Improving Quality of Care through PRIME

California’s 21 public health care systems have demonstrated leadership across the safety net through an aggressive evolution towards value-based payment. The 1115 Medicaid (called Medi-Cal in California) waivers have served as a driving force for these efforts over the past 11 years. Most recently, the Public Hospital Redesign and Incentives in Medi-Cal (PRIME), a pay-for-performance delivery system improvement program has led to real gains in the quality of care that we deliver. These advances include identifying health issues early, delivering effective care in appropriate settings, and improved health outcomes. The examples below illustrate these efforts, which have taken place over the last three years.

**Increasing Depression Screenings**
- Approximately 8 out of 10 people diagnosed with depression report difficulty in performing day-to-day tasks.
- In young adulthood, depression has been found to be associated with early pregnancy, decreased school performance, and impaired work, social, and family functioning. For those with comorbid conditions, depression worsens the course of their disease.

Between 2015 to 2018, public health care systems screened an additional **185k+ PATIENTS FOR DEPRESSION**

**Increasing Colorectal Cancer Screenings**
- An estimated 18,400 new cases of colorectal cancer occurred in California in 2017.
- Costs can be as high as $310,000 per patient annually.
- Early detection saves lives and is highly cost effective by reducing late-stage treatment costs.

Between 2015 to 2018, public health care systems screened an additional **26k+ PATIENTS FOR COLORECTAL CANCER**

**Controlling High Blood Pressure**
- 40% of adults have high blood pressure, which can lead to serious cardiovascular events such as stroke and congestive heart failure.
- Other than pregnancy, high blood pressure is the most common reason for adult office visits.
- Controlling high blood pressure is cost effective and a key component of preventative care.

**Rate of Patients with Blood Pressure Control**

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-16</td>
<td>66.8%</td>
</tr>
<tr>
<td>2016-17</td>
<td>71.54%</td>
</tr>
<tr>
<td>2017-18</td>
<td>73.8%</td>
</tr>
</tbody>
</table>

An additional **12,300 PATIENTS** achieved better diabetes control

**Increasing Tobacco Screening and Counseling**
- One in five American adults smoke, which may cause cancer, cardiovascular, and pulmonary disease, resulting in an estimated 443,000 premature deaths and almost $100 billion in productivity lost each year.
- Screening and counseling is an effective method for smoking cessation.

**Rate of Tobacco Screening and Counseling**

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-16</td>
<td>81.6%</td>
</tr>
<tr>
<td>2016-17</td>
<td>93.2%</td>
</tr>
<tr>
<td>2018-19</td>
<td>95.9%</td>
</tr>
</tbody>
</table>

An additional **83,600 patients**

**Decreasing 30-Day Readmissions**
- Nearly 14% of all readmissions within 30 days (for all causes) are due to preventable conditions.
- Readmissions cost around $20 billion a year.

Between 2015 to 2018, public health care systems decreased all-cause 30-day readmission rates by **4%**

**Improving Diabetes Control**
- Diabetes is the seventh leading cause of death in the U.S. which may cause debilitating and extremely costly adverse health events such as stroke, heart disease, and kidney failure.
- Maintaining blood sugar at healthy levels helps reduce the risk of severe health complications.

Between 2015 to 2018, public health care systems helped an additional **3,600 patients** achieve better diabetes control

January 2019
Each of California’s public health care systems earn federal incentive funding based on their PRIME metric performance. Over the last three years, public health care systems have, on average, each taken on 60 performance improvement metrics, with an overall 93% target achievement rate. Individual system performance highlights since the start of the program are shown below.

- **Alameda Health System**
  - Screened 12,151 more patients for depression

- **Arrowhead Regional Medical Center**
  - Screened 42% (1,587) more patients for colorectal cancer

- **Contra Costa Health Services**
  - Helped 19% more patients achieve better blood sugar control

- **Kern Medical**
  - More than doubled their rate of colorectal cancer screenings (1,168 additional patients screened)

- **Los Angeles County Department of Health Services**
  - Screened and counseled an additional 20,869 patients for tobacco use

- **Natividad Medical Center**
  - Lowered their 30-day readmission rate by 27%

- **Riverside University Health System**
  - Helped 54% more patients achieve control of their blood pressure

- **Santa Clara Valley Health & Hospital System**
  - Screened and counseled an additional 7,070 patients for tobacco use

- **San Francisco Health Network**
  - Screened 36% (3,828) more patients for depression

- **San Joaquin General Hospital**
  - Lowered their 30-day readmission rate by 13%

- **San Mateo Medical Center**
  - Screened 4,322 more patients for depression

- **Ventura County Health Agency**
  - Increased their rate of colorectal cancer screenings by 68%

- **UC Davis Health**
  - Helped 17% more patients achieve blood pressure control

- **UC Irvine Health**
  - Lowered their 30-day readmission rate by 28%

- **UCLA Health**
  - Helped 30% more patients achieve better blood sugar control

- **UCSD Health**
  - Improved their rate of screening depression by 19%

- **UCSF Health**
  - Screened and counseled 10% (2,839) more patients for tobacco use

For a full list of references, please visit our website at caph.org
5. This figure was extrapolated based on California’s 2016 population and the incidence rate of colorectal cancer found in the article listed in footnote 6.
7. This research was conducted for the National Colorectal Cancer Roundtable by The Lewin Group. (2007). Increasing colorectal cancer screening – saving lives and saving dollars: Screening 50 to 64 year olds reduces cancer costs to Medicare. National Colorectal Cancer Roundtable. Available at: http://nccrt.org/resource/savings-medicare-increased-colorectal-cancer-screening/
8. This research was conducted for the National Colorectal Cancer Roundtable by The Lewin Group. (2007).
15. This figure was extrapolated based off of costs cited in the article listed in footnote 8, trended forward by Medical-CPI to today's dollars.