LET'S GET HEALTHY CALIFORNIA TASK FORCE SURVEY RESULTS FOR HEALTH CARE QUALITY IMPROVEMENT

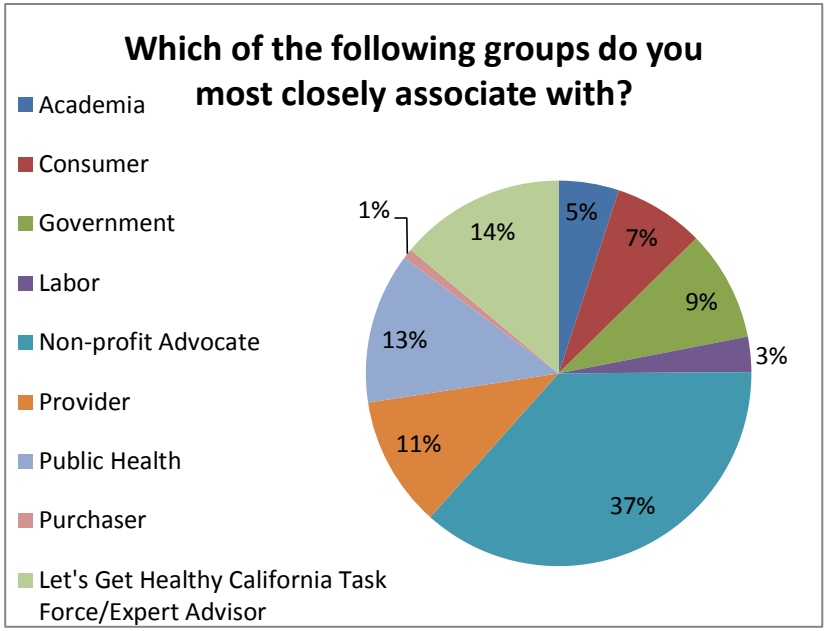
August 22, 2012

LGHCTF Health Care Quality Improvement SurveyMonkey Analysis

Introduction and Methodology

Introduction:

- In keeping with the Let's Get Healthy California Task Force Guiding Principles, the indicators offered for your review and rating in this survey reflect indicators that are: 1) included in the National Quality Strategy (NQS) and for which state data are available; 2) recommendations from California Department Health Care Services subject matter experts; and 3) recommendations received from Task Force and Expert Advisor members and stakeholders on the July 24th webinar on Health Care Quality Improvement
- The criteria used for selecting the indicators included in this survey are: 1) the indicator was previously vetted for reliability and validity (e.g., HEDIS or some other recognized data set), 2) the availability of national comparison data, and 3) the availability of an existing valid and reliable state data set. We also wanted to ensure data sources allowed for additional analyses of priority (race/ethnicity, income, etc.) and, where possible, indicators with available county-level data.
- Participants were asked to rank five of six possible priority areas in order of importance. After ranking their first priority area, participants were then asked to choose the top two indicators for that priority area. Participants were only allowed to consider indicators from priority areas that they selected. A slide deck containing a list of all priority areas and indicators was made available to all those who took the survey.



Methodology:

- This survey was sent to 45 Task Force and Expert Advisor members and interested stakeholders and made available between the dates of August 6, 2012 and August 21, 2012
- 31 Task Force members and Expert Advisors responded, or 69%. In addition, 158 complete surveys were received from interested stakeholders, for a grand total of 189 respondents. Any member of the public was permitted to complete the survey. Responses from individuals who did not include a valid name and email address were not considered.
- Individual responses received a point score based on how important a given priority area was ranked. Only the top three ranking priority areas were considered. The most important priority area was given 5 points, the second most important was given 4 points, the third most important was given 3 points. These points were then summed and a percentage was determined by dividing the cumulative points in a priority area by the total cumulative points for all priority areas.
- In all priority areas with more than two indicator choices, individual responses for indicators also received a point score based on how a given indicator was ranked. The most important indicator was given 2 points and the second most important indicator was given 1 point. Only the most important indicator was considered for priority areas with only two possible indicator choices.

PRIORITIES AND INDICATORS

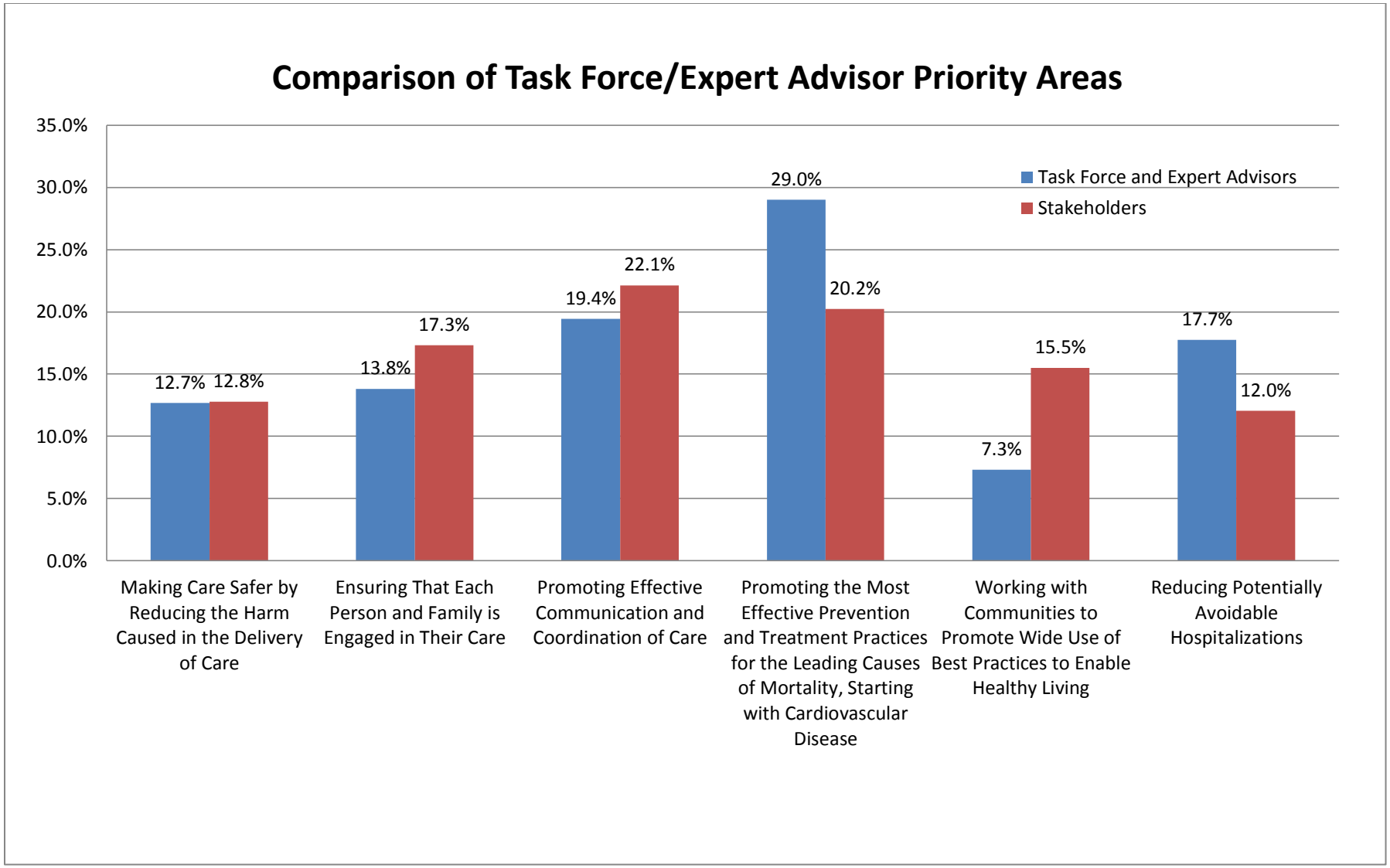
Health Care Quality Improvement Survey

August 22, 2012

Health Care Quality Improvement Top Priorities and Indicators*

Promoting the Most Effective Prevention and Treatment Practices for the Leading Causes of Mortality, Starting with Cardiovascular Disease		Promoting Effective Communication and Coordination of Care		Reducing Potentially Avoidable Hospitalizations	
Task Force and Expert Advisor Indicators Task Force Priority #1		**Task Force and Expert Advisor Indicators** Task Force Priority #2		**Task Force and Expert Advisor Indicators** Task Force Priority #3	
1.	**Controlling High Blood Pressure - Adults (18-85yrs) diagnosed with hypertension**	1.	**Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services, such as tests or treatments?**	1.	**Diabetes Indicators**
2.	**Cholesterol Management – Cardiovascular Conditions LDL-C <100 mg/dL**	2.	**Is there anyone at (CHILD's) doctor's office or clinic who helps coordinate (his/her) care with other doctors or services such as tests or treatments?**	2.	**Congestive Heart Failure**
				3.	**Pediatric Asthma**
Stakeholder Indicators Stakeholder Priority #2		**Stakeholder Indicators** Stakeholder Priority #1		**Stakeholder Indicators** Stakeholder Priority #6	
1.	**Controlling High Blood Pressure - Adults (18-85yrs) diagnosed with hypertension**	1.	**Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services, such as tests or treatments?**	1.	**Diabetes Indicators**
2.	**Cholesterol Management – Cardiovascular Conditions LDL-C <100 mg/dL**	2.	**Is there anyone at (CHILD's) doctor's office or clinic who helps coordinate (his/her) care with other doctors or services such as tests or treatments?**	2.	**Congestive Heart Failure**
				3.	**Pediatric Asthma**

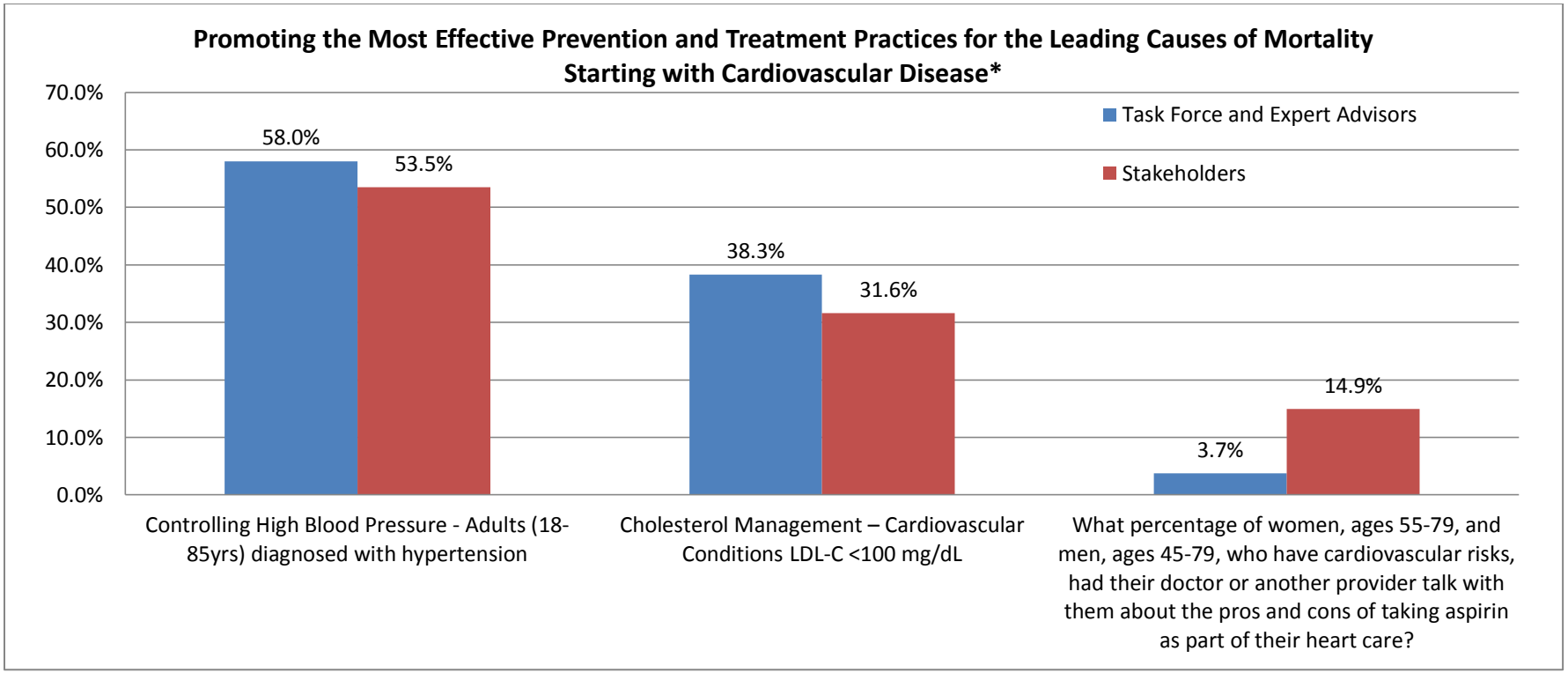
*Responses from31 Task Force / Expert Advisor and 158 Stakeholders were considered


Comparison of Task Force/Expert Advisor Priority Areas
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
Task Force and Expert Advisors
Stakeholders
12.7%
12.8%
13.8%
17.3%
19.4%
22.1%
29.0%
20.2%
7.3%
15.5%
17.7%
12.0%
Making Care Safer by Reducing the Harm Caused in the Delivery of Care
Ensuring That Each Person and Family is Engaged in Their Care
Promoting Effective Communication and Coordination of Care
Promoting the Most Effective Prevention and Treatment Practices for the Leading Causes of Mortality, Starting with Cardiovascular Disease
Working with Communities to Promote Wide Use of Best Practices to Enable Healthy Living
Reducing Potentially Avoidable Hospitalizations

Health Care Quality Improvement Priorities*

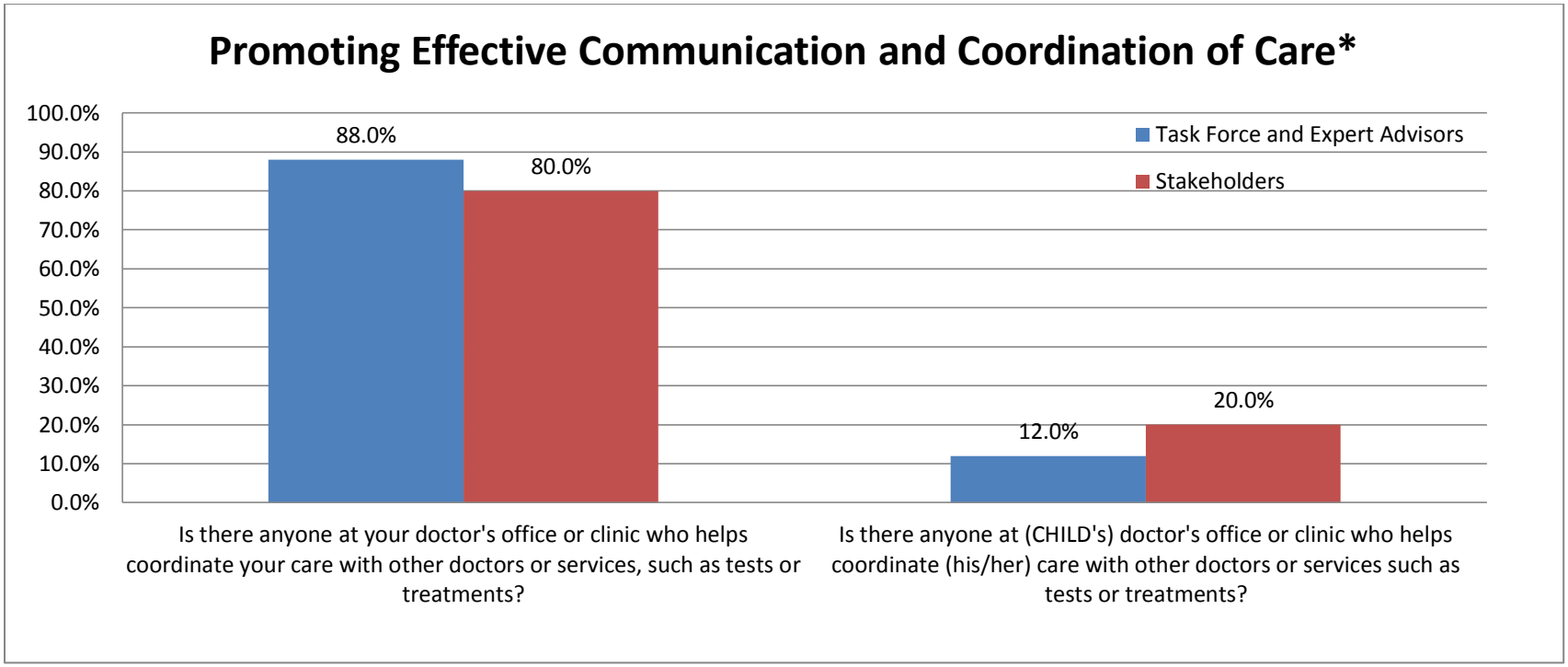
	Task Force and Expert Advisors		Stakeholders	
Rank	**Priorities**	**Percentage**	**Priorities**	**Percentage**
1	Promoting the Most Effective Prevention and Treatment Practices for the Leading Causes of Mortality, Starting with Cardiovascular Disease	29.0%	Promoting Effective Communication and Coordination of Care	22.1%
2	Promoting Effective Communication and Coordination of Care	19.4%	Promoting the Most Effective Prevention and Treatment Practices for the Leading Causes of Mortality, Starting with Cardiovascular Disease	20.2%
3	Reducing Potentially Avoidable Hospitalizations	17.7%	Ensuring That Each Person and Family is Engaged in Their Care	17.3%
4	Ensuring That Each Person and Family is Engaged in Their Care	13.8%	Working with Communities to Promote Wide Use of Best Practices to Enable Healthy Living	15.5%
5	Making Care Safer by Reducing the Harm Caused in the Delivery of Care	12.7%	Making Care Safer by Reducing the Harm Caused in the Delivery of Care	12.8%
6	Working with Communities to Promote Wide Use of Best Practices to Enable Healthy Living	7.3%	Reducing Potentially Avoidable Hospitalizations	12.0%

*Responses from 31 Task Force / Expert Advisor and 158 Stakeholders were considered



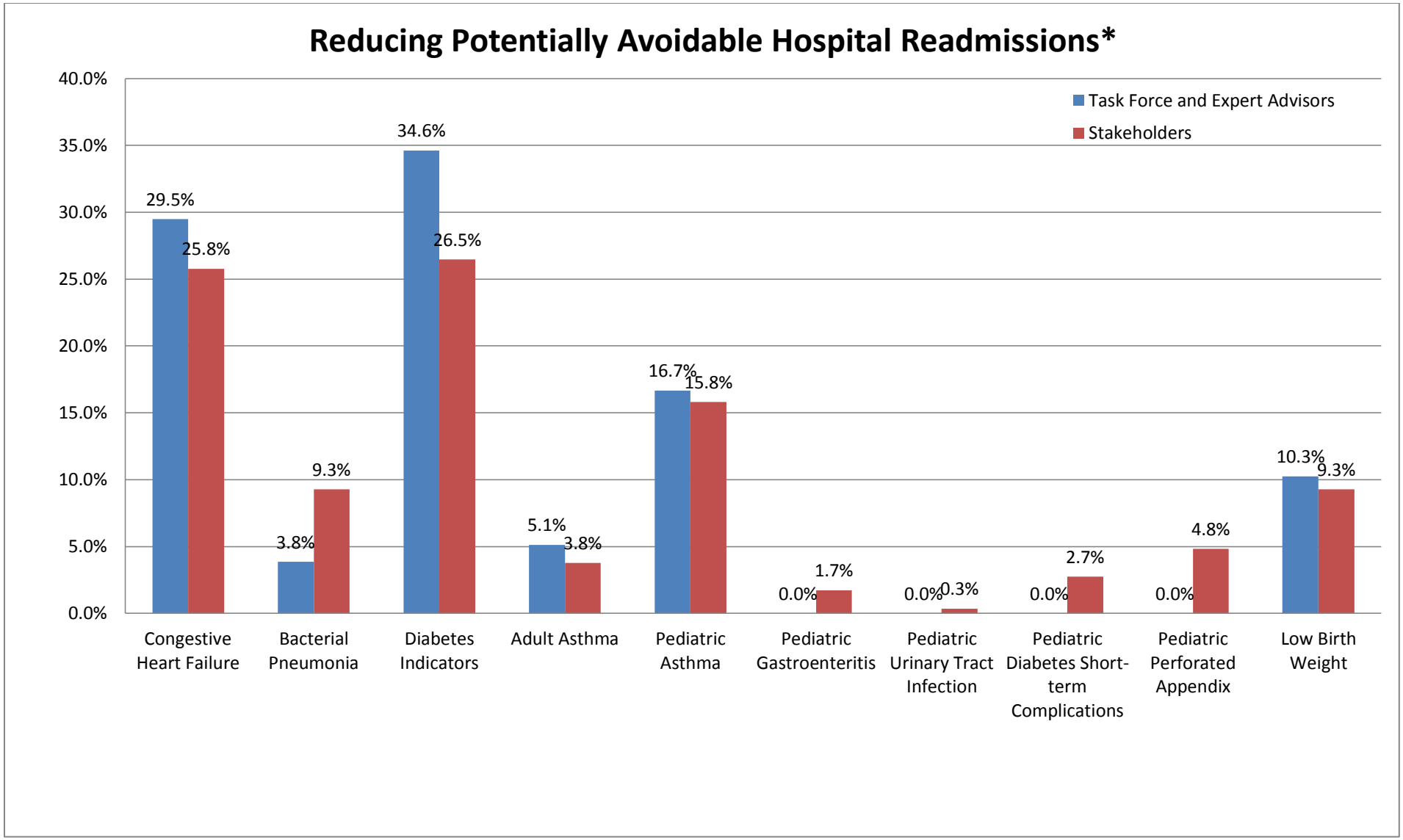
	Task Force and Expert Advisors		Stakeholders	
Rank	**Indicator**	**Percentage**	**Indicator**	**Percentage**
1	Controlling High Blood Pressure - Adults (18-85yrs) diagnosed with hypertension	58.0%	Controlling High Blood Pressure - Adults (18-85yrs) diagnosed with hypertension	53.5%
2	Cholesterol Management – Cardiovascular Conditions LDL-C <100 mg/dL	38.3%	Cholesterol Management – Cardiovascular Conditions LDL-C <100 mg/dL	31.6%
3	What percentage of women, ages 55-79, and men, ages 45-79, who have cardiovascular risks, had their doctor or another provider talk with them about the pros and cons of taking aspirin as part of their heart care?	3.7%	What percentage of women, ages 55-79, and men, ages 45-79, who have cardiovascular risks, had their doctor or another provider talk with them about the pros and cons of taking aspirin as part of their heart care?	14.9%

*Responses from 27 Task Force / Expert Advisor and 114 Stakeholders were considered



	Task Force and Expert Advisors		Stakeholders	
Rank	**Indicator**	**Percentage**	**Indicator**	**Percentage**
1	Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services, such as tests or treatments?	88.0%	Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services, such as tests or treatments?	80.0%
2	Is there anyone at (CHILD's) doctor's office or clinic who helps coordinate (his/her) care with other doctors or services such as tests or treatments?	12.0%	Is there anyone at (CHILD's) doctor's office or clinic who helps coordinate (his/her) care with other doctors or services such as tests or treatments?	20.0%

*Responses from 25 Task Force / Expert Advisor and 125 Stakeholders were considered

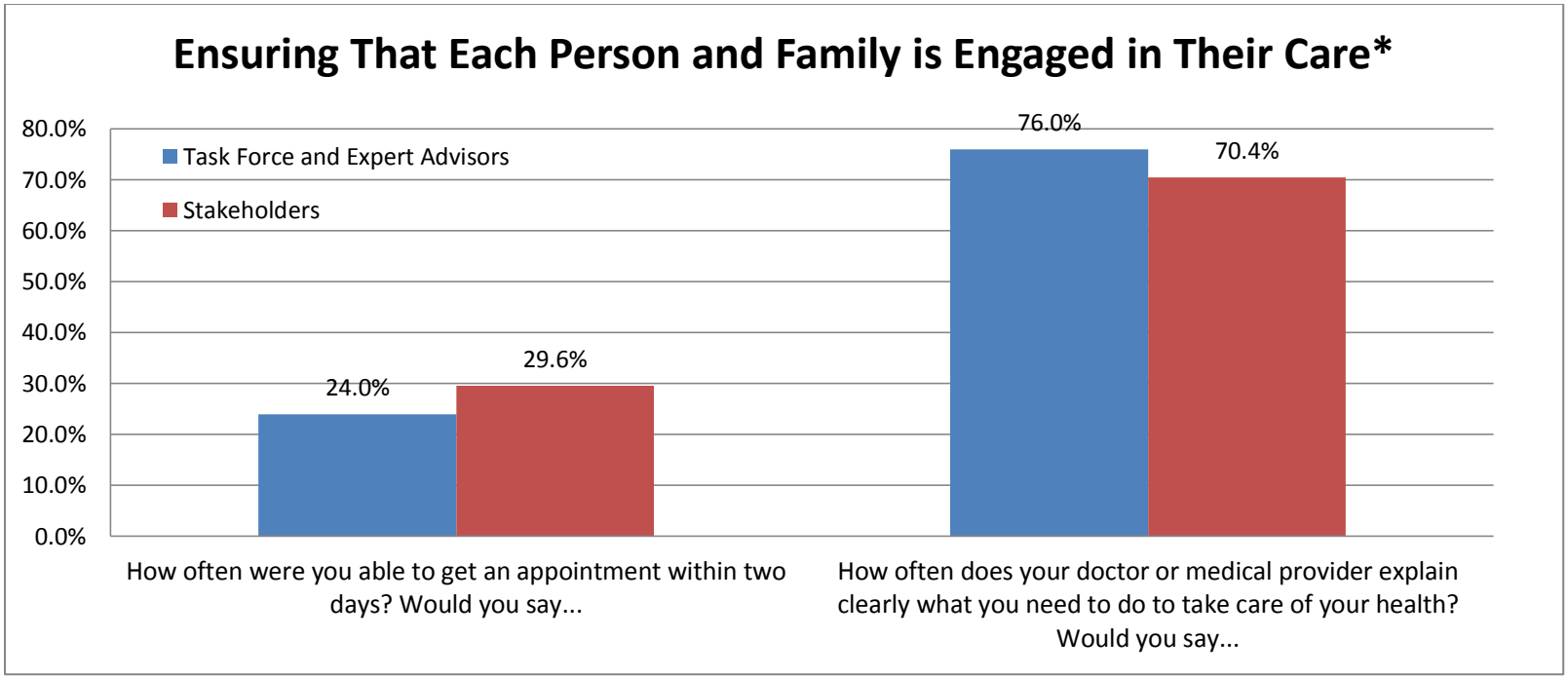


*Responses from 26 Task Force / Expert Advisor and 97 Stakeholders were considered

Reducing Potentially Avoidable Hospitalizations

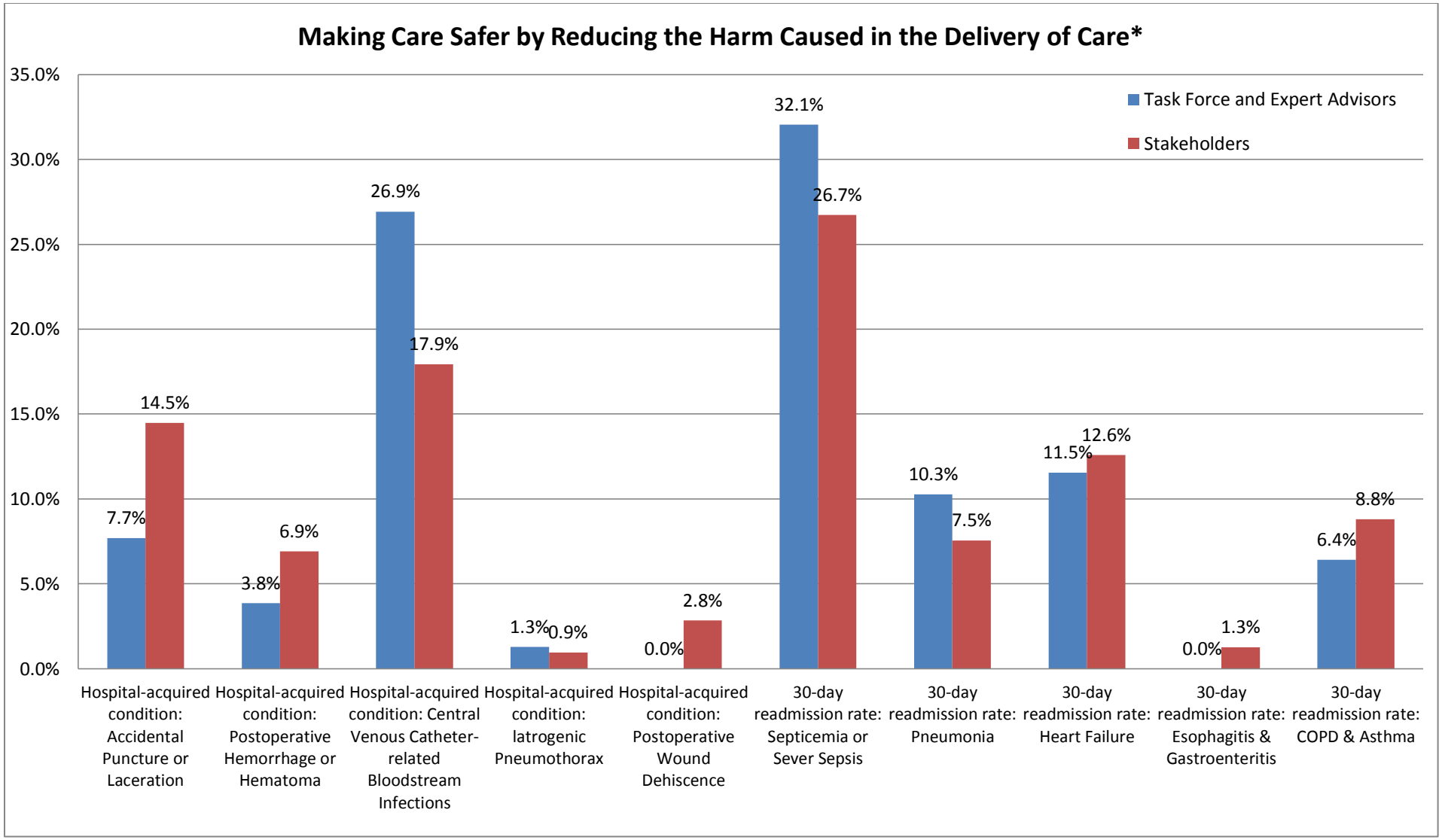
	Task Force and Expert Advisors		Stakeholders	
Rank	**Indicator**	**Percentage**	**Indicator**	**Percentage**
1	Diabetes Indicators	34.6%	Diabetes Indicators	26.5%
2	Congestive Heart Failure	29.5%	Congestive Heart Failure	25.8%
3	Pediatric Asthma	16.7%	Pediatric Asthma	15.8%
4	Low Birth Weight	10.3%	Bacterial Pneumonia	9.3%
5	Adult Asthma	5.1%	Low Birth Weight	9.3%
6	Bacterial Pneumonia	3.8%	Pediatric Perforated Appendix	4.8%
7	Pediatric Gastroenteritis	0.0%	Adult Asthma	3.8%
8	Pediatric Urinary Tract Infection	0.0%	Pediatric Diabetes Short-term Complications	2.7%
9	Pediatric Diabetes Short-term Complications	0.0%	Pediatric Gastroenteritis	1.7%
10	Pediatric Perforated Appendix	0.0%	Pediatric Urinary Tract Infection	0.3%

*Responses from 26 Task Force / Expert Advisor and 97 Stakeholders were considered



	Task Force		Stakeholders	
Rank	**Indicator**	**Percentage**	**Indicator**	**Percentage**
1	How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say...	76. 0%	How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say...	70.4%
2	How often were you able to get an appointment within two days? Would you say...	24.0%	How often were you able to get an appointment within two days? Would you say...	29.6%

*Responses from 25 Task Force / Expert Advisor and 115 Stakeholders were considered



*Responses from 26 Task Force/ Expert Advisor and 106 Stakeholders were considered

Making Care Safer by Reducing the Harm Caused in the Delivery of Care*

	Task Force and Expert Advisors		Stakeholders	
Rank	**Indicator**	**Percentage**	**Indicator**	**Percentage**
1	30-day readmission rate: Septicemia or Sever Sepsis	32.1%	30-day readmission rate: Septicemia or Sever Sepsis	26.7%
2	Hospital-acquired condition: Central Venous Catheter-related Bloodstream Infections	26.9%	Hospital-acquired condition: Central Venous Catheter-related Bloodstream Infections	17.9%
3	30-day readmission rate: Heart Failure	11.5%	Hospital-acquired condition: Accidental Puncture or Laceration	14.5%
4	30-day readmission rate: Pneumonia	10.3%	30-day readmission rate: Heart Failure	12.6%
5	Hospital-acquired condition: Accidental Puncture or Laceration	7.7%	30-day readmission rate: COPD & Asthma	8.8%
6	30-day readmission rate: COPD & Asthma	6.4%	30-day readmission rate: Pneumonia	7.5%
7	Hospital-acquired condition: Postoperative Hemorrhage or Hematoma	3.8%	Hospital-acquired condition: Postoperative Hemorrhage or Hematoma	6.9%
8	Hospital-acquired condition: latrogenic Pneumothorax	1.3%	Hospital-acquired condition: Postoperative Wound Dehiscence	2.8%
9	Hospital-acquired condition: Postoperative Wound Dehiscence	0.0%	30-day readmission rate: Esophagitis & Gastroenteritis	1.3%
10	30-day readmission rate: Esophagitis & Gastroenteritis	0.0%	Hospital-acquired condition: latrogenic Pneumothorax	0.9%

*Responses from 26 Task Force/ Expert Advisors and 106 Stakeholders were considered

Working with Communities to Promote Wide Use of Best Practices to Enable Healthy Living*

100% of Task Force members and Stakeholders chose the following indicator:

What percentage of those who were treated for depression remained on anti-depression medication for 6 months of ongoing care following their initial treatment?

*Responses from 19 Task Force /Expert Advisors and 113 Stakeholders were considered