

Overview

The Inland Quality Collaborative was launched after publicly reported measures of clinical care and patient experience showed lowest performance in Riverside and San Bernardino Counties – the Inland Empire. Physician groups, health plans serving the region and the California Association of Physician groups (CAPG) came together to invest in learning how to accelerate improvement in patient care for the 1.5 million commercial patients living in the region.



Structure

- Created a local Learning Network: Quarterly on-site sessions for physician groups, health plans and community agencies in the region to foster peer-to-peer exchange of ideas and approaches to improve patient care.
- Sponsored one-day training sessions on aspects of quality improvement.
- Sponsored dinner sessions among health care executives on the case for care improvement.
- Regional conferences showcasing efforts to improve patient care, such as supporting patients leaving the hospital, chronic care registries, patient outreach.

Measurement

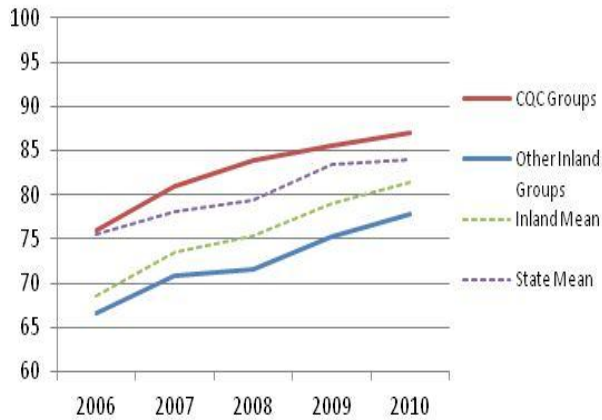
Progress of the teams participating in the program were tracked using IHA P4P measures.

1. HbA1c Testing – Percent of diabetes patients with one test in last 12 months
2. HbA1c Control – Percent of diabetes patients with HbA1c<9.0
3. LDL Testing - Percent of diabetes patients with one test in last 12 months
4. LDL Control in CAD - Percent of CAD patients with LDL-c <100 or

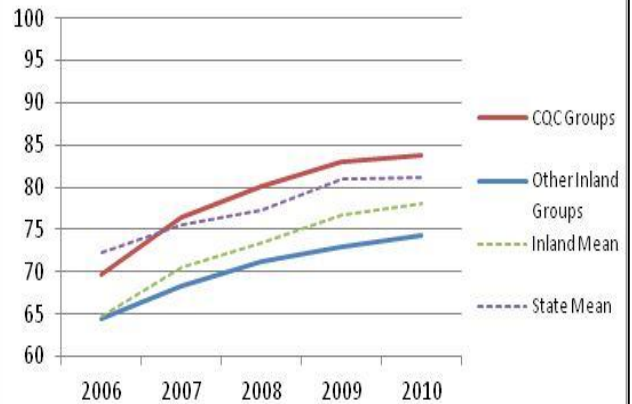
Results

When the P4P results for the physician groups actively participating in the Inland Quality Collaborative are compared for the groups from the same region who did not, the results over time are dramatic. The improvement over time for the active groups far surpasses those that did not, and in some cases, exceed statewide averages. Internal data reported by health plans show that improvement in the Inland Empire outpaces all but one region in the state.

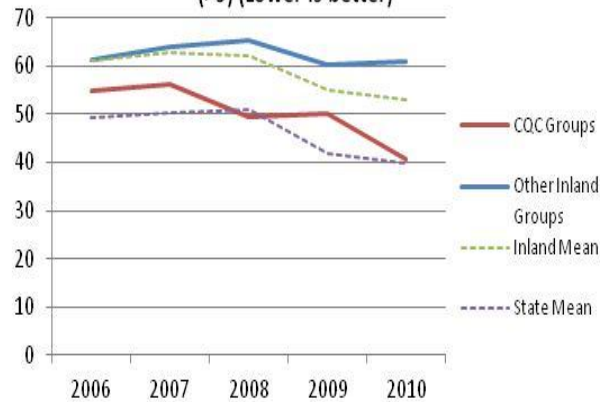
P4P Measure: Patients w/ Diabetes - HbA1c Screening



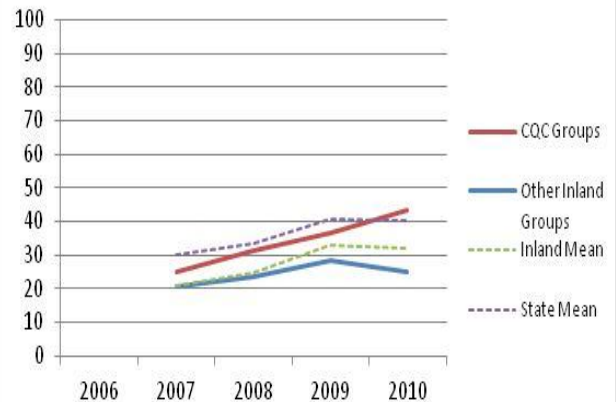
P4P Measure: Pts with Diabetes - Cholesterol Screening



P4P Measure: Patients w/ Diabetes - Poor Glycemic Control (>9) (Lower is better)



P4P Measure: Patients with Diabetes - LDL < 100



Quotes

All the results from the collaborative are not quantifiable. In fact, many include personal stories of people who found renewed energy for the work they in the camaraderie of the collaborative meetings. Below are some examples of what we've heard.

- "CQC helped us short-circuit the learning process, we had confidence that what we learned at CQC meetings would work. "Physician Group Medical Director
- "Inland Quality Collaborative really gave us the energy and the optimism to make positive changes within our group". QI Manager
- "When I come here, I realize we are all trying to solve the same problems; I don't feel so alone!"
- "We send our staff to CQC programs to receive the training we just can't offer internally. " Administrator

Lessons Learned

- Competitors can collaborate – At the first meeting, local competitors were hesitant to openly discuss approaches to improve patient care. After the third meeting, competing physician organizations shared freely; meetings became the place to exchange information on what worked, and didn't work, to improve patient care. In fact, meetings became a place to share and celebrate each others' successes.
- Small groups can improve, too – Most physician groups in the Inland Empire tend to be smaller than those elsewhere in California. The same kinds of interventions worked to improve care, just delivered differently. For instance, a large group can produce custom reports for physician practices and produce patient outreach letters. Smaller groups can bring patient lists to the practice and work collaboratively to complete the patient outreach.
- Improvement can be accelerated by regular, structured, peer-to-peer networking – Physician groups regularly participating in CQC programs out-performed others working under the same constraints in the same region.
- Don't make assumptions about causes of lower performance – When first reviewing the lower performance in Inland, many believed that organizations were not interested in improving. In fact, three quarters of the physician groups participated in improvement activities, with half of the groups devoting significant time and investing significant money in the technology and people required to improve patient care.

Participants

- Beaver Medical Group
- Choice Medical Group
- Desert Oasis Health Care
- Heritage Victor Valley
- High Desert MG
- High Desert Primary Care
- Kaiser - Riverside
- Loma Linda University Health Care
- Pinnacle MG
- PrimeCare/NAMM
- Regal MG
- Riverside Medical Clinic
- Riverside Physician Network
- San Bernardino Medical Group
- United Family Care



**California Quality Collaborative
would like to acknowledge the following organizations
for supporting the program:**

Anthem Blue Cross
Blue Shield of California
California Association of Physician Groups
Cigna
Health Net
Pacific Business Group on Health
SCAN Health Plan
United Healthcare

