

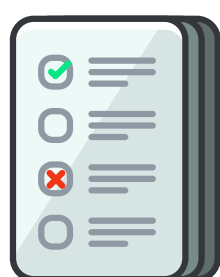
## IMPROVING HEALTH THROUGH EFFICIENT CARE

February 2018

### Preventing Avoidable Utilization

The Medi-Cal program provides access to needed care for more than 13 million Californians. Prior to the ACA, many low income Californians lacked coverage, causing them to delay care until their health needs advanced, grew more complicated, and required costly emergency care. With the peace of mind of Medi-Cal coverage, millions of patients have since developed regular relationships with primary care teams to stay healthy and out of the hospital.

Consequently, California's 21 public health care systems are redesigning their delivery systems to focus on preventive care, and shifting their business models towards value, not volume. Examples of work undertaken through the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program are highlighted below and result from system improvements made between July 2016 and June 2017, to illustrate the ways in which public health care systems are improving patient outcomes, identifying health issues early, and preventing avoidable utilization.



#### Increasing Colorectal Cancer Screenings

An estimated 135,000 new cases of colorectal cancer occurred in the U.S. in 2017, of which about 18,400 occurred in California.<sup>1,2,3</sup> Late-stage treatment costs can be as high as \$310,000 per patient annually.<sup>4</sup> Colorectal

cancer screening saves lives through early detection (when the 5-year survival rate is 90 percent) and is highly cost effective by reducing late-stage treatment costs.<sup>5</sup>

Between July 2016 and June 2017, public health care systems screened 18,160 additional patients for colorectal cancer.



#### Decreasing 30-Day Readmissions

All too often, patients discharged from a hospital return relatively soon with preventable conditions. Nationwide, nearly 14% of all readmissions within 30 days for all causes among beneficiaries fell into this category in 2014.<sup>10</sup> Evidence shows that these readmissions cost around \$20 billion a year.<sup>8,9</sup>

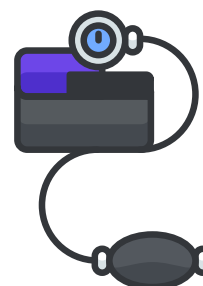
Through better focus on preventive, outpatient, and specialty care, public health care systems decreased their all-cause 30-day readmission rates by 4% between July 2016 and June 2017, with more than half achieving rates that rank within the top 10% of readmission rates in the state.



#### Improving Diabetes Control: Preventing Poor Blood Sugar

Diabetes is the seventh leading cause of death in the U.S. It increases the risk of a myriad of debilitating and extremely costly adverse health events such as stroke, heart disease, kidney failure, vision loss, and amputation.<sup>13</sup> Maintaining blood sugar at healthy levels helps reduce the risk of severe health complications and the associated costs. Numerous studies have found cost efficiencies from better managing blood sugar, among patients with both type 1 and type 2 diabetes, through changes in prescription drugs and health care utilization in outpatient, inpatient and emergency department settings.<sup>14, 15, 16, 17</sup>

Between July 2016 and June 2017, public health care systems helped 2,137 additional patients achieve better blood sugar control.



#### Controlling High Blood Pressure

Controlling high blood pressure not only prevents deaths and cardiovascular events such as stroke and congestive heart failure, it can also produce cost efficiencies.<sup>6</sup> One charity care study found that lowering blood pressure led to system-wide benefits when investments were made in blood pressure screening and

management, through changes in health care utilization, such as reduced emergency department use.<sup>7</sup>

Between July 2016 and June 2017, public health care systems helped 8,955 additional patients control their blood pressure.



#### Preventing Adverse Drug Events: Reconciled Medications

Reconciling patients' medications upon discharge helps to prevent adverse prescription drug events from occurring, saving people and the delivery system time, money, and preserving health.<sup>11</sup> Changes to patients' medication regimen occur frequently during hospitalizations. Oftentimes, patients' outpatient providers may be unaware of drugs prescribed at discharge. These discrepancies can have profound consequences that could have been avoided; it is estimated that between 2.4% to 4.1% of all hospital admissions stem from adverse prescription drug events, of which nearly 70% are preventable.<sup>12</sup>

Between July 2016 and June 2017, public health care systems reconciled medications for 20,537 more patients.



#### Reducing Unnecessary High-Cost Imaging

Imaging procedures can be extremely costly, ranging from about \$500 to over \$1,000 per procedure, depending on the type, and in some cases are not

likely to improve patient outcomes or change the course of treatment.<sup>18, 19, 20</sup> In certain situations, negative consequences from imaging may actually outweigh any overall benefit to patients, as they may experience worse outcomes from exposure to radiation, mental distress from false positives, and unnecessary follow-up procedures.<sup>21</sup>

*Contra Costa Regional Medical Center in Martinez, California, reduced its use of high-cost imaging for uncomplicated headaches by 19% in a single year.*

# INDIVIDUAL SYSTEM PERFORMANCE

Each of California's public health care systems earn federal incentive funding based on their PRIME metric performance. Performance targets below are shown for 2017, with improvement figures between 2016 and 2017, the second year of the PRIME program. Although systems were required to select a minimum number of nine projects, the number of metrics each system is responsible for depends on their choice of optional projects and the total number of projects selected.<sup>22</sup>

## Alameda Health System



Met **19 of 21** pay-for-performance improvement targets

Reconciled medications for **875** more patients

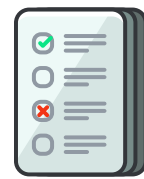
## Arrowhead Regional Medical Center



Met **20 of 23** pay-for-performance improvement targets

Helped **11%** more patients keep their blood pressure under control

## Kern Medical Center



Met **21 of 22** pay-for-performance improvement targets

Screened **1,029** additional patients for colorectal cancer

## Los Angeles County Department of Health Services



Met **29 of 30** pay-for-performance improvement targets

Helped **2,519** additional patients keep their blood pressure under control

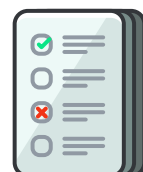
## Natividad Medical Center



Met **19 of 20** pay-for-performance improvement targets

Decreased their readmission rates by **42%** through better care coordination between inpatient and outpatient settings

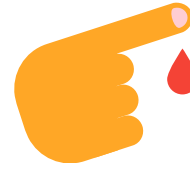
## Riverside University Health System



Met **19 of 20** pay-for-performance improvement targets

Screened **3,555** additional patients for colorectal cancer

## Santa Clara Valley Health & Hospital System



Met **18 of 20** pay-for-performance improvement targets

Helped **21%** more patients achieve better blood sugar control

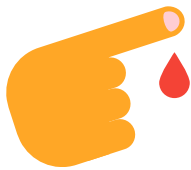
## San Francisco Health Network



Met **20 of 20** pay-for-performance improvement targets

Reconciled medications for **2,814** more patients

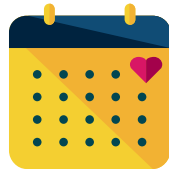
## San Joaquin General Hospital



Met **19 of 23** pay-for-performance improvement targets

Helped **31%** more patients achieve better blood sugar control

## San Mateo Medical Center



Met **20 of 20** pay-for-performance improvement targets

Excelled in maintaining low 30-day all-cause readmission rates, consistently ranking within the **top 10%** in the state, through robust care coordination between inpatient and outpatient settings and a strong focus on preventive, outpatient, and specialty care

## Ventura County Health Agency



Met **20 of 22** pay-for-performance improvement targets

Improved their 30-day all-cause readmission rates by **36%**, through better focus on preventive, outpatient, and specialty care

## UC Davis Health



Met **19 of 22** pay-for-performance improvement targets

Helped **2,558** more patients keep their blood pressure under control

## UC Irvine Health



Met **11 of 19** pay-for-performance improvement targets

Improved their colorectal cancer screening rates by **15%**

## UCLA Health



Met **12 of 19** pay-for-performance improvement targets

Helped **21%** more patients achieve better blood sugar control

## UCSD Health



Met **17 of 22** pay-for-performance improvement targets

Improved upon its top performer status and helped **2%** more patients keep their blood pressure under control.

Consistently ranks within the **top 10%** percent of the country for controlling patients' high blood pressure

## UCSF Health



Met **20 of 21** pay-for-performance improvement targets

Improved their 30-day all-cause readmission rates by **17%**, through better focus on preventive, outpatient, and specialty care

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22. For a list of PRIME required and optional projects, visit [caph.org/primebrief](http://caph.org/primebrief)