

## Characteristics of Health Promotion Interventions Delivered by California's Medi-Cal Managed Care Plans

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## Collaborators and Disclosure

- Collaborators
  - Neal Kohatsu, MD, MPH, Medical Director, California Department of Health Care Services
  - Brian Paciotti, PhD, Quality Scientist, Institute for Population Health Improvement, UC Davis Health System
  - Jennifer Byrne, BA, Associate Governmental Program Analyst, California Department of Health Care Services
  - Kenneth Kizer, MD, MPH, Director, Institute for Population Health Improvement, UC Davis Health System and Distinguished Professor, UC Davis School of Medicine and Betty Irene Moore School of Nursing
- Disclosure
  - No actual or potential conflict of interest exists in relation to this study

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## Getting to Know Medi-Cal



- Largest Medicaid program in the US
- More than \$90 billion annual budget
- Serving about 12 million Californians
- 80% enrolled in one of 23 contracted Managed Care Plans
- More than 400 hospitals and 130,000 health care providers

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## Why We Conducted the Study

- California Department of Health Care Services (DHCS) is committed to improving health, improving quality, and reducing costs
- Increasing Medi-Cal member enrollment into managed care
- Contractual agreements with Medi-Cal Managed Care Plans (MCPs) to implement risk reduction, healthful lifestyle, and self-care management interventions that are effective in achieving positive health outcomes
- Little was known about the characteristics and effectiveness of health promotion interventions delivered to Medi-Cal members

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## Specific Aims

1. Establish an inventory of health promotion interventions offered to Medi-Cal members in the areas of healthful eating, physical activity, alcohol and drug abuse prevention, breastfeeding, asthma management, and prevention and management of cardiovascular disease, type 2 diabetes, and obesity.
2. Identify attributes of health promotion interventions that MCPs judge to have the greatest impact on their Medi-Cal members.
3. Determine the extent to which health plans refer Medi-Cal members to community assistance programs and sponsor health-promoting community activities, including those that address the social determinants of health.

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### Methods

- One lead health educator from each of the 21 MCPs was recruited to complete the assessment
- A 190-item online survey, containing a mix of open- and close-ended questions with multiple response categories, was developed in collaboration with Medi-Cal Managed Care Division staff, and MCP health educators and medical directors
- Questions related to the most impactful health promotion interventions were self-determined by the MCPs as interventions having the greatest impact on Medi-Cal members

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### Methods

- Survey was reviewed by a panel of population health experts to establish face validity
- Survey was pilot tested and administered to MCP health educators (n=20 plans)
- 70% of respondents obtained input from MCP leadership and program staff prior to submitting their surveys
- Online survey responses were downloaded into an Excel file, and then exported into SAS/STAT statistical software version 9.3 for analysis
- Qualitative data were grouped into common themes and attributes. Inter-rater reliability ranged from 0.93 to 0.99
- Descriptive statistics were used to analyze quantitative data

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## Results

Table 1. Characteristics of Medi-Cal Managed Care Plans (N=20)

No. of California counties served by the MCPs	No. of all members enrolled per MCP	No. of Medi-Cal members enrolled per MCP	% of Medi-Cal member enrollment per MCP	No. of full-time equivalent health educators per MCP
1 to 11	70,000 to 6,850,000+	30,400 to 1,000,000+	< 1% to 100%	1 to 45

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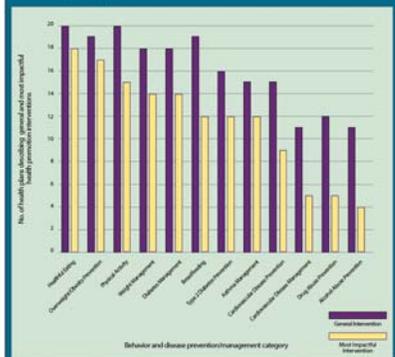
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Figure 1. Distribution of general and most impactful health promotion interventions\* by behavior and disease prevention/management category (N=20)



\*Most impactful health promotion interventions were self-determined by the MCPs as interventions having the greatest impact on Medi-Cal members.

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Table 2. Attributes of most impactful health promotion interventions\* by behavior and disease prevention/management category

Attributes	Healthy eating		Physical activity		Breastfeeding		Overweight/obesity prev.		CVD prev.		Type 2 diabetes prev.		Weight mgmt.		Diabetes mgmt.		Asthma mgmt.	
	n=8	n=15	n=12	n=17	n=9	n=12	n=14	n=14	n=14	n=14	n=14	n=14	n=14	n=14	n=14	n=14	n=14	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Educational materials	6	75%	6	40%	8	67%	6	35%	3	33%	4	29%	5	36%	5	43%	3	23%
One-on-one education	5	63%	5	33%	7	58%	5	29%	3	33%	4	29%	4	29%	4	29%	4	31%
Group education	9	113%	3	20%	1	8%	10	59%	3	33%	6	43%	5	36%	2	15%	1	8%
Referral to clinical resources	7	88%	3	20%	4	33%	6	47%	2	22%	1	8%	7	50%	4	29%	1	8%
Health risk appraisal, screening	7	88%	3	20%	0	0%	6	35%	3	33%	4	29%	3	21%	3	21%	5	43%
Disease management, self-management tools	2	25%	0	0%	1	8%	7	41%	1	11%	0	0%	3	21%	7	50%	4	31%
Incentives for members	3	38%	0	0%	1	8%	4	24%	1	11%	3	21%	3	21%	2	15%	1	8%
Health coaching	2	25%	4	27%	0	0%	3	18%	1	11%	0	0%	3	21%	0	0%	0	0%
Referral to community resources	1	13%	0	0%	2	17%	3	18%	0	0%	0	0%	3	21%	0	0%	0	0%
Care management	0	0%	0	0%	2	17%	0	0%	2	22%	1	8%	0	0%	1	7%	3	23%
Resources for providers	1	13%	0	0%	2	17%	0	0%	0	0%	0	0%	1	7%	1	7%	2	15%
Incentives for providers	0	0%	0	0%	0	0%	0	0%	1	11%	1	8%	0	0%	0	0%	0	0%

\*Most impactful health promotion interventions were self-determined by the MCPs as interventions having the greatest impact on Medi-Cal members.

Prev. = Prevention, Mgnt. = Management, CVD = Cardiovascular Disease

Note. Cardiovascular disease management and drug and alcohol abuse prevention were excluded due to low response rates.

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Table 5. No. and % of Medi-Cal Managed Care Plans sponsoring community activities (N=20)

Name of activity	No. and % of MCPs sponsoring community activity	
	No.	%
Physical activity events (e.g., cycling, walking, and running events)	12	60%
Health fairs	5	25%
Food pantries	5	25%
Farmers' markets	4	20%
Community and school gardens	2	10%
Walking clubs	1	5%
Educational conferences or trainings	1	5%
Giving campaign to United Way	1	5%
Do not sponsor community activities	3	15%
No response	1	5%

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### Limitations

- Self-reported responses
- Social desirability bias due to contract with DHCS
- Most impactful health promotion interventions were self-determined
- Excluded some potential behavior and disease prevention/management categories

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## Conclusions

- There are substantial opportunities to improve the impact of health promotion services offered to Medi-Cal members
- Wide variability in the delivery of interventions suggests that greater standardization of program offerings would materially improve the consistency of service delivery
- Need to establish an evidence-based, measurable, consensus standard for prevention programs

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## Implications

With the assistance of an expert committee and stakeholders, determine:

1. How MCPs assess health risks and how risk-related data are used to inform intervention delivery
2. The best approach to set quality improvement targets, starting with the leading causes of preventable mortality and illness
3. Methods to maximize the delivery of the US Preventive Services Task Force A and B recommendations and other evidence-informed best practice interventions
4. Opportunities to ensure that health care and community prevention efforts are available, integrated, mutually reinforcing, and address the social determinants of health
5. Methods to implement a monitoring system to track the delivery and performance of health promotion interventions

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## Discussion



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