PBGH
PACIFIC BUSINESS GROUP ON HEALTH

California Quality Collaborative (CQC)

Improving medical group and hospital quality through collaboration and training

Something in the health care system is broken when 15% of patients in California are readmitted to hospitals within 30 days of discharge. This problem results in a direct expense to Members, as each readmission costs upwards of $11,000. Members also incur costs associated with lost worker productivity.

Members and other large health care purchasers can help fix this problem by rewarding health care providers — medical groups, hospitals — based on quality outcomes. To position providers to embrace these new market conditions and purchaser demands, California Quality Collaborative (CQC) works directly with healthcare providers, offering collaboration and training opportunities.

Although some medical groups in California have the resources to address these new challenges on their own, many smaller medical groups — often those in areas with lower capitation rates or serving less affluent populations — need help redesigning their processes in order to succeed. Through CQC, providers gain the expertise, infrastructure and resources to make effective and sustainable organizational changes.

How it works: CQC was created in 2007 when PBGH facilitated an agreement between major health plans and California medical groups to coordinate improvement strategies on care for patients with chronic disease. Through PBGH's efforts, health plans agreed to create standards for all providers and to help the entire medical community move towards these best practices.

Today, CQC continues to be the organization providing efficient, best-in-class improvement support to California's medical community. It specifically targets key improvement indicators that purchasers have identified as important, such as the Integrated Healthcare Association's (IHA) pay-for-performance program and the Center for Medicare Services (CMS) hospital readmission penalties and chronic care performance.

CQC guides providers through the process of developing work plans, establishing specific measurements or examining current measurements and facilitating peer-to-peer learning between similar organizations. Strategies undertaken by CQC - communicated via in-person learning sessions, webinars, coaching calls, and site visits - include:

- Coaching management teams to test and inspire change within hospitals and medical groups to reduce readmissions.
- Teaching teams to develop systems to monitor progress using available data.
- Enabling peer-to-peer sharing of best practices.

Recent successes of CQC programs include:

- An 8% reduction in the 30-day all-cause readmission rate across 18 hospitals.
- 1,400 fewer readmissions over two-years, resulting in over $10 million in estimated savings.

How does CQC benefit PBGH Members?

- Employees – especially those in underserved areas – experience improved care.
- Members and employees have reduced costs as a result of improved medical group efficiencies and performance.
- Employees benefit from more consistent and reliable care.

How can PBGH Members get involved?

- Require health plans to support CQC financially.
- Direct in network providers to participate in CQC programs.
- Participate in CQC advisory bodies, thereby strengthening the voice for urgent improvement and helping to set targets for California health care.

Looking ahead: CQC adapts its improvement targets each year to respond to evolving market conditions and purchaser requirements. One focus area of improvement is the way patients are managed after leaving the hospital. Addressing this in recent years has meant moving beyond the medical group audience to bring hospitals and physicians together to improve care across the entire readmissions continuum.

Frequently Asked Questions (FAQs)

1. For whom are the collaborative and training sessions intended?

   CQC's programs are designed for care teams within medical groups, Independent Practice Associations (IPAs), Managed Service Organizations (MSOs), hospitals and health plans. CQC believes that team involvement facilitates change and reaches goals aligned with "The Triple Aim."

2. How much does a program cost?

   Costs for an individual from a medical group, hospital, etc. to participate in CQC vary, depending on the collaborative and training sessions. Many training sessions are low in cost or free, as they are subsidized by foundation grants, health plan contributions and contributions from PBGH Members.

3. Can provider organizations that are not based in California join?

   Although most of CQC's initiatives are designed for California hospitals and physician groups, CQC's skill-building course on motivational interviewing (Partnering With Patients: Using Motivational Interviewing For Brief Action Planning And Shared Decision Making) is widely attended by organizations outside of the state.

CQC Milestones

2002
- Diabetes Continuous Quality Improvement (DCQI) forms.

2004
- DCQI scope widens to include cardiovascular care, measurement and role for health plans; name changes to "Breakthroughs in Chronic Care."

2007
- "Breakthroughs in Chronic Care" broadens and becomes CQC within PBGH.

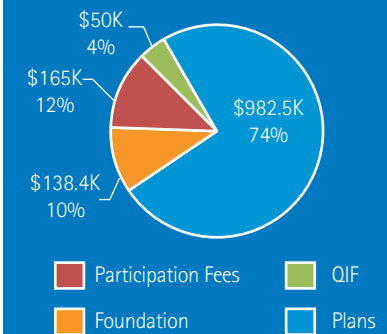
2009
- Participation in CQC grows from 38 physician groups (2002) to 110, representing 35K practices with +13M outpatients in CA.

2012
- Collaboration broadens with CA Association of Physician Groups, Health Services Advisory Group, CA HealthCare Foundation, and Integrated Healthcare Association.

2013
- CQC provides care coordination training for PBGH's Intensive Outpatient Care Program (IOCP).

2014 CQC Operations

PBGH Staff: 4.61 FTE
Revenue: $1.33M



Cindi Ardans
Interim Director
Pacific Business Group on Health
cardans@calquality.org

www.pbgh.org/CQC