressure in Diabetics, and Avoidance of Antibiotics in Adults with Acute Bronchitis. The rate for Nephropathy Screening or Treatment for Diabetics was below the Minimum Performance Level (MPL) established by DHCS, as was Asthma Medication Ratio. This was the third year in a row for both of those to be below the MPL.

CPN averaged a small decline per measure. There were good improvements in Documentation of Physical Activity Counseling and Nutrition Counseling, Blood Pressure Control in both the general population and among diabetics, Asthma Medication Ratio, and Avoidance of Antibiotics in Adults with Acute Bronchitis. After falling a lot in the prior year, HbA1c testing improved significantly.

CPN had no measures above the High Performance Level and six below the Minimum Performance Level. They were below the 10th percentile in Diabetes HbA1c greater than 9%.

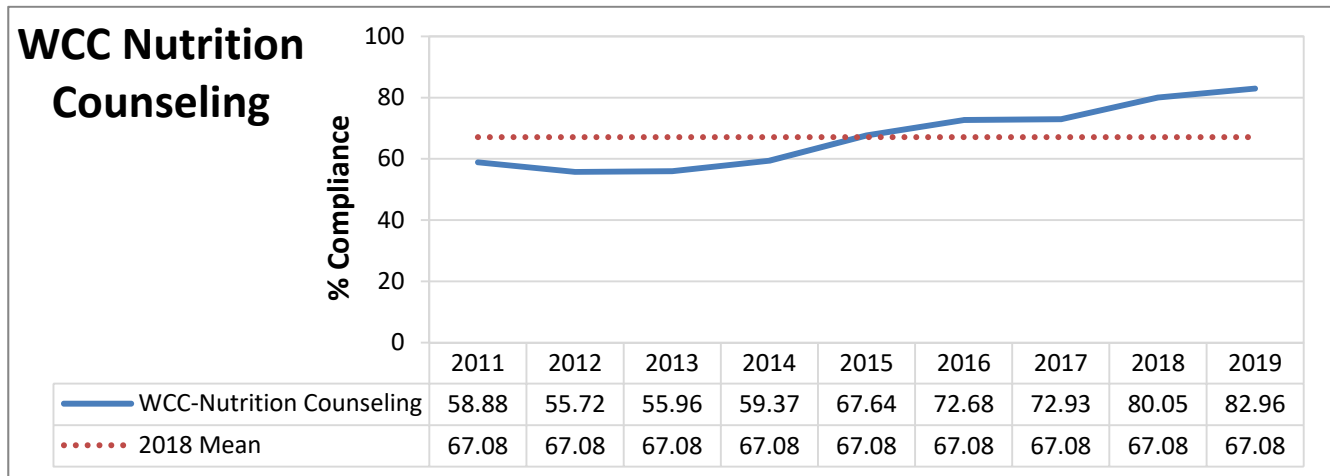
Kaiser is the highest scoring network on most measures. They were above the High Performance Level (National Medicaid 90th percentile) on 19 measures and were below the Minimum Performance Level (National Medicaid 25th percentile) on one. A mistake by IT resulted in two of their measures being artificially low.

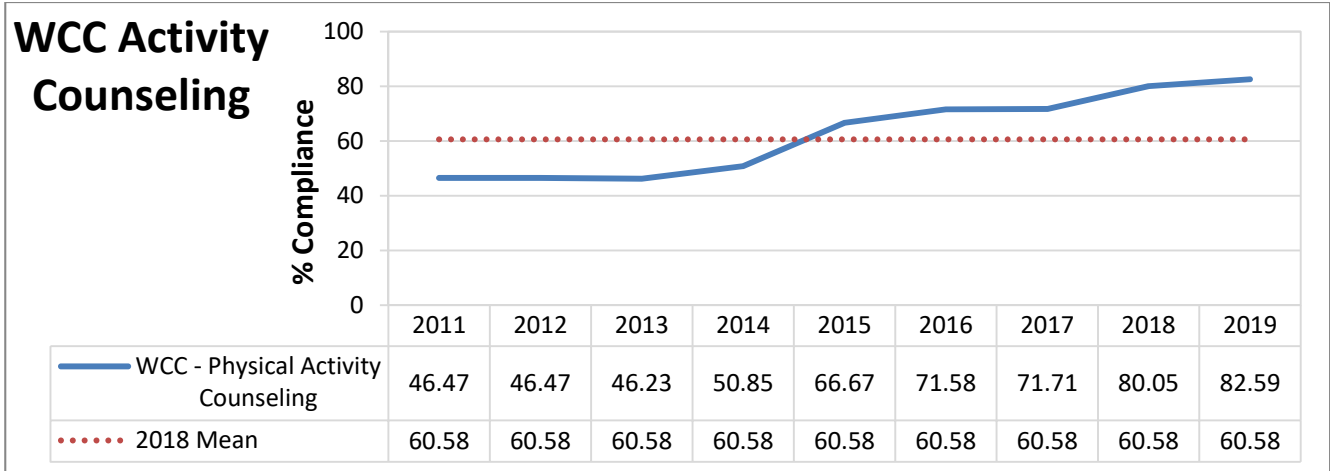
Medi-Cal Performance Charts (the mean displayed is the 2018 Medi-Cal HMO mean)

Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)

The percentage of members 3-17 years old, continuously enrolled with no more than a one month gap in coverage, who had at least one outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year: 1) Counseling for nutrition, and 2) Counseling for physical activity or referral for physical activity counseling.

These measures will not be in next year’s measure set. The BMI calculation aspect of the WCC measure will be added for next year. This year, it scored above the national 90th percentile.

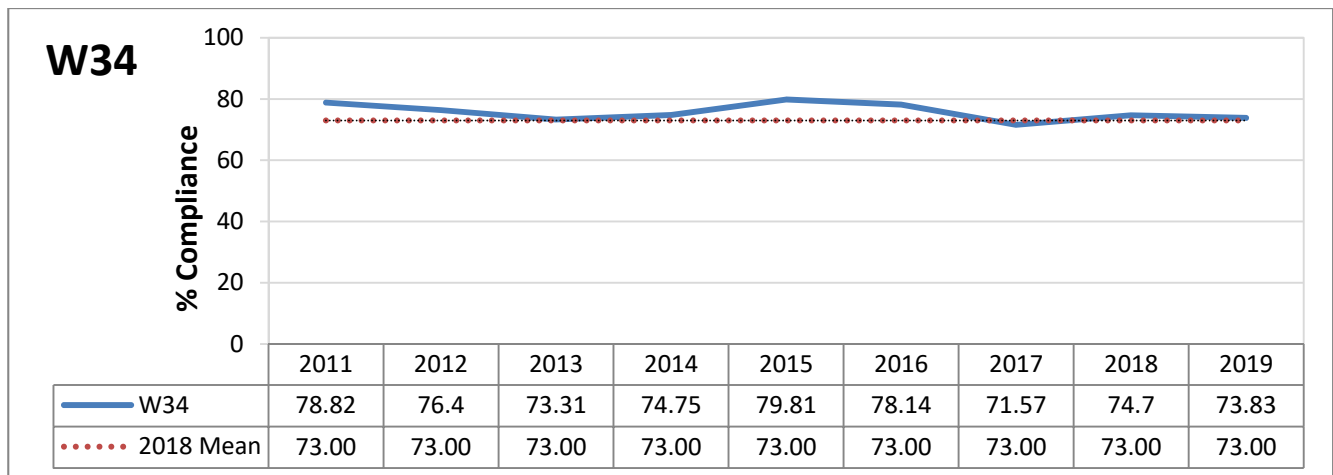




Well Child Visits in the Third, Fourth, Fifth, and Sixth years of Life (W34)

The percentage of Medi-Cal members who turned three, four, five, or six years of age, and continuously enrolled during the measurement year who received one or more well visits with a primary care provider in during the measurement year.

The compliance rate for this measure dropped slightly. Performance is just below the 50th percentile, which will be the new minimum level of performance established by the state.

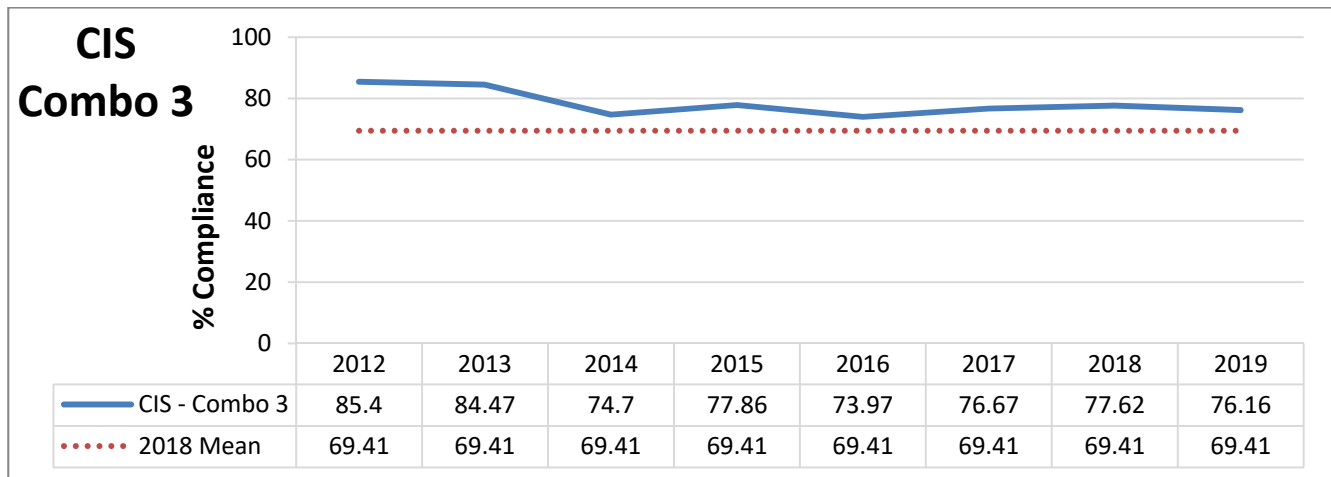


Childhood Immunizations Status (CIS) Combo 3

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The percentage of children continuously enrolled 12 months prior to the child’s second birthday, who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate by their second birthday.

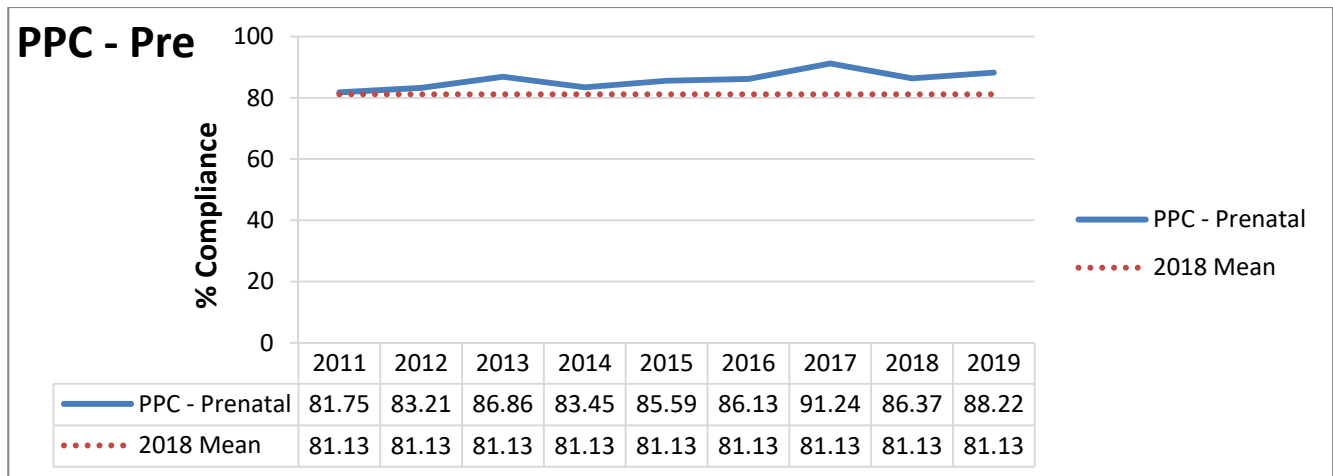
Performance has been rather flat for several years. Combo 10 will be used next year in place of Combo3.



Timeliness of Prenatal Care (PPC- Pre)

This is the percentage of deliveries that received a prenatal care visit in the first trimester *or* within 42 days of enrollment in the health plan. Continuous enrollment requirement is 43 days prior to delivery through 56 days after delivery.

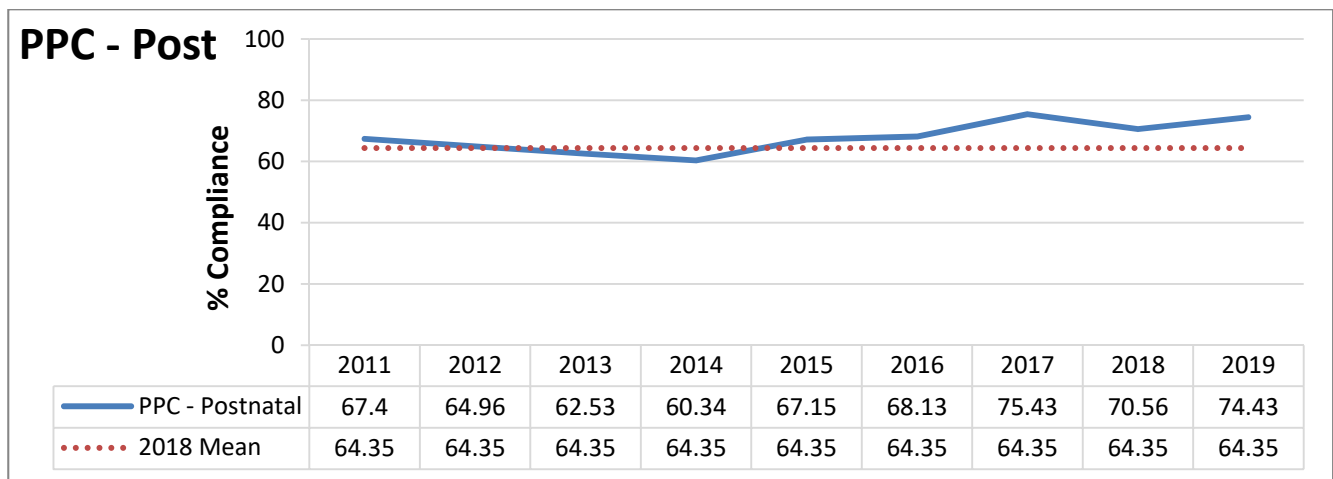
This measure is up slightly from the year before but below the year before that.



Postpartum Care (PPC-Post)

This is the percentage of deliveries that had a postpartum visit on or between 21-56 days after delivery. (3-8 weeks postpartum).

This measure improved after dropping some last year. It is now above the 90th percentile.



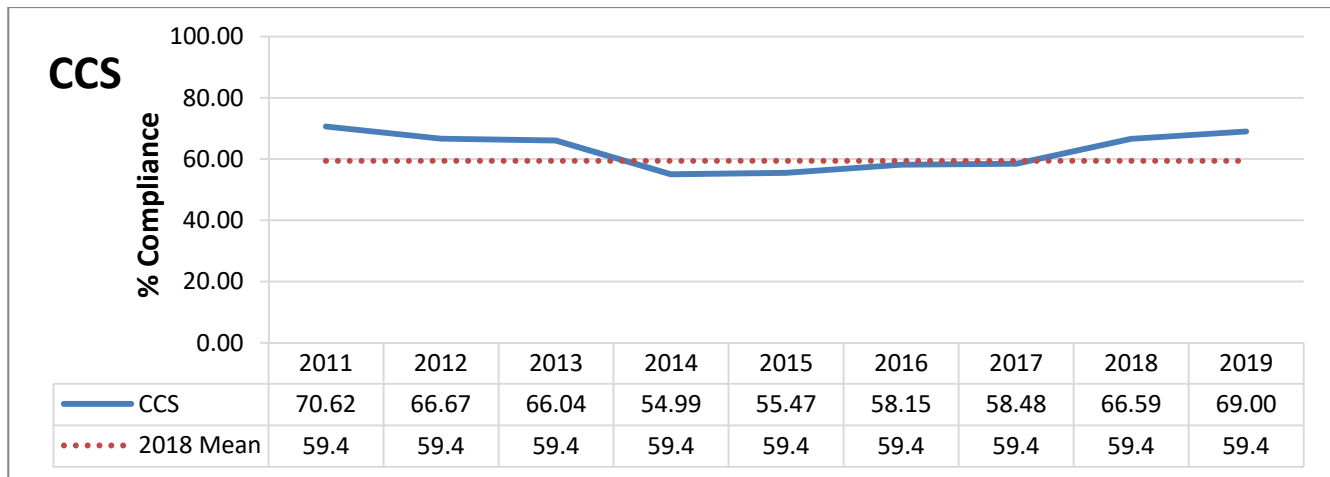
Cervical Cancer Screening (CCS)

The percentage of women 21-64 years of age continuously enrolled for the measurement year, who received one or more pap tests during the measurement year or the two years

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prior to the measurement year (3-year span). Or for those 30 and above, the interval can be extended to five years if there is HPV co-testing.

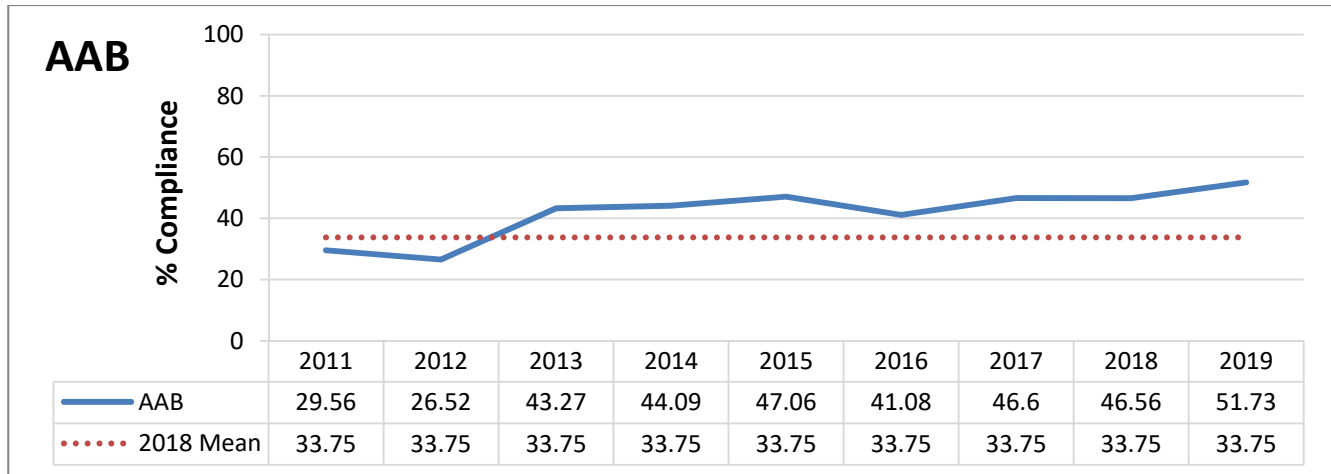
This measure continues to increase modestly year after year.



Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis (AAB)

The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription on or within three days after the episode date. A higher rate is better.

We continue to do well with this measure. It is above the 90th percentile.

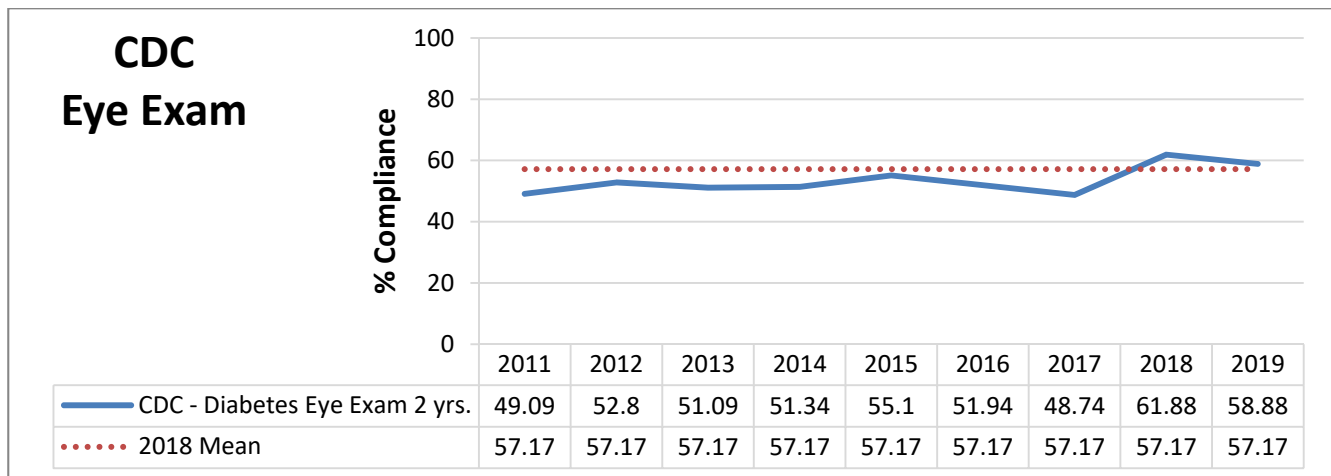


Comprehensive Diabetes Care (CDC)

This set of six indicators measure process and outcome related to the care of patients aged 18-75 with type 1 and type 2 diabetes, continually enrolled for the measurement year.

Retinal Eye Exam- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year or a negative retinal exam performed in the year prior to the measurement year.

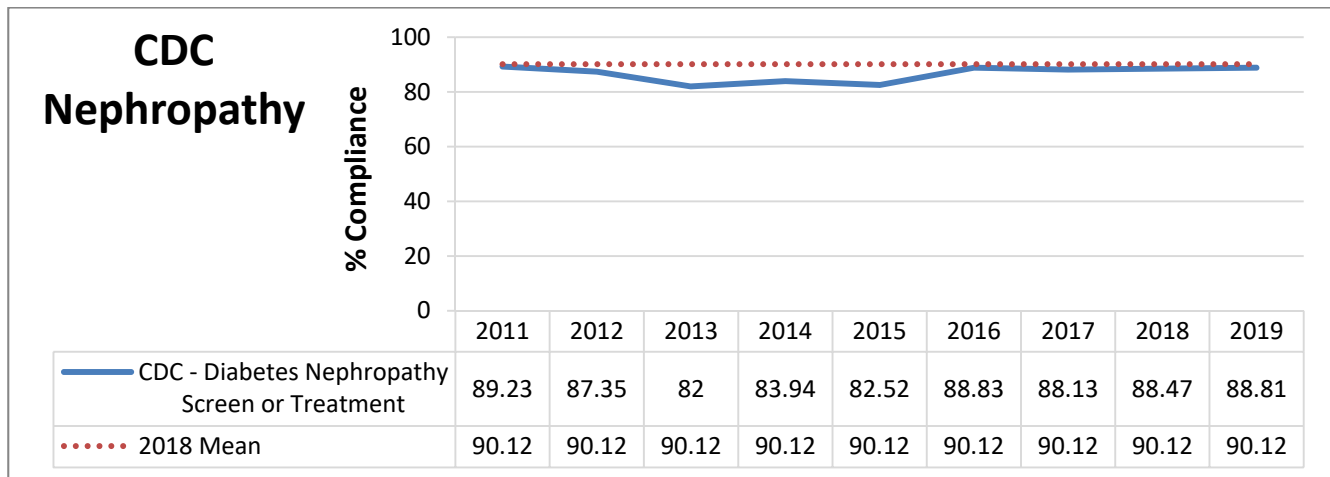
This measure dropped a little after good improvement last year.



Nephropathy screening- Screening for nephropathy or evidence of nephropathy or nephropathy treatment in the medical record. This measure requires annual screening regardless of past results. Member can be made compliant by evidence of treatment of

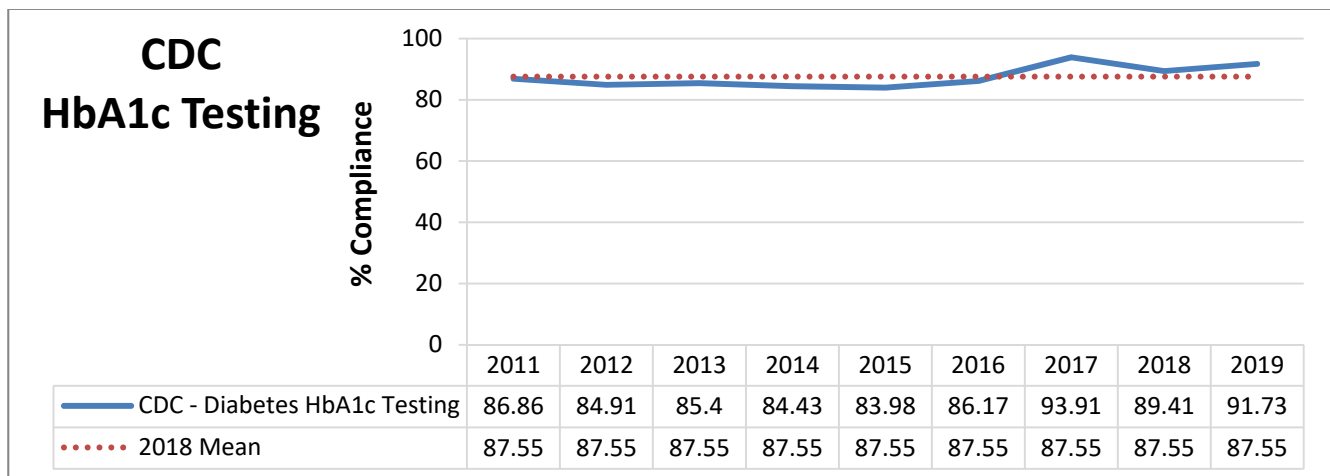
nephropathy, an encounter with a Nephrologist, a urine microalbumin test in the measurement year, or evidence of ACEI/ARB therapy.

We had always done well on this measure, performing above the 90th percentile for several years, but a 5 point jump in the MPL, but the performance levels jumped five points two years ago, leaving us below the 25th percentile. We improved slightly over the last two years, enough not to be below the 25th percentile.



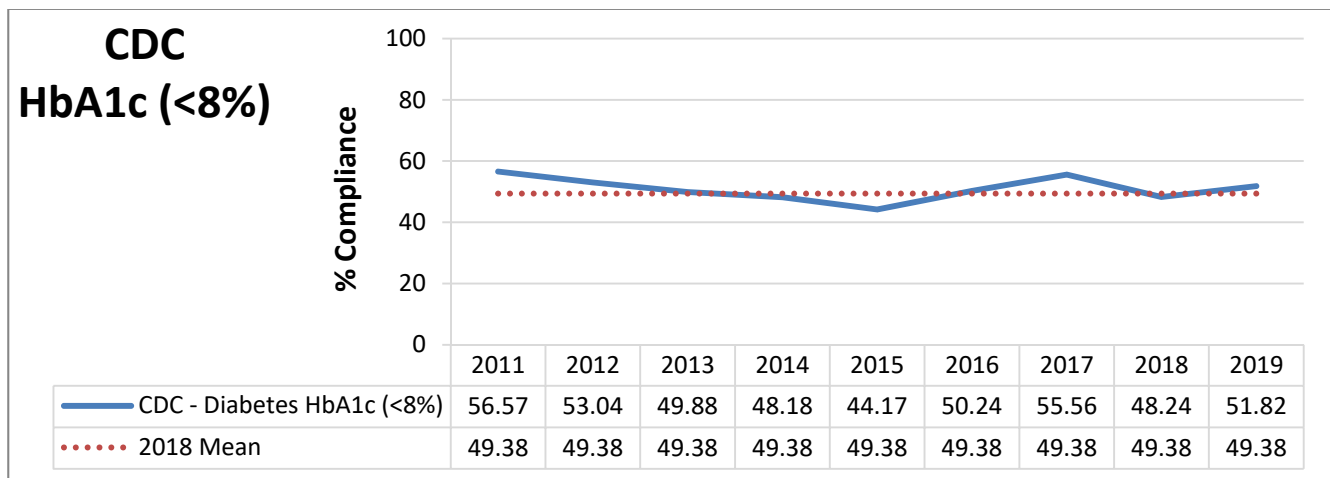
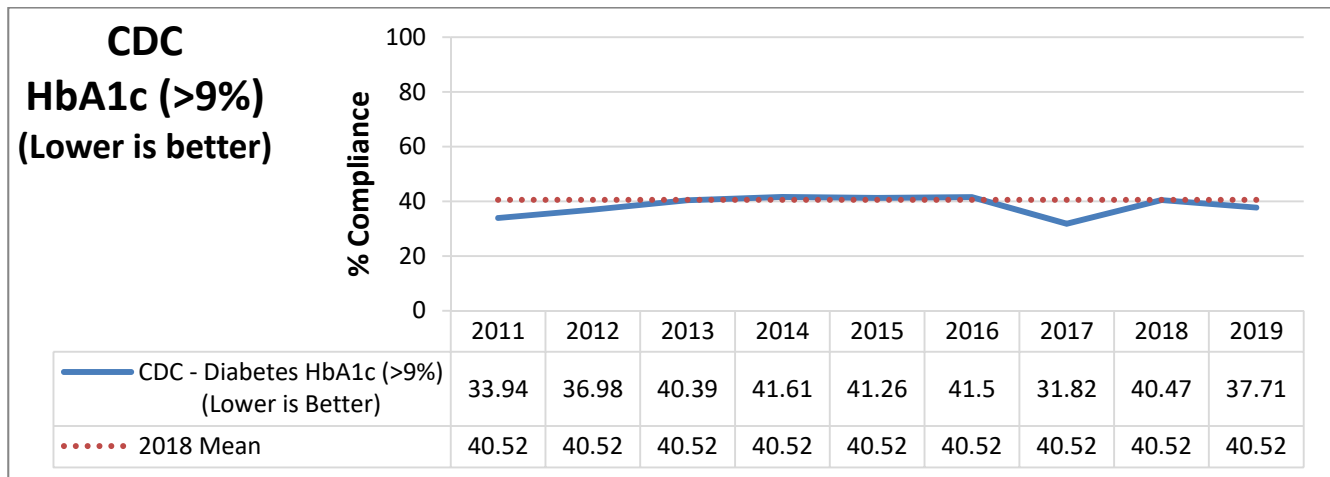
HbA1c Testing- One or more HbA1c tests performed during the measurement year with a result documented in the medical record.

This measure improved this year, especially in CPN.



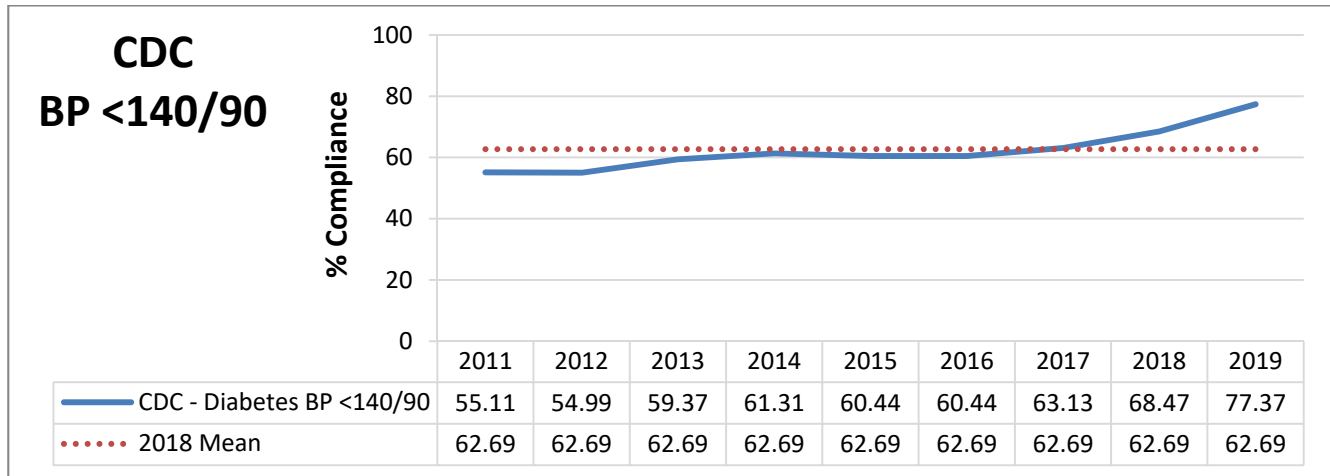
HbA1c Level-Two rates are measured: **>9%**, where a lower score is better, and **<8%**, where a higher score is better. If there is no record of the test in the measurement year, it is counted against us in the >9% rate.

There was about a 3 point improvement in both rates.



Blood Pressure < 140/90- The most recent outpatient reading. Both systolic and diastolic rates must be below the standards to pass. If there is no reading on record for the measurement year, the case counts against us.

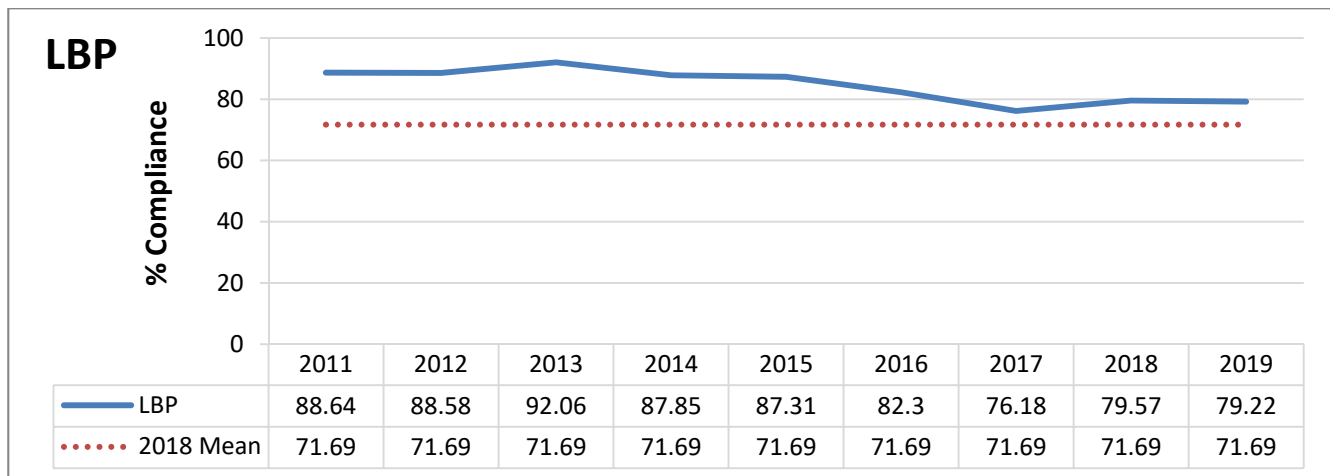
This measure improved significantly for the second year in a row..



Lower Back Pain (LBP)

The percentage of adult members 18-50 years, with no gaps in enrollment, who had an outpatient encounter with a primary diagnosis of lower back pain who did not have an imaging study within 28 days of the diagnosis.

This measure is stable and close to the 90th percentile.

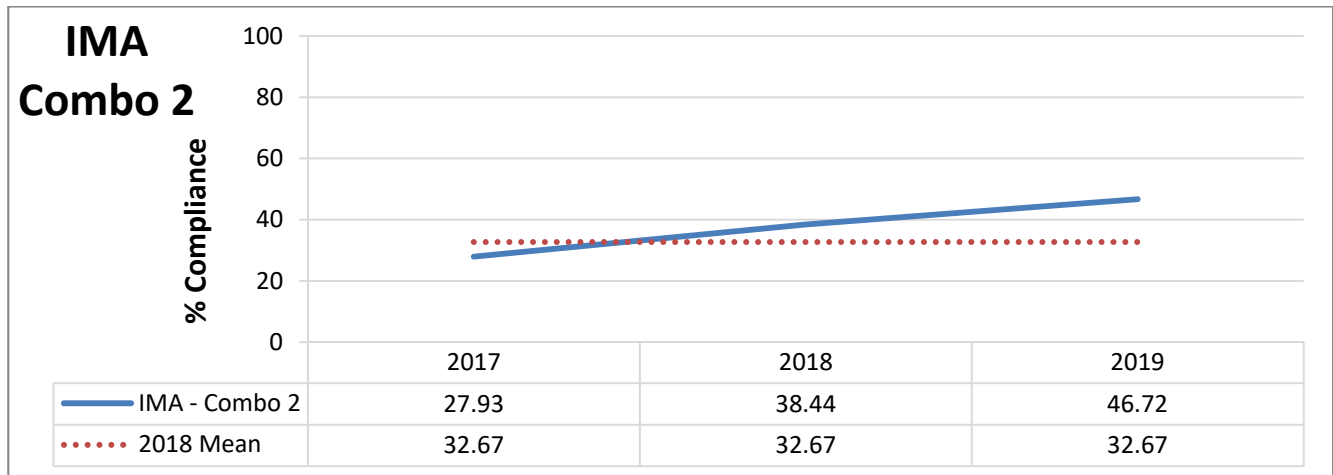


Immunization for Adolescents (IMA) Combination 2 Rate

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The percentage of adolescents 13 years of age who had an HPV series, one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.

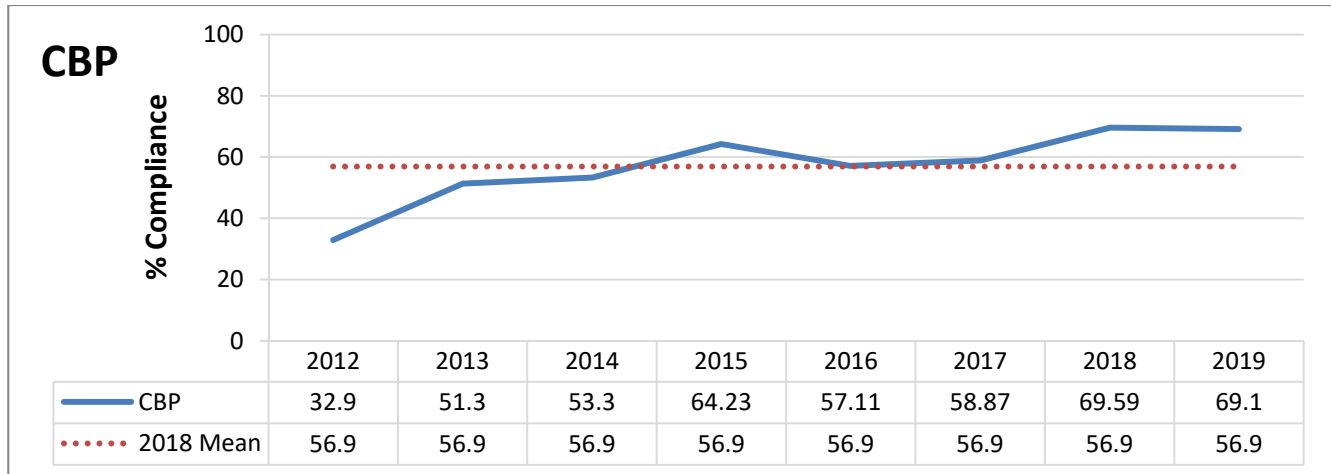
Due to work by the Quality Department and Public Health on the HPV component, this measure improved significantly.



Controlling High Blood Pressure (CBP)

The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.

This measure was flay after good improvement last year.

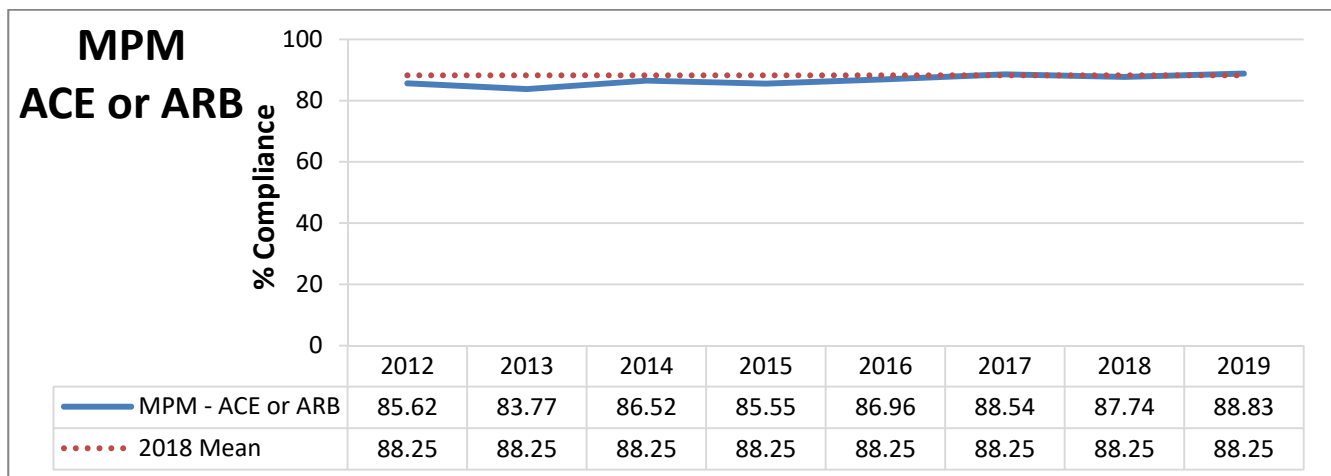


Annual Monitoring for Patients on Persistent Medications (MPM)

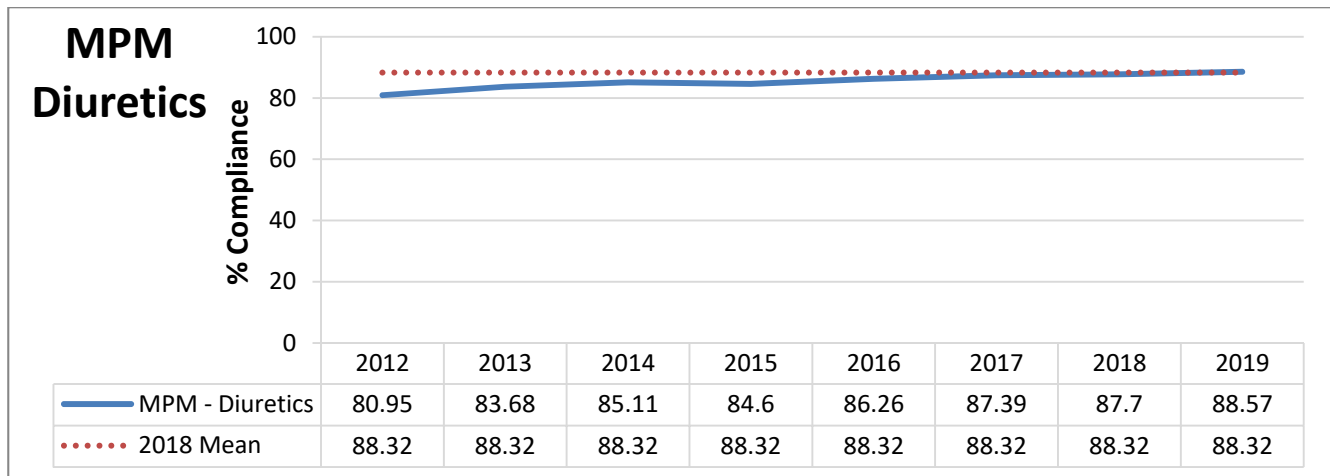
The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. There are two measures:

- Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB).
- Annual monitoring for members on diuretics.

MPM (ACE or ARB) measure has varied little.



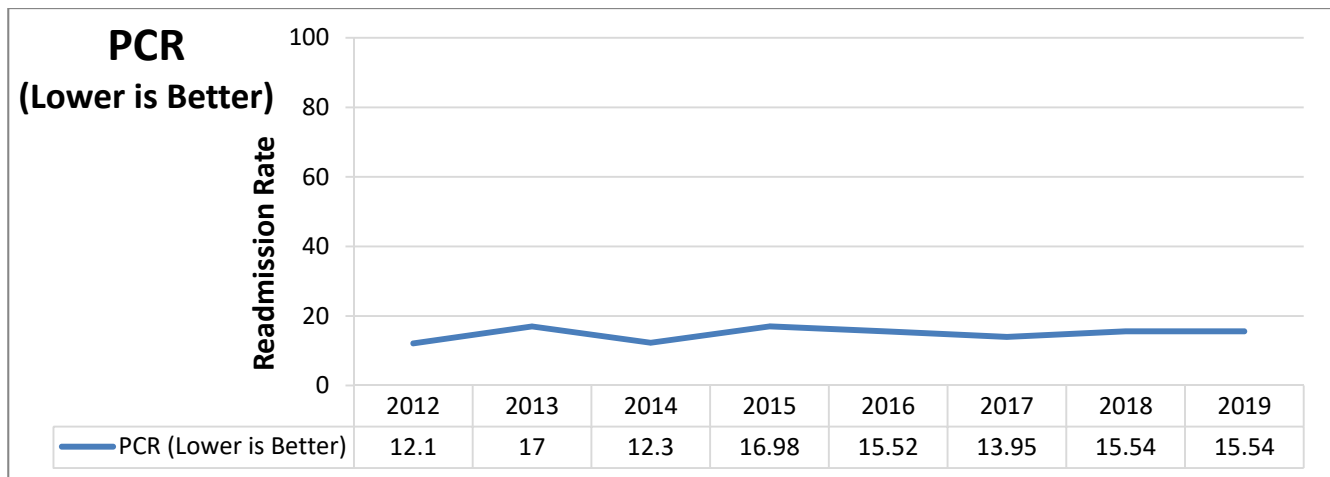
MPM (Diuretics) measure has varied little.



All-Cause Readmissions (ACR)

For members 21 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.

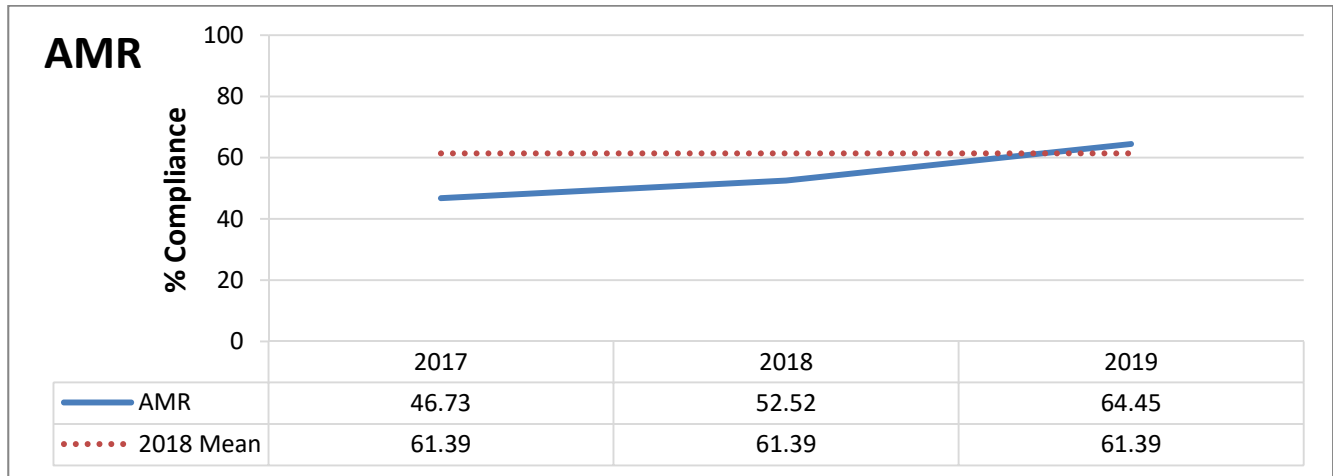
This measure changed little from last year.. The mean is not available.



Asthma Medication Ratio (AMR)

The percentage of members aged 5-64 with persistent asthma who had a ratio of controller medications to total asthma medications of 0.5 or greater during the measurement year.

This was our biggest improvement this year, 12 points..

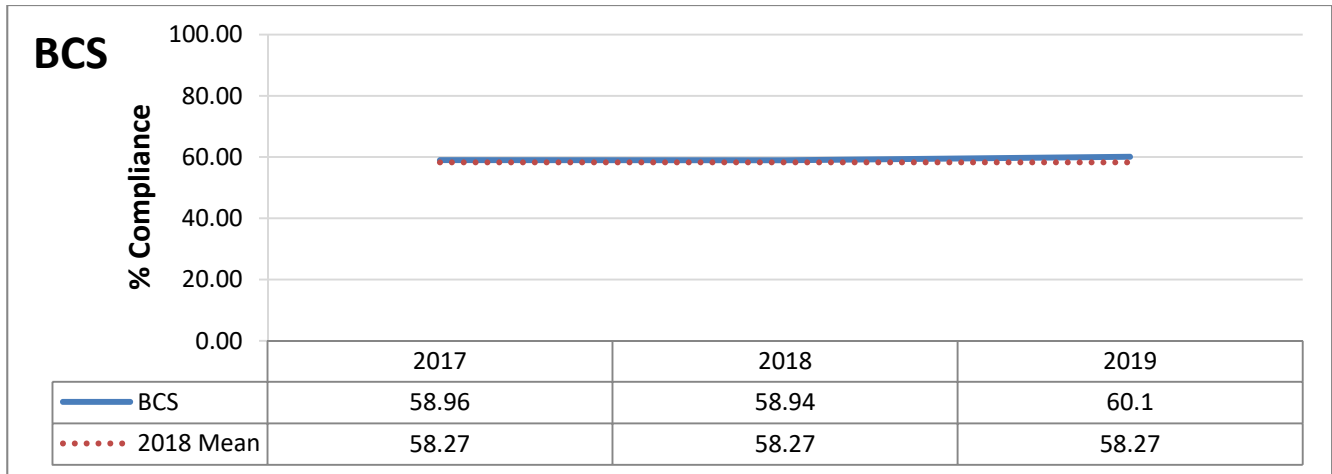


Breast Cancer Screening (BCS)

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer in the past two years.

Slight improvement this year and just above the mean..

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Additional Measures for Accreditation

These measures are required for maintaining our NCQA Accreditation. They are not required by the Medi-Cal program, so California comparisons are not available. We are above the mean on 25 of 32 measures.

HEDIS Measures Required for Accreditation		2015 Reported Rate	2016 Reported Rate	2017 Reported Rate	2018 Reported Rate	2019 Reported Rate	National 2018 Mean
ABA	Adult BMI Assessment	87.83%	85.20%	89.76%	91.73%	91.84%	84.54%
AMM	Antidepressant Medication Management - Effective Acute Phase Treatment	67.08%	64.22%	62.18%	63.64%	61.74%	53.86%
	Antidepressant Medication Management - Effective Continuation Phase Treatment	46.07%	42.03%	38.46%	41.43%	39.42%	38.57%
CWP	Appropriate Testing for Children with Pharyngitis	53.71%	55.36%	45.91%	55.08%	60.98%	78.29%
URI	Appropriate Treatment for Children with Upper Respiratory Infection	95.14%	95.82%	95.97%	96.32%	96.34%	89.08%
AMR	Asthma Medication Ratio		50.94%	46.73%	52.52%	64.45%	61.39%
AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	47.06%	41.08%	46.60%	46.56%	51.73%	33.75%
BCS	Breast Cancer Screening	64.85%	61.81%	58.96%	58.94%	60.10%	58.27%
CCS	Cervical Cancer Screening	55.47%	58.15%	58.48%	66.59%	69.00%	59.40%
CIS	Childhood Immunization Status (Combo 10)	52.55%	48.43%	43.67%	45.50%	47.20%	35.40%
	Childhood Immunization Status (Combo 3)		73.97%	76.67%	77.62%	76.16%	69.41%
CHL	Chlamydia Screening in Women (Total Rate)		57.25%	60.46%	60.04%	63.88%	57.62%
CDC	Comprehensive Diabetes Care - BP Control <140/90	60.44%	60.44%	63.13%	68.47%	77.37%	62.69%
	Comprehensive Diabetes Care - Eye Examination	55.10%	51.94%	48.74%	61.88%	58.88%	57.17%
	Comprehensive Diabetes Care - HbA1c Control (<8%)	44.17%	50.24%	55.56%	48.24%	51.82%	49.38%
	Comprehensive Diabetes Care - HbA1c Poorly Controlled (>9.0%)		41.50%	31.82%	40.47%	37.71%	40.52%
	Comprehensive Diabetes Care - Medical Attention for Nephropathy	85.52%	88.83%	88.13%	88.47%	88.81%	90.12%
CBP	Controlling High Blood Pressure	64.23%	57.11%	58.87%	69.59%	69.10%	56.90%
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are using Antipsychotic Medications		71.10%	77.48%	81.13%	73.61%	80.81%
ADD	Follow-Up Care for Children Prescribed ADHD Meds - Continuation and Maintenance Phase		54.74%	51.32%	44.32%	56.67%	44.63%
	Follow-Up Care for Children Prescribed ADHD Meds - Initiation Phase		38.48%	43.77%	44.05%	43.98%	44.63%
FPC	Frequency of Prenatal Care (>= 81% of expected visits only)	45.11%	57.91%	61.56%			
IMA-1	Immunization for Adolescents (Combo 1)	72.51%	70.75%	74.81%	78.35%	83.70%	77.63%
MMA	Medication Management for People with Asthma - Medication Compliance 75% Total	37.92%	30.83%	32.30%	34.99%	39.77%	36.93%
PCE	Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	80.42%	77.72%	75.67%	70.58%	66.77%	81.41%
	Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	57.50%	64.86%	59.49%	56.69%	49.27%	68.24%
PPC	Prenatal & Postpartum Care - Postpartum Care	67.15%	68.13%	75.43%	70.56%	74.43%	64.35%
	Prenatal & Postpartum Care - Timeliness of Prenatal Care	85.89%	86.13%	91.24%	86.37%	88.22%	81.13%
LBP	Use of Imaging Studies for Low Back Pain	87.31%	82.30%	76.18%	79.57%	79.22%	71.69%
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI %	69.34%	80.05%	81.95%	89.29%	91.11%	72.51%
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	67.64%	72.68%	72.93%	80.05%	82.96%	67.08%
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	66.67%	71.58%	71.71%	80.05%	82.59%	60.58%

Stratifications of the Medi-Cal Data Comparison of Care Networks

CCHP Medi-Cal HEDIS Measures		2019 CCHP	2019 RMC	2019 CPN	2019 KSR
WCC	Nutrition counseling given for children	82.96%	86.32%	74.47%	89.83%
	Physical activity counseling for children	82.59%	85.47%	74.47%	89.83%
W34	*Yearly well child visit 3-6 yr.	73.83%	77.04%	70.18%	73.83%
CIS	*Combo 3 immunizations	76.16%	76.32%	70.43%	82.08%
PPC	*First trimester prenatal	88.22%	88.48%	83.53%	93.06%
	Postpartum visit 21-56 days	74.43%	76.96%	63.53%	80.56%
LBP	Avoiding Use of Imaging for Low Back Pain	79.22%	78.88%	77.80%	81.49%
BCS	Breast Cancer Screening	60.10%	58.97%	50.79%	81.23%
CCS	*Cervical cancer screening	69.00%	70.18%	57.78%	80.95%
CDC	Diabetes Eye Exam 2 yrs.	58.88%	64.34%	48.94%	46.67%
	*Diabetes HbA1c testing	91.73%	92.28%	87.23%	97.78%
	Diabetes HbA1c(>9%) (lower is better)	37.71%	31.25%	62.77%	24.44%
	Diabetes HbA1c (<8%)	51.82%	57.35%	29.79%	64.44%
	Diabetes Nephropathy screen or treatment	88.81%	88.24%	86.17%	97.78%
	Diabetes BP <140/90	77.37%	78.31%	74.47%	77.78%
AAB	Avoidance of Antibiotics in Adults With Acute Bronchitis	51.73%	53.85%	44.24%	55.56%
IMA-2	Immunizations for Adolescents: Combo 2	46.72%	40.37%	41.36%	68.18%
AMR	Asthma Medication Ratio	64.45%	53.26%	63.22%	89.72%
CBP	*Controlling High Blood Pressure	69.10%	69.42%	62.63%	85.29%
CDF	Screening for Depression and follow up--Screening	16.54%	32.17%	1.31%	0.21%
	Screening for Depression and follow up--Follow Up	3.08%	62.14%	61.29%	38.46%
ACR	All-Cause Readmissions (lower is better)	15.54%	16.37%	14.12%	11.06%
	All-Cause Readmission, SPDs	19.15%	20.95%	14.61%	12.00%
	All-Cause Readmission, Non SPDs	13.11%	13.24%	13.79%	10.48%
MPM	Monitoring for Patients on persistent Medications - ACE or ARB	88.83%	87.93%	87.98%	93.23%
	Monitoring for Patients on persistent Medications - Diuretics	88.57%	88.04%	85.23%	93.15%
AMB	Ambulatory Care - Outpatient Visits per 1000 Member Months	452.10	243.49	106.71	101.90
	Ambulatory Care - Emergency Department Visits per 1000 Member Months	50.25	29.31	12.75	8.19
CAP	Children and Adolescents' Access to Primary Care Practitioners - 12-24 Months	93.97%	94.77%	90.20%	97.25%
	Children and Adolescents' Access to Primary Care Practitioners - 25 Months-6 Years	85.04%	84.06%	83.94%	88.46%
	Children and Adolescents' Access to Primary Care Practitioners - 7-11 Years	86.42%	85.52%	85.78%	88.95%
	Children and Adolescents' Access to Primary Care Practitioners - 12-19 Years	83.66%	83.16%	81.27%	87.76%

*included in default algorithm

Above 90th Percentile

Below 25th Percentile

Prioritization of Measures for Improvement

Focus areas for the past year included Performance Improvement Projects (PIPs) in hypertension and in nephropathy screening for diabetics. The interventions have not been in place long enough to show improvement. Hopefully, we will see improvement in next year's data. New PIPs are in development.

There are many changes to the measures for next year. We are most concerned about the well visit measures.

We have a new initiative in Population Health Management which will produce interventions to improve the health of our population and which may impact HEDIS measures in asthma, diabetes, and cancer screenings.