

**KAISER'S INTEGRATED HEALTH HOAX**

a variety of severity scoring systems to categorize review. SCQC meeting minutes in southern California do not reflect audit or other oversight activities. In contrast to northern California, the Survey Team found no evidence of comparative reports or other means to review the southern region's comparative performance.

**Implications:** The Health Plan represents itself as an integrated delivery system; however, the Survey team's examination reveals that the value of the Plan's integration is seriously undermined by the significant variation in the QM and peer programs among its 29 Medical Centers. While the Health Plan may make use of the quality of care programs established at its local Medical Centers to ensure the delivery of high quality services and care to its members, the Plan must first ensure that these programs are substantively comparable and eliminate the substantial variation among these programs. So long as substantial variation exists in these programs, the Plan lacks an objective basis to gauge the effectiveness of the QM programs at local, regional and system levels and cannot verify that its members are consistently receiving health care services that are consistent with professionally recognized standards.

**Plan's Compliance Effort:** The Department acknowledges the Health Plan's significant efforts, initiated immediately after the completion of the survey in November 2006, to create standards, criteria and process changes to support a robust QM oversight system. While substantial progress has been made, the Plan will continue to work through 2009 to fully implement all the changes needed to achieve proper integrations and consistency in the QM and Peer Review programs and associated reports and audits for the Health Plan and Board of Directors review.

To begin the compliance effort, the first step was to establish and set standards for quality review to ensure uniformity among the hospitals, inclusive of the approach and system of peer review for both northern and southern California. The Health Plan accomplished this goal.

The Health Plan instituted process changes to ensure that quality issues are identified and addressed effectively and promptly by the KFHs and PMGs. The changes also address the Health Plan's need to receive regular detailed reporting of all QM and peer review activities so the Plan can: (1) evaluate the adequacy of the clinical review process; (2) assess the efficacy of the quality improvement activities; and (3) confirm that the corrective actions taken are appropriate. To that end, the Health Plan has instituted and the Medical Centers and Medical Groups are implementing the following:

1. Standardize quality review criteria and processes;
2. Standardized reports to increase consistency of information provided by the KFH hospitals and PMGs to the Health Plan; and
3. Additional monitoring and auditing procedures by the Health Plan to ensure new standards and processes are fully implemented.

**1. Standardization throughout the two California Regions**

The Health Plan worked to establish process standards and uniform case screening criteria to be used when reviewing potential quality of care issues. These new process standards

**DEPARTMENT OF MANAGED HEALTH CARE  
CALIFORNIA HMO HELP CENTER  
DIVISION OF PLAN SURVEYS**

**FINAL REPORT**

**NON-ROUTINE MEDICAL SURVEY  
OF  
KAISER FOUNDATION HEALTH PLAN, INC.  
A FULL SERVICE HEALTH PLAN**

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