

RESEARCH BRIEF

Implementing a Quality Improvement Collaborative to Improve Hypertension Control and Advance Million Hearts Among Low-Income Californians, 2014–2015

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PEER REVIEWED

Abstract

From January through December 2015, the California Department of Health Care Services, which administers Medi-Cal, the nation's largest Medicaid program, conducted a quality improvement collaborative (QIC) with 9 Medi-Cal managed care plans (MCPs) aimed at improving hypertension control consistent with the Million Hearts initiative. The QIC included quarterly webinars and links to local, state, and national resources that consisted of materials and consultations with subject matter experts. Participating MCPs demonstrated an average increase of 5.0 percentage points in their rates of controlled hypertension. Collaboratives can achieve substantial quality improvement in Medicaid managed care plans.

Objective

Hypertension is a major risk factor for deaths related to coronary heart disease (CHD) and stroke. Approximately one-third of adults in the United States have hypertension, but only about half (52%) have their hypertension under control (1). Million Hearts is a na-

tional initiative to prevent 1 million heart attacks and strokes by 2017 through strategies such as achieving blood pressure control among 70% of those who have hypertension (2).

The objective of this study was to determine the effect of a quality improvement collaborative (QIC) on hypertension control rates among 9 managed care plans (MCPs) whose performance at baseline was below the Million Hearts target.

Methods

Approximately 14 million Californians are enrolled in Medi-Cal (3), which is administered by the California Department of Health Care Services (DHCS). Enrollees eligible for full-scope benefits (nearly 11 million) receive health care provided by a network of 23 MCPs (4). Ten MCPs, 9 of which performed below the Million Hearts target of 70% controlled high blood pressure, volunteered to participate in the QIC. The plan performing above the target was excluded from analysis.

In 2015, 407,911 Medi-Cal members enrolled in a MCP had been diagnosed with hypertension. More than 60% (246,206) of those with hypertension were enrolled in 1 of 9 MCPs that participated in the QIC (5). Of the 23 MCPs, the analysis was limited to QIC-participating and nonparticipating plans with continuous Controlling High Blood Pressure (CBP) data since 2009 (n = 19).

From January through December 2015, DHCS held quarterly, 1.5-hour webinars with MCPs in which local, state, and national leaders presented hypertension control best practices and provided evidence-based tools and resources (6,7). For example, the MCPs were exposed to an effective quality improvement program, the Right Care Initiative (8). Subject matter experts within DHCS also



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