



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ⁰¹⁷

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4770
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November 28, 2000

AGENDA: December 5, 2000

BOARD OF SUPERVISORS

County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

Re: Quarterly Reports from Central Coast Alliance for Health

Dear Board Members:

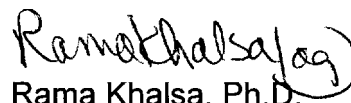
On August 8, 2000, your Board requested that the Alliance provide regular reports on a four-month basis, with the first report due on December 5, 2000. We have attached their report, dated November 17, 2000, which presents an overview of their activities to that date.

Health Services Agency is working closely with Central Coast Alliance for Health to be sure that these quarterly reports are received on a timely basis; therefore, HSA will return with a second report on or before April 17, 2001.

It is therefore RECOMMENDED that your Board:

Accept and file the first quarterly report from Central Coast Alliance for Health, with the next report due on or before April 17, 2001.

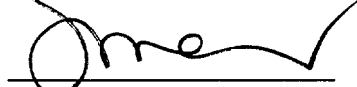
Sincerely,



Rama Khalsa, Ph.D.

HSA Administrator

RECOMMENDED:



Susan Mauriello
County Administrative Officer

cc: CAO
Auditor-Controller

County Counsel
HSA Administration

Central Coast Alliance
for Health

CENTRAL COAST ALLIANCE FOR HEALTH

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(831) 457-3850 ~ FAX (831) 466-43 10

0136

November 17, 2000

REPORT TO THE SANTA CRUZ COUNTY BOARD OF SUPERVISORS

ACTIVITIES YEAR 2000 TO DATE

The Central Coast Alliance for Health (“the Alliance”) is a locally governed and operated public agency established by ordinance adopted by the Counties of Santa **Cruz** and Monterey. The Alliance is governed by the Santa **Cruz-Monterey** Managed Medical Care Commission (“the Commission”), whose members are appointed by the Boards of Supervisors. The Alliance’s mission is to ensure appropriate access for lower income residents to health care services that meet community standards of quality. The Commission seeks to achieve this mission through operation of a County Organized Health System (COHS) health plan serving Medi-Cal and Healthy Families beneficiaries in the Monterey Bay region. This report describes the activities and accomplishments of the Commission this year to date. Activities in prior years have been reported in the Commission’s Annual Reports to the Boards of Supervisors.

Commission Structure and Activities

The Alliance is governed by the Santa Cruz – Monterey Managed Medical Care Commission, a sixteen-member commission appointed by the counties’ Boards of Supervisors with eight members **from** each county representing interests of the public, providers and government. The Commission has established three advisory groups: Members, Physicians, and Allied Health Providers, which advise the Commission on policy matters.

The Commission meets monthly in public meetings to discuss and decide upon policy issues for the Alliance and to receive reports from the Alliance staff on on-going operations. All meetings of the Commission, the Committees of the Commission and of Advisory Croups are open to the public and are governed by the Brown Act. Staff prepares monthly and quarterly reports for the Commission on items ranging from presentation of monthly **financial** statements, to monthly report on volume of member calls, to quarterly reports of member grievances, and periodic reports on timeliness of authorization for **wheelchair** requests.

See Attachment A for list of Commissioners and a description of their category of representation is attached.

In July 2000, the Commission held a retreat to discuss and define policy issues and set goals for the coming years. The Commission identified three priority goals for the Alliance. The Commission agreed that the Alliance's development priorities are to:

1. Develop "user **friendly**" systems for its members and providers.
2. Improve provider satisfaction.
3. Maintain fiscal viability. The staff of the Alliance has developed an action plan with steps to achieve these goals.

Staff has presented its initial plan to the Commission which includes proposals which focus on new or expanded activities toward the following:

- Improving communication on Alliance policies, including listening to and informing of customers, and supporting board policy-making in response to customer needs.
- Improving Alliance systems and use of technology, including streamlining procedures, reducing paperwork and "hassle factors", and leveraging emerging health data standards and **internet** technologies.
- Improving management of **major** determinants of fiscal performance, including promotion of effective case management, updating medical expense budgets, negotiation of appropriate revenue rates, and support for the board's further development of fiscal policies.
- Improving customer service skills and culture at the Alliance, including new training, supervision and programs to support customer service excellence.

Staff is reporting on progress to the Commission at its regularly scheduled meetings.

Alliance Members

The Alliance serves approximately 60,000 Medi-Cal and 900 Healthy Families Program members in Santa **Cruz** and Monterey counties. In Santa **Cruz** County, the Alliance has 20,000 Medi-Cal members and 650 Healthy Families members. In Monterey County, the Alliance has 40,000 Medi-Cal members and 250 Healthy Families members.

The Alliance's Medi-Cal members are lower income persons with qualifying conditions (e.g. aged, disabled, single parent), and include almost all Medi-Cal beneficiaries in the region. Among Alliance Medi-Cal members, approximately 28% are Caucasian 57% Latino, and 3% African America and 12% are other or not reported. 47% are English speaking and 39% are Spanish speaking. 60% of members are female and 40% are male, with 61% of members under 19 years old or younger. Alliance Healthy Families members are children, up to age 18, of families with incomes from 100% up to 250% of the federal poverty level.

Alliance Member Services

The Alliance Member Services Department assists members in accessing health care services. Member Services Representatives are bilingual, and assist members by phone and in person, and are located both at the Alliance's administrative offices in Santa Cruz and at locations in Social Services offices in other parts of Santa Cruz and Monterey counties. Additionally, the Alliance has, in each county, a liaison to members with disabilities who is available to assist disabled members with access to health care and other services such as obtaining durable medical equipment and necessary medical supplies. The Alliance currently employs two full-time Medical Social Workers who serve as the liaisons to members with disabilities. The liaison to members with disabilities was one of a number of program improvements the Alliance implemented in 1998 as a result of discussions with the Santa Cruz County Commission on Disabilities about the Alliance's services.

Member Satisfaction

In January 2000, the Commission reviewed findings **from** the State's independent survey of member satisfaction among all Medi-Cal health plans statewide. The Alliance scored above the all-plan average on all four key measures, including overall member satisfaction with: personal doctor or nurse, specialist most often seen, all health care received, and health plan services. The survey suggested areas for improvement: increase choice of **PCPs**, reduce waits for doctor appointments, and **clarify** written member materials.

See Attachment B for a copy of the Alliance's Commission report on this member satisfaction survey.

Resolving Members' Complaints

The Alliance has a system for in-taking and resolving member complaints about their health care services received through the Alliance. The structure of the Alliance's complaint resolution process is defined by statute, and the Alliance employs a full-time Grievance Coordinator dedicated to resolution of member problems. Alliance senior management staff meet bi-weekly to review and discuss complaints, ensure appropriate resolution and use complaint data to improve services and modify policies as indicated. The Alliance tracks and monitors complaint activity by issue; For example, over the last 12 months the Alliance has received one (1) complaint about access to durable medical equipment – which was resolved to the member's satisfaction through participation in the complaint process.

The Alliance also provides its Commission and the Member Services Advisory Group with quarterly reports of member complaints and grievance activity.

Member Advocate Program

In addition to assistance available directly through the Alliance, members may obtain assistance through the Alliance's Member Advocate Program (MAP") which is administered by Legal Aid of the Central Coast. In July of 1999 the Alliance entered into a contract with Legal Aid of the Central Coast to provide a Member Advocate Program for Alliance members in Santa **Cruz** County. . In May 2000, the Commission established a MAP service in Monterey County, also with Legal Aid of the Central Coast. The MAP is available to members as an external source of support, guidance and advocacy for members who want additional assistance accessing health care services under the Alliance. During the first 12 months of services in Santa **Cruz** County the MAP provided legal advice, referrals **and/or** legal advocacy to twenty-eight (28) Alliance members for issues including access to health care services, **Medi-Cal** eligibility issues and **Medi-Cal** billing issues. A majority of the individuals helped through the MAP are disabled.

Following are two examples of individuals who were assisted by the MAP:

- A member who was a resident in a skilled nursing facility contacted the MAP for assistance obtaining transportation **from** the facility to medical appointments. The MAP contacted the Alliance who then worked together with the facility to ensure that transportation services were available to the member.
- A member who was being billed by an out-of-state provider for emergency health care services contacted **both** the Alliance and the MAP for assistance. The Alliance had reimbursed the facility for services provided, however the facility was unwilling to accept the Alliance reimbursement as payment in full and continued to bill the member for the balance. The Alliance and the MAP worked together with the facility to ensure that the member was not made responsible payment.

These are examples of situations where MAP intervention was effective in assisting members in obtaining necessary care or navigating the system These also serve to illustrate the usefulness and effectiveness of the MAP for Alliance members and demonstrate how the MAP's services can complement those of the Alliance.

Regulatory Oversight of Member Welfare

In June of 2000 the scope of regulatory oversight of the Alliance was expanded when the health plan was granted a license as a health care service plan under the State Department of Managed Health Care ("DMHC"). The DMHC is the State agency that oversees licensed health plans with an emphasis on member protections, provider interests and fiscal viability. The Alliance, under its contracts with the State Department of Health

Services (“DHS”) and the California Managed Risk Medical Insurance Board (“MRMIB”) and under its licensure by the DMHC provides a system for members to have their problems resolved. The Alliance submits quarterly reports of member complaints to DHS, MRMIB and DMHC. Members seeking outside assistance can contact the DHS and/or DMHC to seek assistance in resolving issues with the Alliance. The Alliance’s operations are periodically audited by its overseeing agencies. Audits include review of financial and operational policies and procedures and compliance with State requirements.

Health Services and Quality Initiatives

The Alliance’s Health Services Department is responsible for ensuring that members receive necessary and appropriate quality health care services. The Alliance works closely with its networks of providers – physicians, hospitals, pharmacies and allied health care providers to ensure members receive medical care that they need.

The Alliance’s Health Services Department, under the direction of Dr. Barbara **Palla**, a local pediatrician’ develops and administers a Quality Assurance and Improvement Plan (“QAIP”) to monitor and improve the quality of health care services provided. Through the QAIP the Alliance is able to review quality of care on an individual member level and for the Alliance’s member population as a whole. Based on findings, Dr. **Palla** works with the Health Services Department to communicate with local providers about quality of care issues, and to promote “best practice” medical protocols.

As part of its QAIP, the Alliance collects and reviews data **from** medical records, and measures local provider services against benchmark standards. The data collected are called Health Plan Employer and Information Set (“**HEDIS**”) indicators. In March 2000, the State published their independent HEDIS comparison of 29 Medi-Cal health plans. The Alliance scored at or above the Medi-Cal health plan average score on all measures, including: Childhood Immunizations (all combinations), Well Child Visits, Initiation of Pre-Natal Care, Prenatal Care in the First Trimester, and Check Ups after Delivery.

The Alliance is able to use the data collected to complete analyses which allow for targeted interventions to further increase members’ receipt of these important preventive health services. For instance, data can be analyzed to determine on an individual provider basis which providers need additional education about the schedule for appropriate childhood immunizations. Or, the data can be analyzed to determine if the community as a whole can collaborate to encourage and educate women about the importance of obtaining a check up within eight weeks after childbirth. This information provides the Alliance and the community a previously unavailable opportunity to gain an insight into behaviors and attitudes about health care services and to work together to implement changes through education and outreach to both members and providers that can ultimately benefit the overall health of this population.

See Attachment C for a report presented to the Alliance's Commission that provides analyses of the Alliance's HEDIS measures for childhood immunizations and perinatal care which include recommendations for actions for improvement.

Alliance Provider Relations

The Alliance has approximately 1,000 contracted providers including primary care physicians, specialists, hospitals, allied health providers, pharmacies and long term care facilities. The Alliance recognizes the critical importance of its providers in furthering its mission to ensure access to quality health care for members. The Alliance's contracted physician network in Santa Cruz County includes 93% of primary care physicians and 8 1% of specialty care physicians. In Monterey County, the Alliance contracted provider network includes 75% of primary care physicians and 70% of specialty care physicians. The Alliance also operates with an "open network" for specialty care, and will pay claims of non-contracted specialists that accept referrals of Alliance members, but without payment enhancements and surplus sharing available to contracted specialists.

In September 2000, in order to further increase provider satisfaction and participation and to monitor fiscal performance, the Alliance completed its first ever mid-year risk settlement. This increases provider satisfaction by returning dollars earned in a more timely fashion (rather than the previous annual risk settlement) and also allows the Alliance a more "real-time" assessment of a provider's performance increasing the Alliance's ability to monitor case management and work with providers more proactively to address potential concerns.

Provider concerns regarding the Healthy Families Program

In May through July 2000, the Alliance heard concerns from some local physicians about the Healthy Families Program. These concerns focused primarily on: the level of funding and payment rates in the Healthy Families Program, and the perceived risk of conversion of children **from** commercial insurance to Healthy Families with the presumed result of lower payments to providers. The Commission considered these concerns during two public meetings, and Alliance **staff** communicated extensively with concerned physicians about the structure and performance of the Healthy Families program.

The Commission decided to continue the Alliance's participation in the Healthy Families Program, and directed staff to continue communication between the physicians, the Alliance and the State agency responsible for the Healthy Families Program. The Commission also changed the Alliance's payment policy to increase "**upfront**" fee for service payments to better balance year-end surplus sharing rewards.

Alliance staff have since facilitated dialogue between local concerned physicians and the Healthy Families Program, in correspondence and in meetings. As a result, there is a more prevalent understanding among local physicians that Alliance's Healthy Families payments are comparatively favorable, and that there is no evidence to date of insurance conversion among Healthy Families children.

The Alliance in the Community

The Alliance is involved in a number of partnerships and collaborative efforts within the communities it serves.

Health Care Outreach

The Alliance is involved in collaborative efforts in Santa **Cruz** and Monterey Counties to expand health care to eligible uninsured individuals. Alliance staff in coordination with the health care outreach coalitions, conduct outreach at a number of community and health related events in order increase awareness about its programs and encourage eligible individuals to apply for health care coverage.

Santa **Cruz** County Commission on Disabilities

The Alliance continues its on-going communication with the Commission on Disabilities to promote timely services to disabled members in Santa **Cruz** County. The Alliance employs a Medical Social Worker who serves as the Alliance's liaison to members with disabilities. In addition, the Alliance established a regional Member Advocate Program, and the Alliance monitors and reports vendor performance in providing and servicing wheelchairs. These program components were developed at the suggestion of the Commission on Disabilities, and have improved the Alliance's services to members with disabilities. The Alliance appreciates ongoing input and support **from** the Commission on Disabilities in further improving health plan services.

Monterey County Disabilities Services Committee

The Alliance participates on this committee which reviews services to individuals **with** disabilities in Monterey County. This committee is a precursor to the formation of a Commission on Disabilities in Monterey County.

Coalitions for Public Health Issues

The Alliance is involved in a number of community coalitions which address public health issues, including the Breastfeeding Coalition, the Immunization

Coalition, the Central Coast Asthma Coalition, and the Breast Cancer Early Detection Program, and others.

Health Care Advocacy Project

The Alliance is a member of this advisory board which is a project through the Central Coast Center for Independent Living that has been funded by the California Endowment to establish a model of advocacy and mediation services for health care consumers living with long-term illness, chronic pain or physical or mental disability.

South County Regional Health Partners

The Alliance participates on the board of South County Regional Health Partners in Monterey County, which is a partnership in southern Monterey County that includes local healthcare providers, a school district, community agencies, elected officials and employers. The partnership has received funding for resource person/case manager who provides services to people in extremely rural areas of south Monterey County, including immunizations, health education and referral coordination.

Alliance Financial Performance

The Alliance operates under a **\$150M** annual budget. The Alliance spends approximately 7.3% of its annual budget on administrative costs. The remaining 96.7% is available for medical care. To date, the Alliance has accrued **\$20M** in **fund** balance to secure the health plan's fiscal viability, and as a reserve for health care costs.

In April 2000 the Alliance posted a **\$3.4M** medical budget surplus (for **FY99**) which was shared among local contracted primary care physicians, specialists, hospitals and pharmacies. This surplus was a result of provider and health plan efforts to ensure health care access at an appropriate level and effective case management of members' medical needs and is money that was not previously available to local provider under the "old Medi-Cal system.

In September 2000, in order to further increase provider satisfaction and participation and to monitor fiscal performance, the Alliance completed its first ever mid-year risk settlement. The Alliance shared **\$1.9M** in medical budget surplus with participating providers for the services provided during the six-month period of **1/00 – 6/00**.

The Alliance negotiates its revenue rates with the state's California Medical Assistance Commission (CMAC) and continues its ongoing efforts to negotiate revenue rates that will support the Alliance's mission to provide appropriate access to care.

Challenges Ahead

The Alliance continues its efforts to improve health care access for lower income persons in the Monterey Bay region, and to meet the challenges of improving customer service, member and provider satisfaction, and fiscal viability. Additional challenges include:

- Securing revenue funding from the State to ensure adequate financing of health care costs that are substantially increasing due to new drugs and technology. The Alliance's revenue is based on Medi-Cal levels of funding. Across California providers have voiced their concerns about low levels of funding – California is reportedly 47th in the nation in Medi-Cal funding. As California begins to address this issue and provide increased funding the Alliance, in turn, will be able to improve its reimbursement to providers. As rates improve, additional access can be made available. The Commission appreciates the support of the Santa Cruz County Supervisors as it proceeds to negotiate with the State for a fair revenue allocation.
- Further promoting participation and service delivery among local physicians and providers, with particular attention to improving access to orthopedic services, and to increasing the number of physicians serving members in skilled nursing facilities. The Alliance's ability to promote physician participation in serving lower income residents turns on the quality of health plan services, and the sufficiency of State revenue **funding**.
- Improving coordination and integration of long term care services. The Alliance has participated in local planning conducted by the Santa Cruz County Health Department regarding coordination and integration of long term care services, and sees great opportunities for public benefit in these efforts.
- Coordinating efforts with regional partners on health care access, including eligibility expansion and outreach at both the legislative and community levels. The Commission welcomes collaboration with the Santa Cruz County Supervisors and staff on legislative matters and local implementation of new health insurance programs such as Healthy Families.

- Legislative Advocacy to address the uninsured. Based on our recent Community Assessment Project data, there are still 40,000 individuals in Santa **Cruz** County who do not have health insurance. To the extent that new federal opportunities to expand Medi-Cal and Healthy Families are implemented in Sacramento, we can reduce these numbers and serve more individuals. The Alliance is eager to support efforts to expand eligibility for these programs. Program design and financing will be critical elements of any initiatives to improve the safety net and reduce the number of uninsured. Support from your Board as part of its legislative program on these efforts would be appreciated.

The Board and staff of the Central Coast Alliance for Health appreciate the opportunity to provide this report on local efforts to improve access to health care for lower income residents of the Monterey Bay region.

**SANTA CRUZ-MONTEREY
MANAGED MEDICAL CARE COMMISSION**

0146

<u>Commissioner</u>	<u>Category of Representation</u>	<u>County</u>
Mr. Howard Classen	Hospital representative	Monterey County
Dr. Maximilian Cuevas	Provider representative,	Monterey County
Dr. Arthur Dover	Provider representative	Santa Cruz County
Dr. Ronald Fuerstner	Provider representative	Monterey County
Dr. Christine Griger	Provider representative	Santa Cruz County
Dr. Steven Harrison	Provider representative	Monterey County
Mr. Alvin Karp	Public representative	Santa Cruz County
Dr. Rama Khalsa	Health Services Agency Administrator	Santa Cruz County
Dr. Robert Melton	Health Officer	Monterey County
Mr. Michael Molesky	Public rep; Medi-Cal recipient	Santa Cruz County
Ms. Elsa Quezada	Public representative	Monterey County
Mr. Simon Salinas	Board of Supervisors	Monterey County
Ms. Linda Sanchez	Public representative	Monterey County
Ms. Debbie St. John, RN	Provider rep, community clinic	Santa Cruz County
Mr. Michael Weatherford	Hospital representative	Santa Cruz County
Ms. Mardi Wormhoudt	Board of Supervisors	Santa Cruz County

CENTRAL COAST ALLIANCE FOR HEALTH

January 26, 2000

Analysis of 1999 Member Satisfaction Survey

Background

Medi-Cal managed care plans have always been required to perform an annual member satisfaction survey. In 1998, SCCHO conducted a member survey and reported findings to the board including:

1. 3,000 surveys mailed to a random selection of 15% of **SCCHO's** 20,000 members
2. 857 members responded, for a response rate of 29%
3. 857 members were about 4.3% of the Alliance's members.
4. 80% of members satisfied, 13% neutral, and 7% dissatisfied with their medical care as a **SCCHO** member.
5. Above satisfaction rates also found for subset of members reporting health status as "fair or poor", indicating that most heavy users of services were satisfied.
6. 56% reported "Easier to get medical care since joining **SCCHO**", 32% no difference, 12% less easy.
7. 96% reported "Information **from** **SCCHO** is clear and answers my questions".
8. 98% reported "The member service reps are polite and helpful when I need assistance"

In 1999, California's DHS mandated that all 30 **Medi-Cal** managed care plans undergo an externally administered survey to assure objectivity and uniformity, using the standardized "**CAHPS**" instrument. The DHS contracted with the Health Services Advisory Group (HSAG) to conduct the survey. HSAG surveyed:

1. 1,240 adult Alliance members in Santa Cruz County from July - September 1999.
2. 468 members responded, for a response rate of 38%
3. 468 respondents were about 2.4% of the Alliance's Santa Cruz members.
4. Responses on **HSAG's** key opinion measures ranged **from** a high of 443 members responding to the question: "How would you rate all your health plan?". . .
5. . . .to a low of 80 members responding to the question: "How much of a problem, if any, did you have with paperwork for your health plan?"

The finding on each question has a “confidence interval”, which is a measure of the finding’s reliability, or “how well does the finding accurately represent the population as a whole”. When more members respond to the question the confidence interval is smaller and the finding is more reliable. When fewer members respond, the confidence interval is larger and the **finding** is less reliable.

Interestingly, DHS has decided to not repeat the use of this CAHPS survey in 2000, potentially due to difficulties in obtaining responses **from** members, but will consider an alternative member survey method in 2001.

Summary of findings

As shown in the board packet materials that excerpt the CAHPS report, member satisfaction with Alliance medical and support services was generally high, with the great majority of responses superior to Statewide averages. On some measures, the Alliance set the “High Plan” benchmark for the State. In “Overall Performance” measures, the Alliance scored above State average in each category of member opinion a scale of 0 to 10, including ratings of:

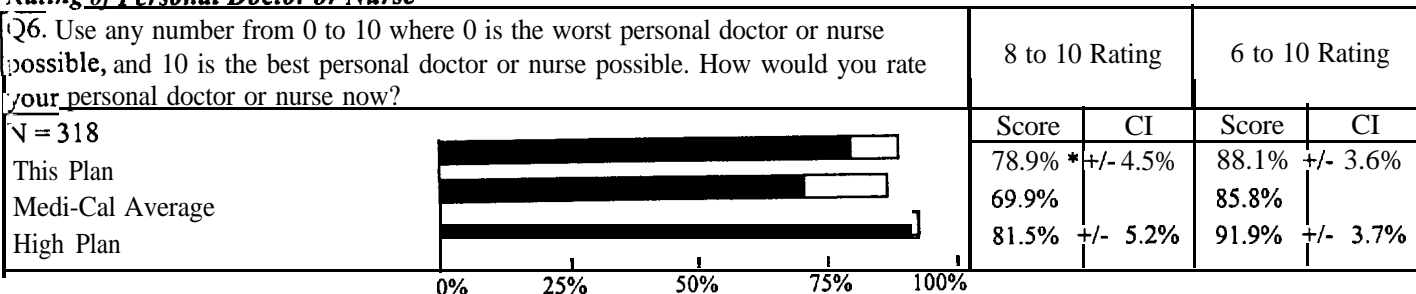
	% Members rating <u>Alliance</u> high	% Members <u>statewide</u> rating their plan high
• Personal doctors	78.9	69.9
• Specialists	82.2	66.4
• “all health care”	65.5	60.7
• “all health plan”	60.7	58.3

Board packet materials include descriptive and opinion scores on major variables in the CAHPS study. Each measure has both a percent score and a confidence interval related to the number of respondents on that question. It is useful to consider both the percent score and the confidence interval in assessing the Alliance’s scores in relation to Statewide average scores. Some measures of satisfaction with Alliance written health plan materials/paperwork are below State average, and indicate areas for quality improvement. However, these specific measures also have very low response rates and wide confidence intervals, suggesting caution in relying on these measures. The Alliance’s “all health plan” satisfaction rating is above the State average. Further, the Alliance can be justly proud of very high rating of member satisfaction with medical service, timely access, physician communication, and office courtesy.

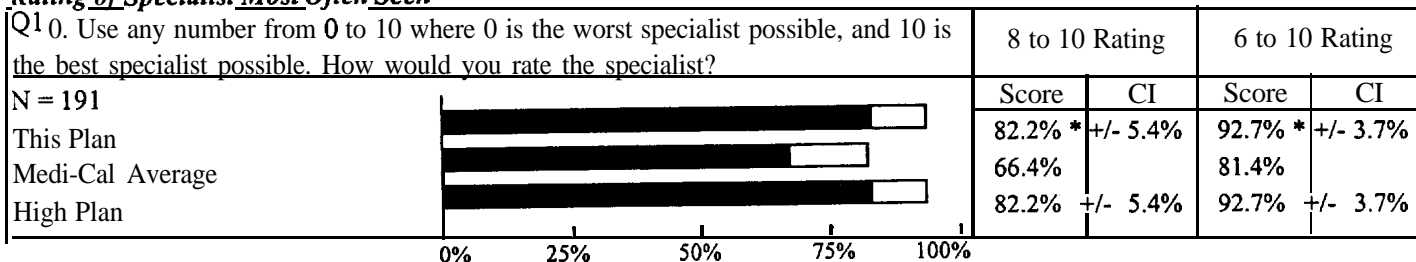
Chart 1: Overall Performance

8223

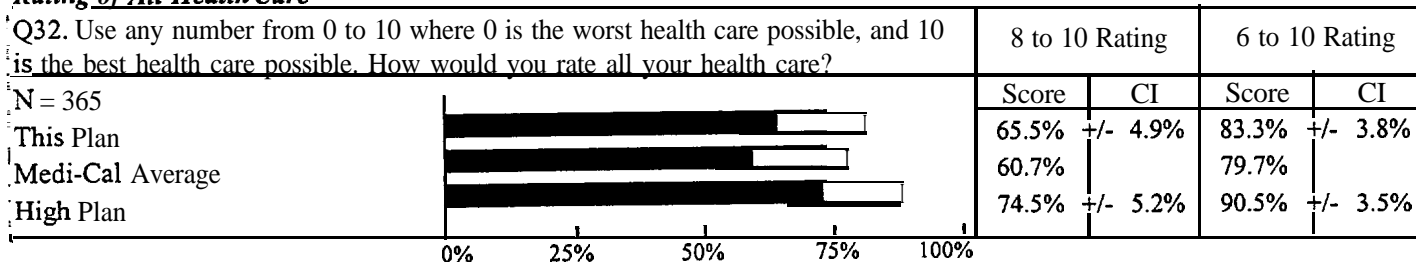
Rating of Personal Doctor or Nurse



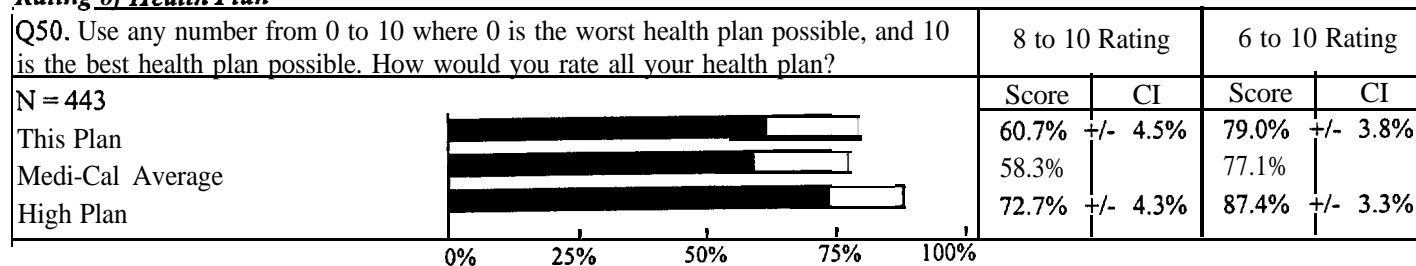
Rating of Specialist Most Often Seen



Rating of All Health Care



Rating of Health Plan



■ Percent of respondents rating the overall performance measure an 8, 9, or 10.

□ Percent of respondents rating the overall performance measure a 6, 7, 8, 9, or 10.

N = Number of usable responses for the question for this plan.

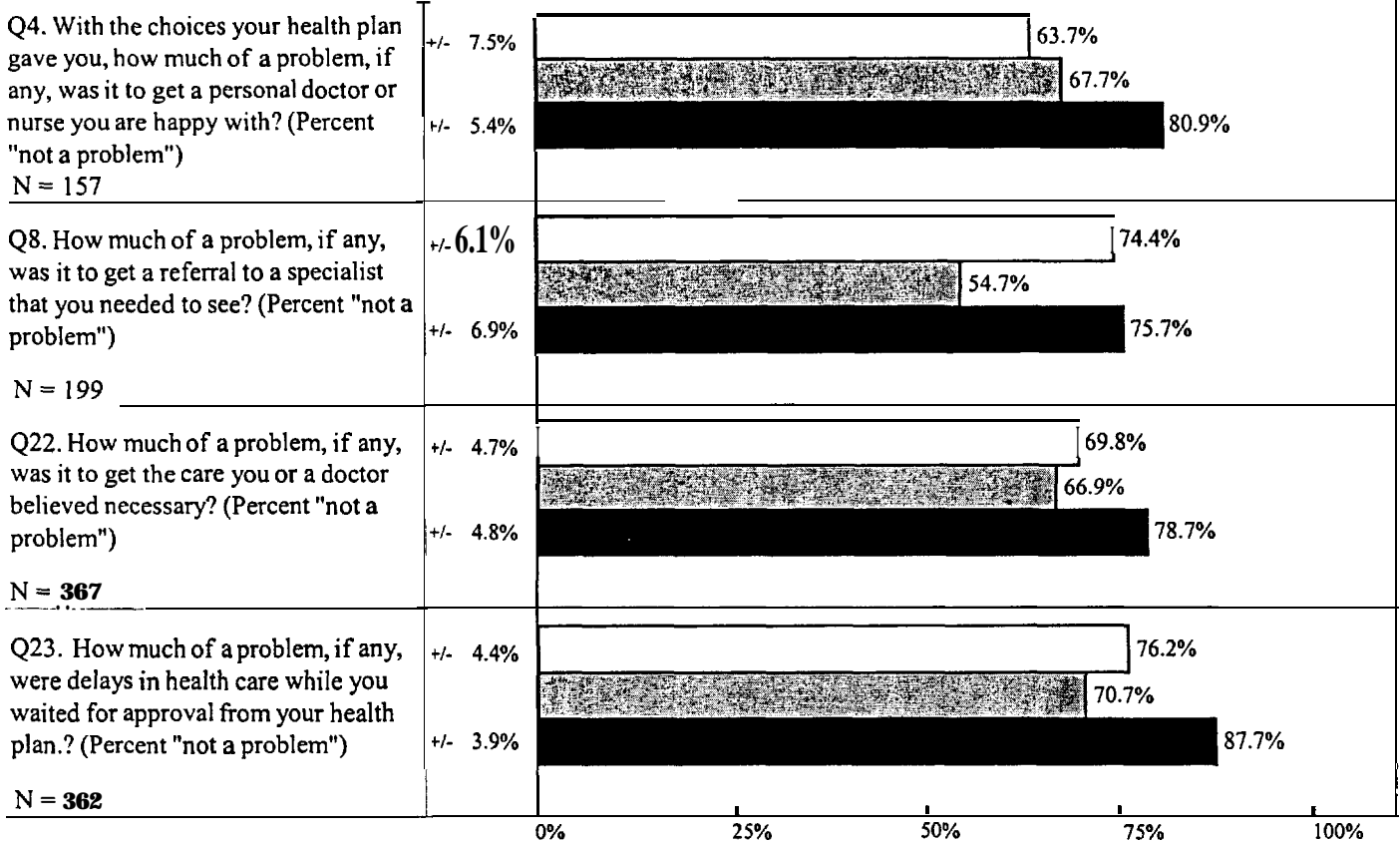
* = Indicates that the plan score is statistically significantly different from the Medi-Cal Average average at the 95% confidence level.

CI indicates the confidence interval at the 95% confidence level.

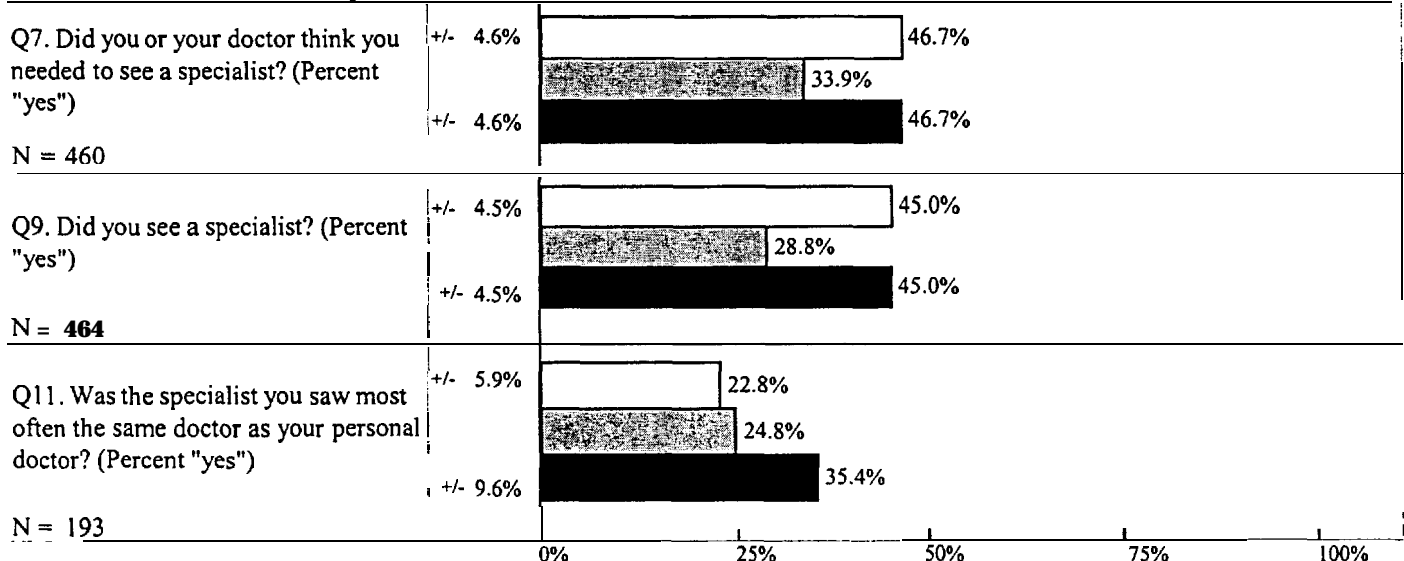
Chart 2: Getting Needed Care

Composite Score Questions

Composite Score** = 2.5903



Questions Not Included In Composite Score



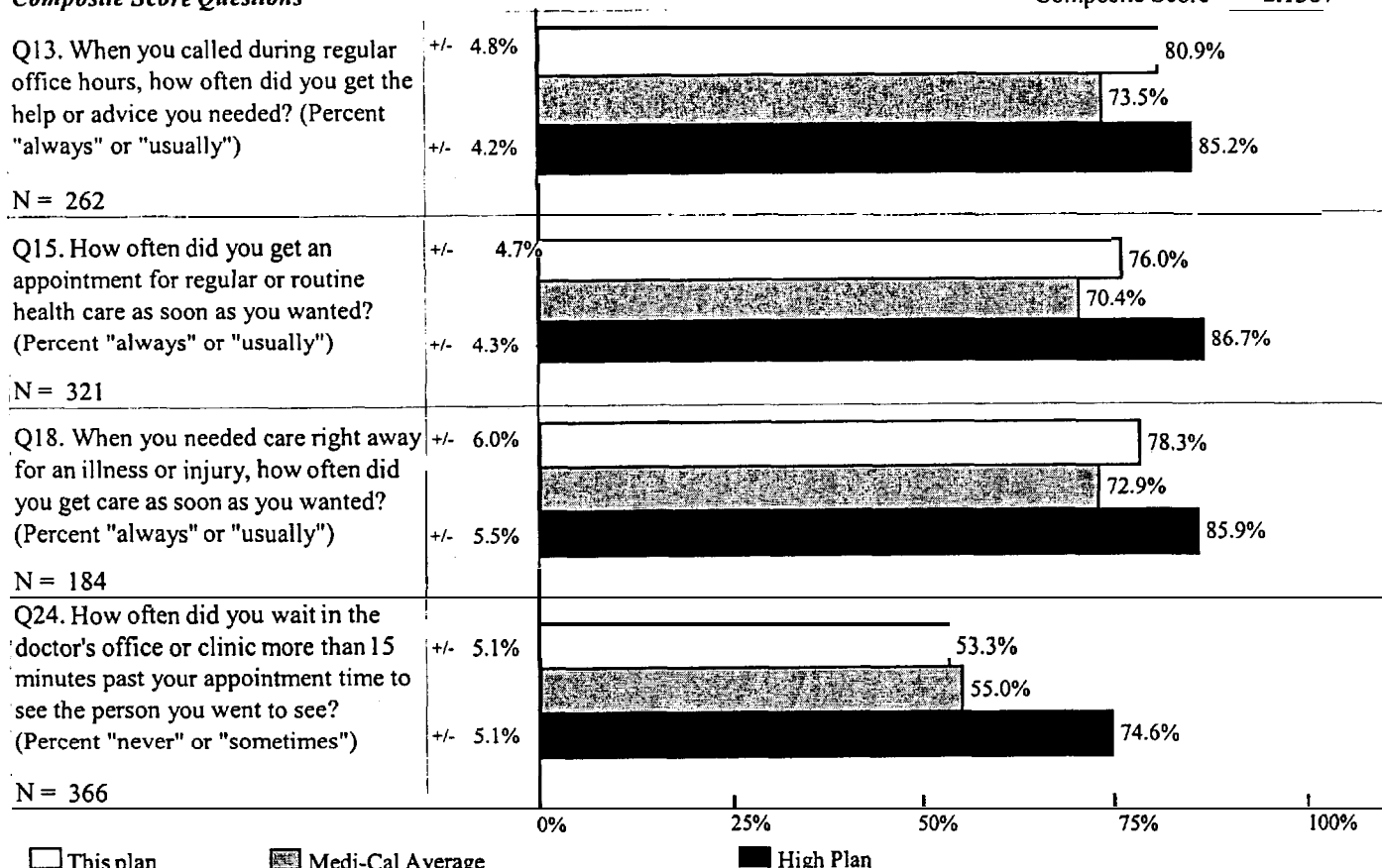
This plan
 Medi-Cal Average
 High Plan

N = Number of useable responses for the question for this plan.
 +/- indicates the confidence interval at the 95% confidence level.
 ** = See text for explanation.

Chart 3: Getting Care Quickly

Composite Score Questions

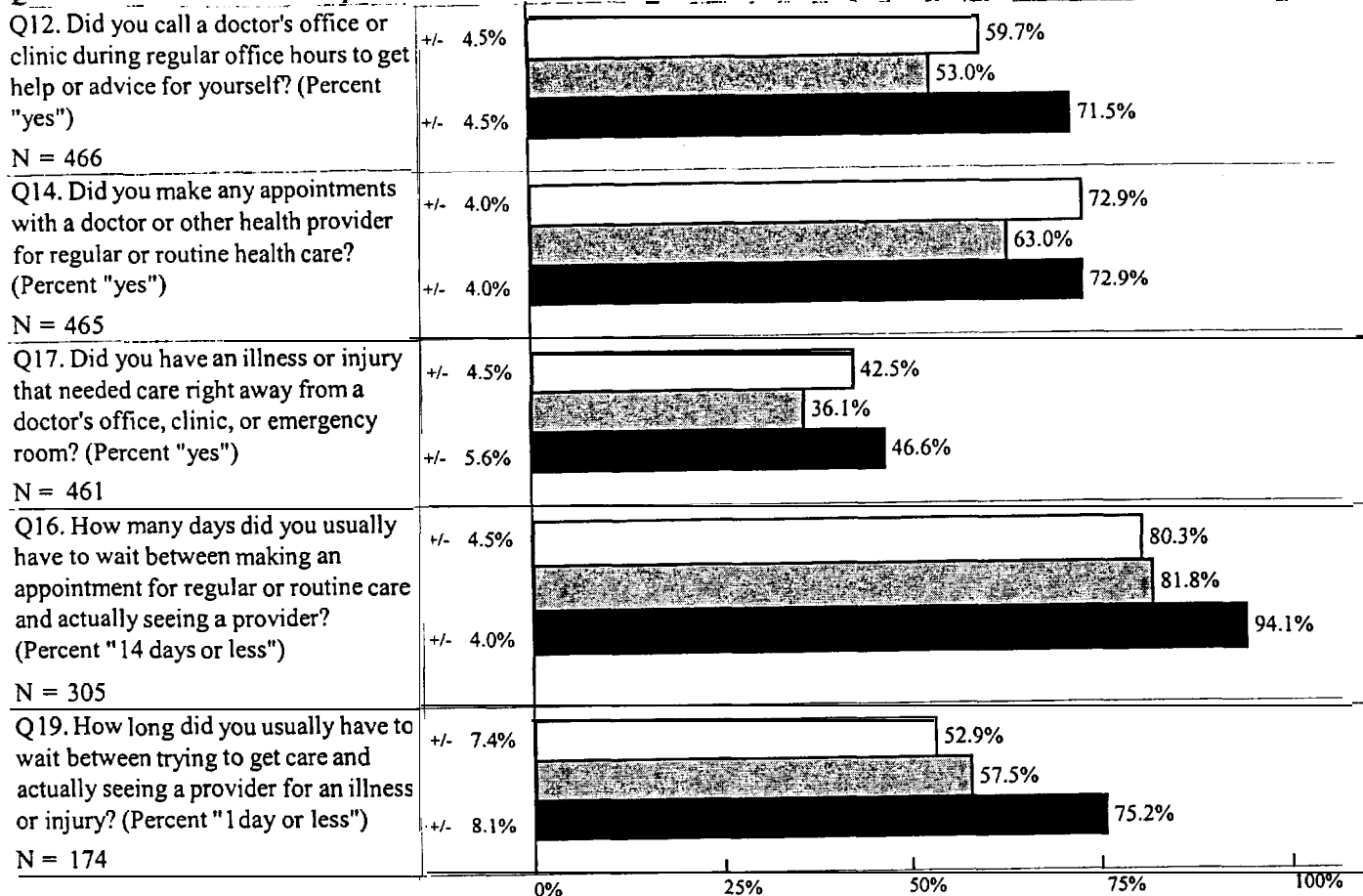
Composite Score** = 2.1387



This plan
 Medi-Cal Average
 High Plan
 N = Number of useable responses for the question for this plan.
 +/- indicates the confidence interval at the 95% confidence level.
 ** = See text for explanation.

Chart 3: Getting Care Quickly (continued)

Questions Not Included In Composite Score



This plan
 Medi-Cal Average
 High Plan

N = Number of useable responses for the question for this plan.

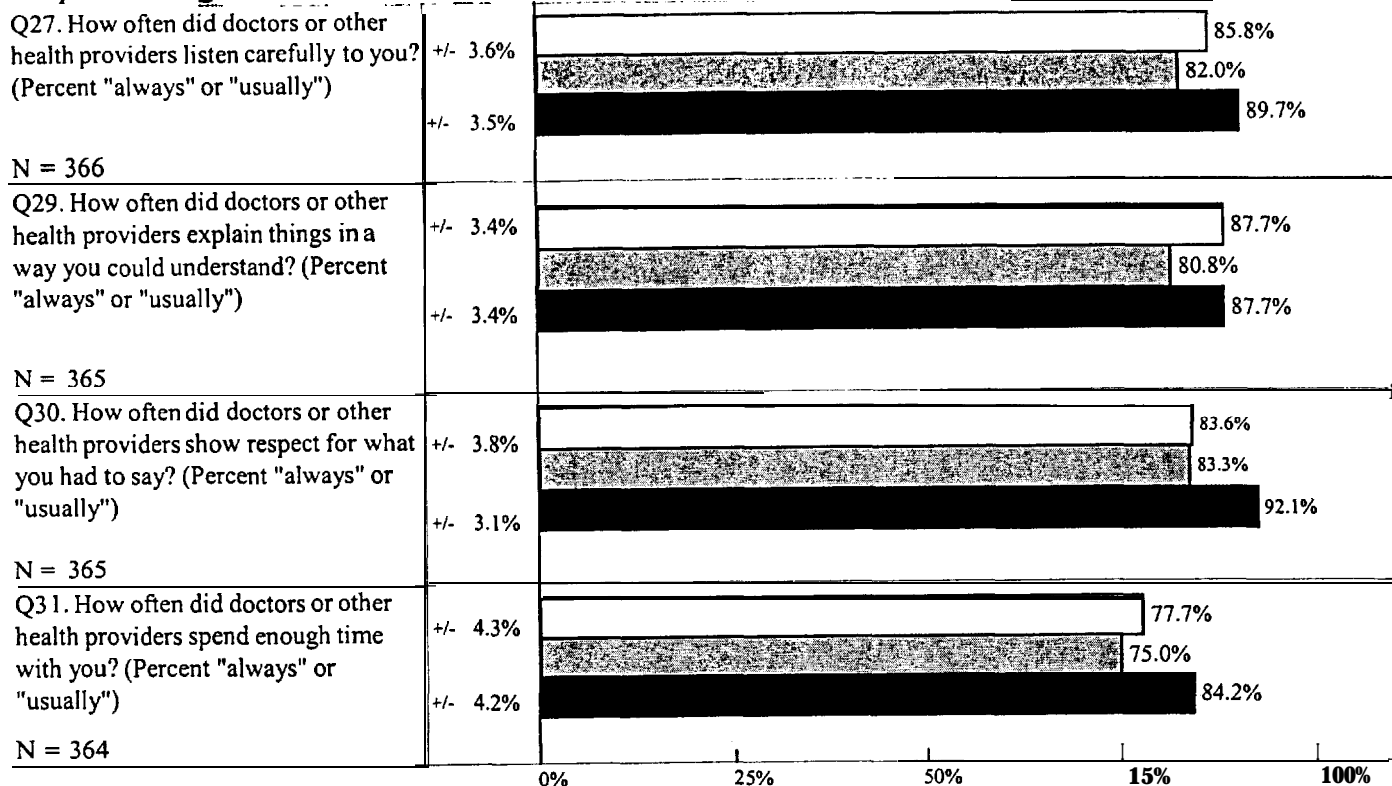
+/- indicates the confidence interval at the 95% confidence level.

** = See text for explanation.

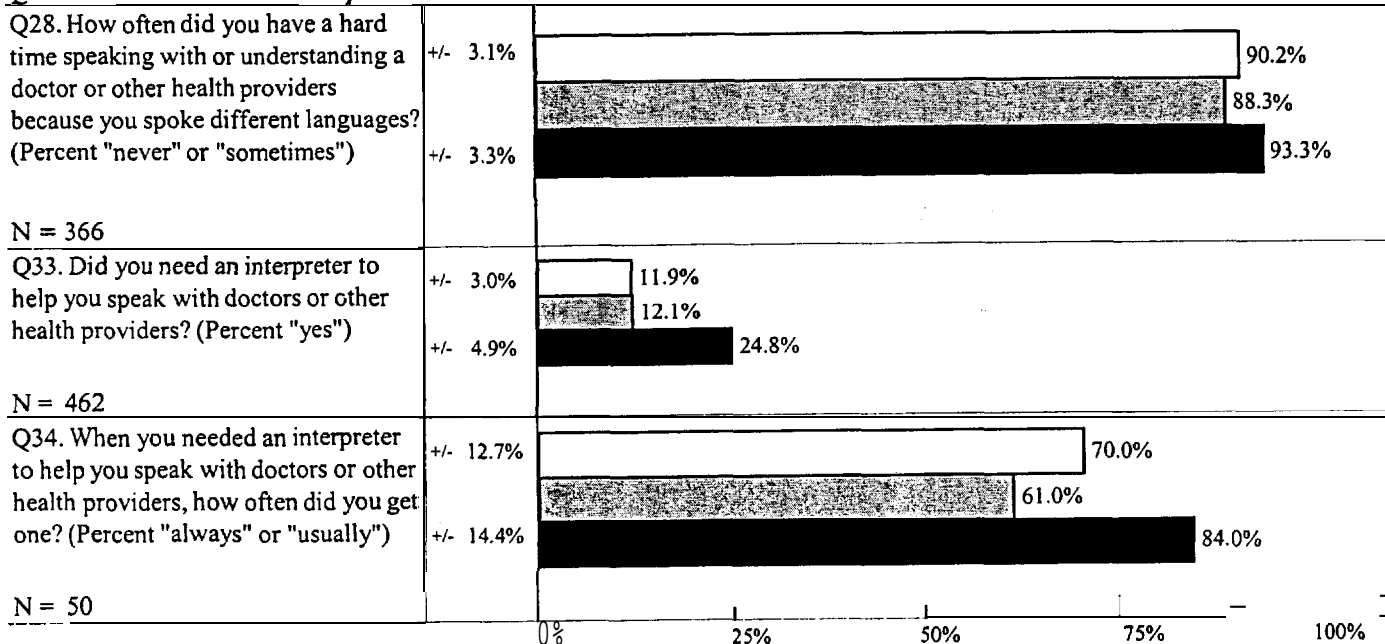
Chart 4: How Well Doctors Communicate

Composite Score Questions

Composite Score** = 2.3649



Questions Not Included In Composite Score



This plan
 Medi-Cal Average
 High Plan

N = Number of useable responses for the question for this plan.
 +/- indicates the confidence interval at the 95% confidence level.

* = See text for explanation.

Chart 5: Courteous and Helpful Office Staff

Composite Score Questions

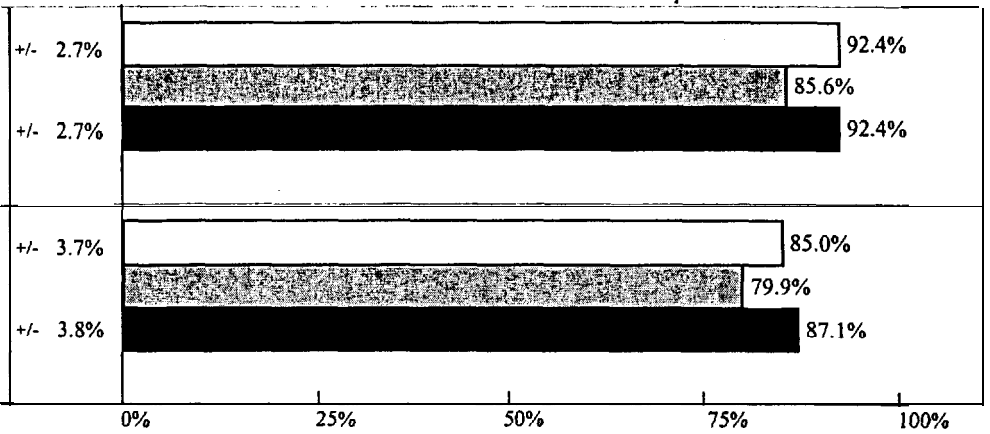
Composite Score** = 2.4959

Q25. How often did office staff at a doctor's office or clinic treat you with courtesy and respect? (Percent "always" or "usually")

N = 367

Q26. How often were office staff at a doctor's office or clinic as helpful as you thought they should be? (Percent "always" or "usually")

N = 367



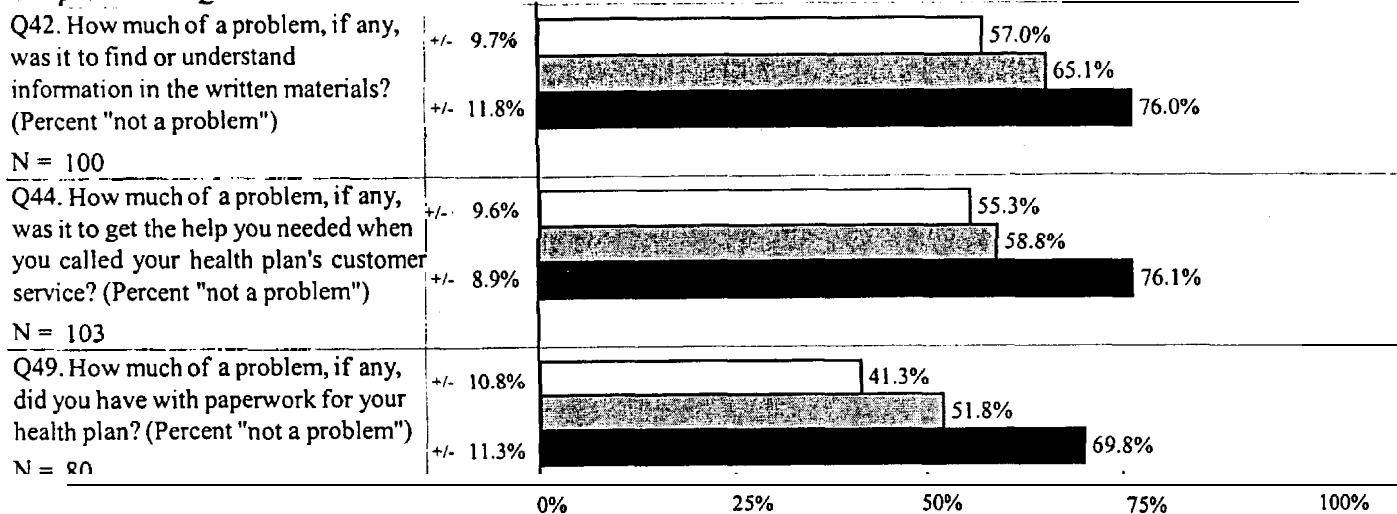
This plan
 Medi-Cal Average
 High Plan

N = Number of useable responses for the question for this plan.
 +/- indicates the confidence interval at the 95% confidence level.
 ** = See text for explanation.

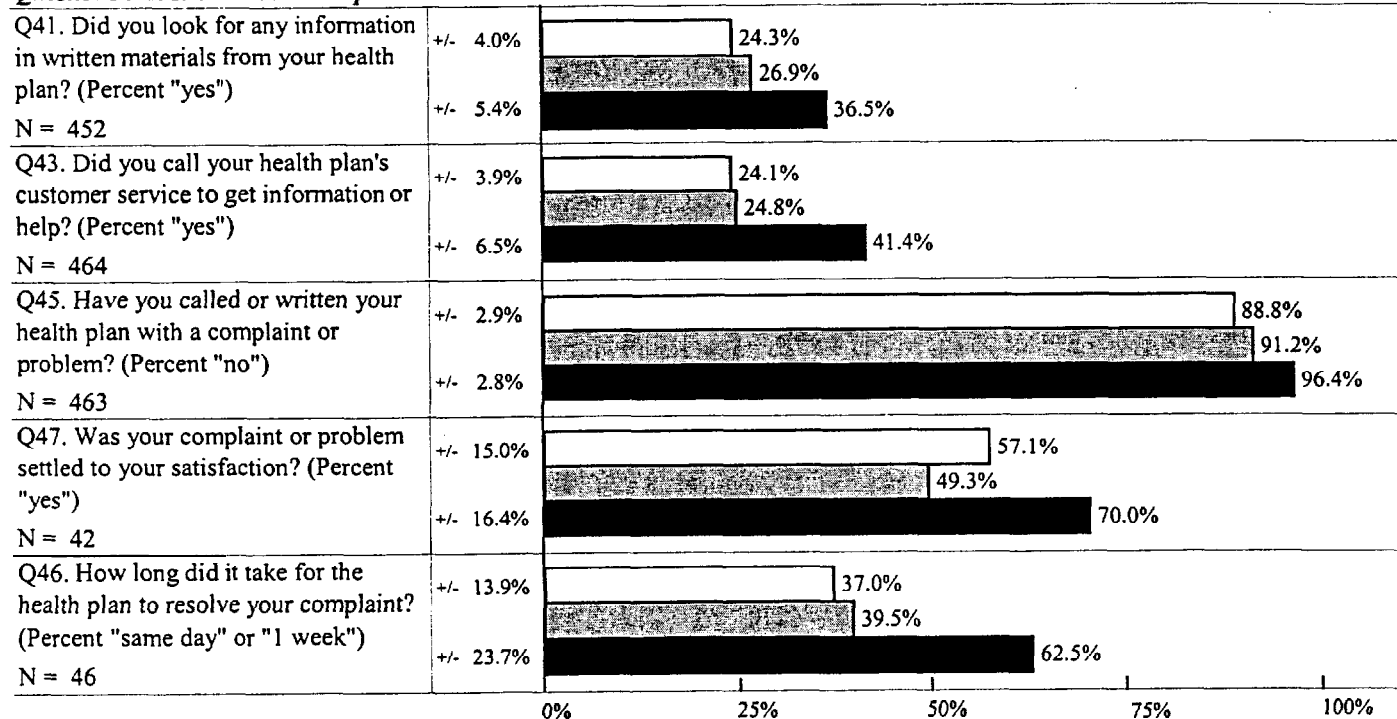
Chart 6: Customer Service

Composite Score Questions

Composite Score** = 2.3333



Questions Not Included In Composite Score



This plan
 Medi-Cal Average
 High Plan

N = Number of useable responses for the question for this plan.

+/- indicates the confidence interval at the 95% confidence level.

** = See text for explanation.

Alliance Immunization Rate Analysis

The HEDIS 2000 Immunization rate reflects the percent of enrolled children who turned two years of age during 1999, and who received all of the recommended vaccines by their second birthday.

402 Alliance members met eligibility criteria for the reporting year 1999.

Plan Rate:

	Alliance 1999 Rate	Alliance 2000 Rate	1999 Medi-Cal Average
Combo 1	38.7 %	56.5 %	52.6 %
Combo 2	19.7 %	43.8 %	Not Available

Combo1 = (4) DTP/DtaP + (3) IPV/OPV + (1) MMR + (2) HiB + (3) HepB
Combo2 = Combo 1 + (1) VZV

Overall Rate by Antigen:

Antigen	Alliance Rate
At least 4 DTP or DTAP	67.41 %
At least 3 IPV/OPV	78.61 %
At least 1 MMR	88.81 %
At least 3 HiB	82.84 %
At least 3 Hep B	73.88 %
At least 1 VZV	64.68 %

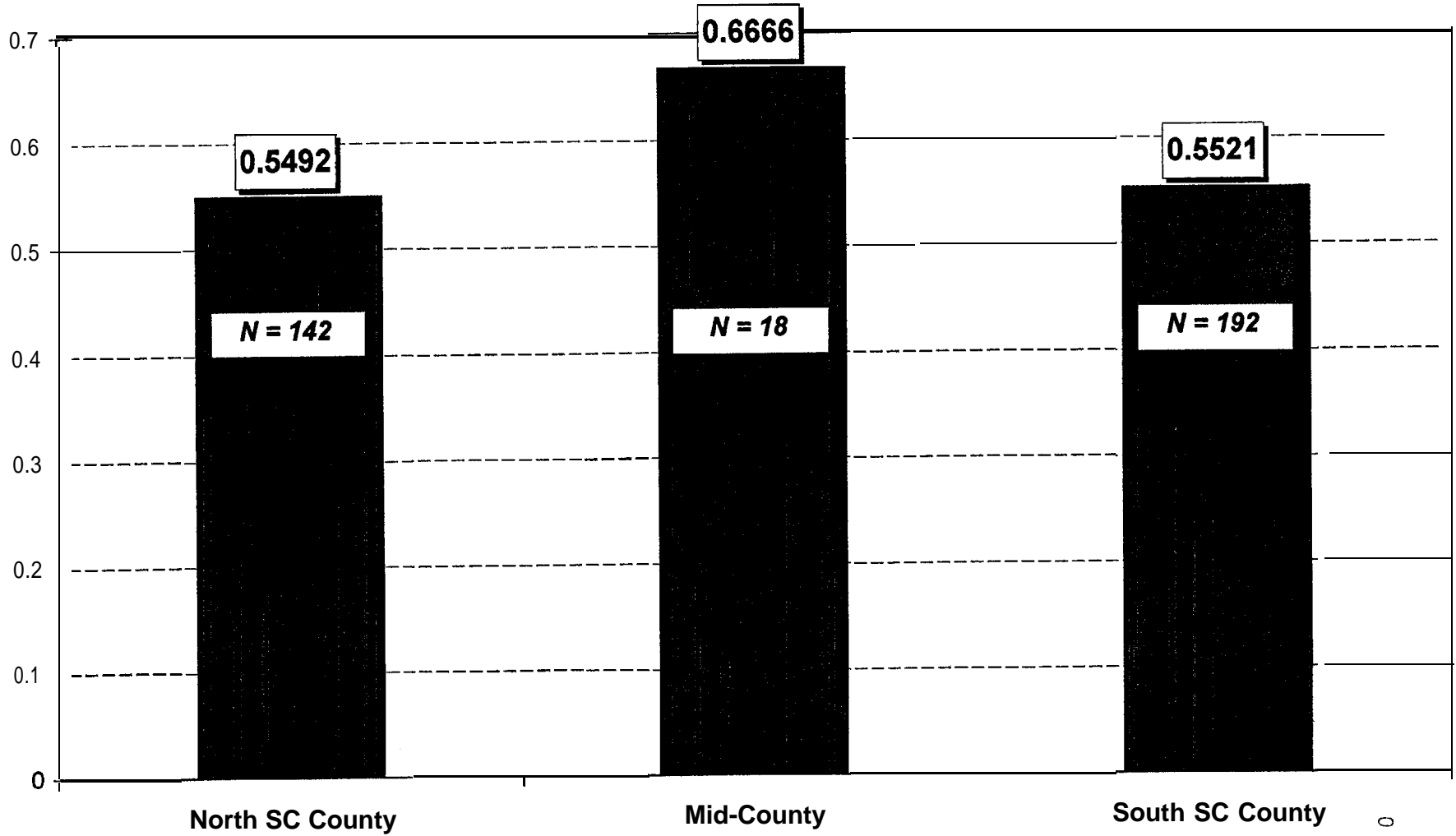
IMMUNIZATION RATE BY PROVIDER

The following practices had at least ten members linked to them (i.e., provider was the member's PCP).

PROVIDER	COMBO1	COMBO2 (Combo 1+ VZV)
Provider A	100%	10.0 0
Provider B	88.9 00	88.9%
Provider C	82.4 %	02.4 %
Provider D	76.2%	71.4 00
Provider E	70.3 %	67.6 %
Provider F	65.0%	65.0%
Provider G	62.5 %	34.4 %
Provider H	56.3 %	56.3 %
Provider I	50.0%	50.0%
Provider J	42.9%	0.0%
Provider K	42.9 %	19.0 %
Provider L	41.4 %	17.2%
Provider M	27.3%	27.3%
Provider N	0.0 %	0 . 0 %
Provider O	0.0 %	0.0 %

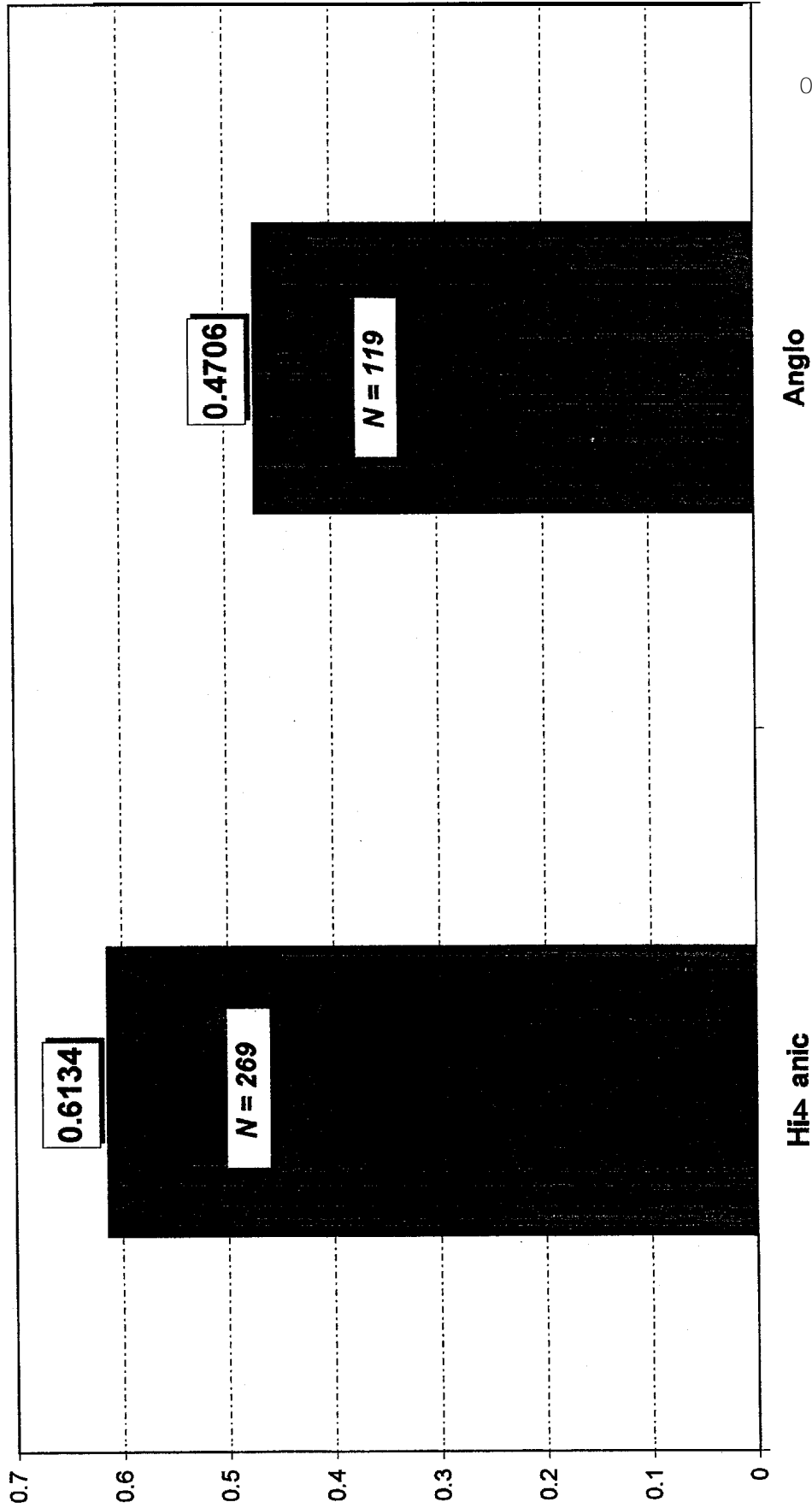
Special Class Members: California Children's Services (CCS) eligible members, who are considered *Special Class* and not linked to a PCP, had a 100% immunization rate. Five members in the study were CCS eligible.

CENTRAL COAST ALLIANCE FOR HEALTH HEDIS IZ Rate by Region

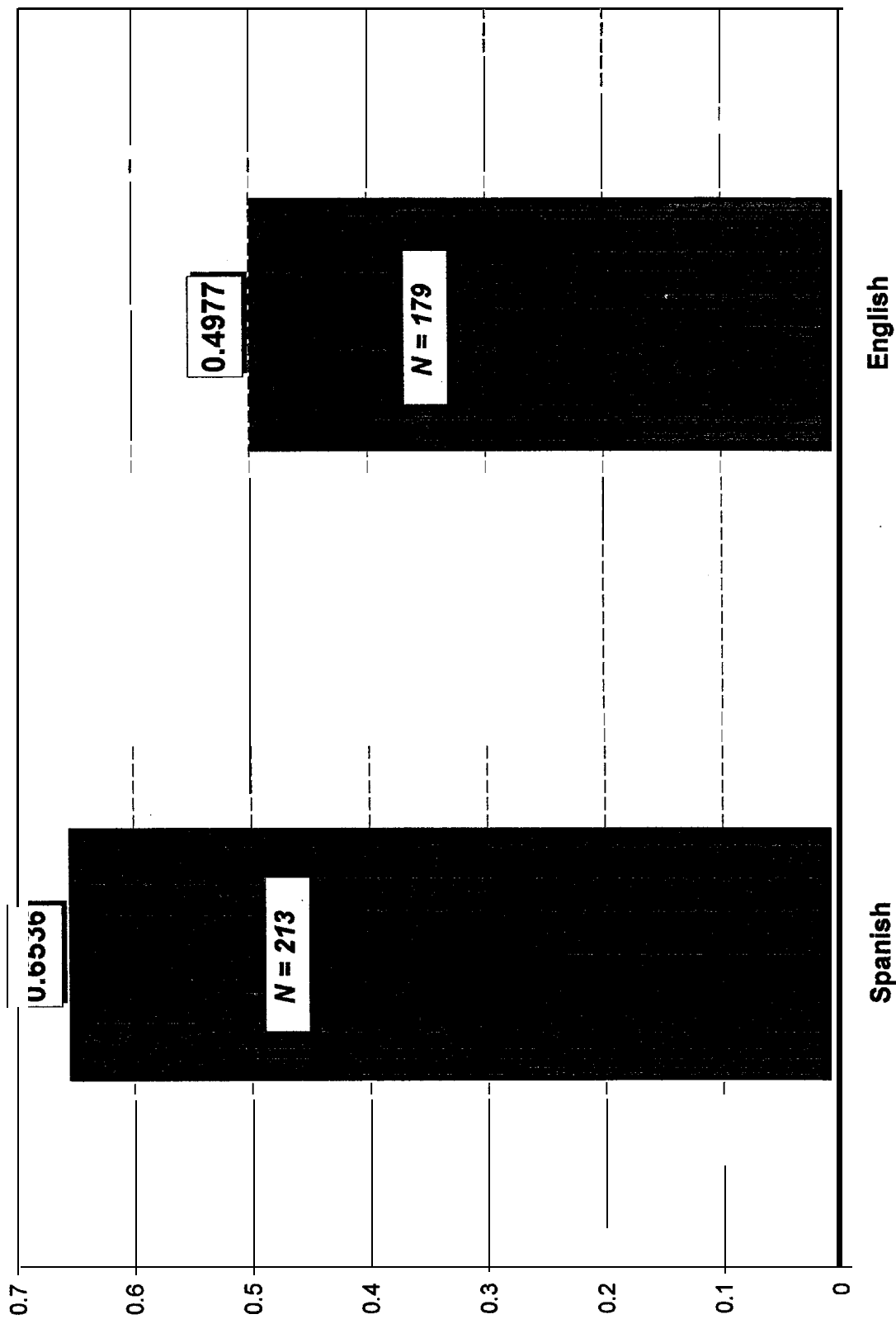


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**CENTRAL COAST ALLIANCE FOR HEALTH
HEDIS IZ Rate by Ethnicity**



CENTRAL COAST ALLIANCE FOR HEALTH HEDIS IZ Rate by Language



HEDIS 2000 Immunization Studies

Rate Analysis Summary:

1. Although the Alliance's overall **Immunization** rate is **56%**, there is a wide spread in the compliance rate for individual practices. (0 – 100%).
2. Region, Language and **Ethnicity** had mild to moderate effect on rates. Members identified as Hispanic and/or Spanish speaking (i.e., mother is Spanish speaking) had higher immunization rates.

Recommendations:

1. Provide public recognition of practices with immunization rates above **80%**, sharing successful “practice strategies that work” for **immunization**.
2. Provide confidential, individual performance information and educational support for offices with low immunization rates.
3. Acknowledge and reward providers and their office staff who demonstrate- improved rates over time’.
4. Send member immunization reminder cards at first birthday.-
- 5 . Continue to work in collaboration with the Immunization Coalition to reach of all children in both English and Spanish.

HEDIS 2000 Perinatal Studies

Rate Analysis Summary:

1. Overall Alliance rates for perinatal **services** are significantly improved **from** 1999:

<u>STUDY</u>	<u>1999</u>	<u>2000</u>
Initiation of Prenatal Care	48.3%	70.4%
Prenatal Care in the First Trimester	71.5%	72.0%
Check-Up After Delivery	38.9%	57.8%

2. County Rate Variability:

The timeliness of Prenatal Care rates is similar **between** counties.

The Check-Up **after** Delivery rate is **significantly** higher in Santa Cruz than in Monterey. Monterey teens have a particularly low check-up **after** delivery rate.

3. **Ethnicity/Language** Variability:

Hispanic members and members who speak Spanish tend to enter prenatal care later than Anglo members and members who speak English as their primary language.

4. Teens who become pregnant while they are Alliance members access prenatal services later than older women. (The older the woman, the earlier prenatal care is accessed.)

Recommendations:

1. Continue to develop Esperanzas, the Alliance Perinatal Case Management Program.
2. Recommended areas of case-management focus include:
 - Timeliness of prenatal care access by teens who become pregnant as Alliance members
 - After delivery follow-up of Monterey county teens. (Look to Santa Cruz as model for teen **follow-up**).
 - Timeliness of prenatal care access for Hispanic/Spanish speaking members

CENTRAL COAST ALLIANCE FOR HEALTH

HEDIS 2000 Perinatal Services

By County

	Initiation of Prenatal Care	Prenatal Care 1 st Trimester	Check-Ups After Delivery
Monterey	74.8%	N/A*	32.9%
Santa Cruz	66.8%	61.0%	64.8%
Out of County	75.6%	72.7%	55.1%

By Santa Cruz County Region

	Initiation of Prenatal Care	Prenatal Care 1 st Trimester	Check-Ups After Delivery
North County	76.1%	52.3%	71.3%
Mid County	60.0%	80.0%	58.3%
South County	60.7%	63.4%	61.3%

By Language and County

	Initiation of Prenatal Care		Prenatal Care 1 st Trimester		Check-Ups After Delivery	
	English	Spanish	English	Spanish	English	Spanish
MONTEREY	78.7%	64.5%	N/A	N/A	28.6%	39.1%
SANTA CRUZ	72.7%	57.0%	64.5%	56.8%	65.0%	63.7%

By Ethnicity and County

	Initiation of Prenatal Care		Prenatal Care 1 st Trimester		Check-Ups After Delivery	
	Anglo	Hispanic	Anglo	Hispanic	Anglo	Hispanic
MONTEREY	81.3%	72.2%	N/A	N/A	25.0%	30.0%
SANTA CRUZ	76.8%	59.5%	68.3%	57.8%	72.2%	61.6%

By Age Category and County

Age Category	Initiation of Prenatal Care			Prenatal Care 1 st Trimester			Check-Ups After Delivery		
	Monterey	Santa Cruz	Out of County	Monterey	Santa Cruz	Out of County	Monterey	Santa Cruz	Out of County
< 19	83.3%	60.0%	50.0%	N/A	42.9%	N/A	23.1%	94.4%	66.7%
19-24	75.9%	66.7%	57.9%	N/A	54.2%	N/A	32.4%	63.3%	60.0%
25-34	71.0%	72.3%	100.0%	N/A	68.5%	N/A	37.5%	63.6%	56.3%
> 35	62.5%	52.0%	52.0%	N/A	70.0%	N/A	50.0%	57.6%	40.0%

* Not a significant number of members in this study

Initiation of Prenatal Care ~ measures members who came on the plan while pregnant and if they received prenatal care within 42 days of enrollment.

Prenatal Care in the 1st Trimester ~ measures prenatal services in the 1st trimester for members who became pregnant while already enrolled in the plan.

Check-Ups After Delivery ~ measures if post partum care was received between 21 days and 56 days after delivery.

CENTRAL COAST ALLIANCE FOR HEALTH
Serving Santa Cruz and Monterey Counties

Esperanzas Prenatal Program



Goals of this program are to:

- Develop a Prenatal Program to support and compliment the work of providers in delivering quality **perinatal** care.
- Assist and encourage women to receive prenatal care early and regularly through continued outreach.
- Support PCP , OB, and CPSP sites with assessing for women's barriers to receiving prenatal care. If **possible** assist in addressing these barriers (such as transportation) in order to support the women getting to their prenatal visits.
- Increase rates of both prenatal early entry visits and **post-partum** visits (via HEDIS indicator).
- Promote breastfeeding initiation and duration through interventions and benefits.

Support Services to be provided:

- ◆ Follow-up with noncompliant members (when 2 or more documented attempts have been made), via referral **from** provider staff. Alliance prenatal coordinator will be able to continue with follow-up with noncompliant members with phone calls and/or post-cards and assess needs of member. Follow-up with provider.
- ◆ Provide community/ support resources in the area as needed.
- ◆ Mail prenatal information packets to member each **trimester**. (video for low literaoy- proposed)
- ◆ Gift incentive **after** completion of **prenatal** visits and possibly post **-partum** visit (proposed).
- ◆ Transportation services as needed (proposed).
- ◆ Early outreach to members who are pregnant at the time of **enrollment**, linking them to prenatal **care**.
- ◆ **Provide** reports and information on caseload for each provider. (as requested)

Work completion to date:

- ✓ Investigating what other plans are doing such as Solano, Cal Optima, Alameda.
- ✓ Convened with work group and received early feed back.
- ✓ Testing of **MaternaManager software**.
- ✓ Hiring of Prenatal Coordinator.
- ✓ **Breastfeeding** education incentive pilot program; to increase Alllice members enrolling in WIC in their 1st or 2nd trimester
- ✓ "Esperanzas" name elected.
- ✓ Dissemination of prenatal program through health fairs, breastfeeding coalition and CPSP meetings in both Monterey and Santa **Cruz**.
- ✓ Post-partum follow-up phone calls and post-cards already in progress:
- ✓ Interviewing of CPSP sites and county coordinators in process to receive feedback about our role in supporting these sites.
- ✓ Material selected to be included in the information packets.
- ✓ Draft of pregnancy notification form.