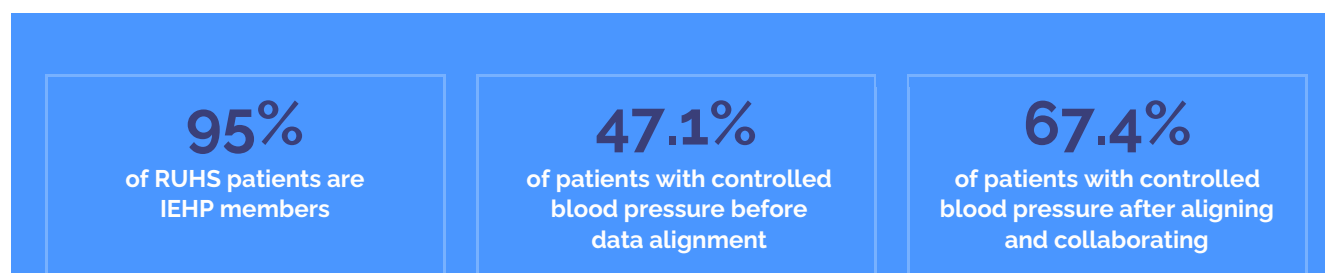


How data alignment and close collaboration between RUHS and IEHP drove a 43% relative improvement in controlled blood pressure

Since early 2024, the [California Health Care Safety Net Institute](#) (SNI) and the [Local Health Plans of California \(LHPC\) Institute](#) have led convenings for their members — 17 public health care systems and 13 Medi-Cal managed care plans — to strengthen system-plan partnerships. Together, SNI and the LHPC Institute have been providing [critical information](#), technical assistance, best practices and lessons learned so systems and plans can better serve their shared patients. This case study is one such example.

Below we detail how [Riverside University Health System](#) (RUHS) and [Inland Empire Health Plan](#) (IEHP) aligned their data and collaborated closely to achieve remarkable improvements in patient care outcomes.



The challenge

Improving the quality of care for their shared patients is difficult for public health care systems and Medi-Cal managed care plans when they lack a strong relationship. When they don't collaborate, they miss opportunities to better support patient health and well-being.

Recognizing this reality, the CEOs of RUHS and IEHP wanted their organizations to communicate more openly and share more data, workload and resources to improve their [shared quality measures](#). More than 95% of RUHS patients are IEHP members.

“We can’t move quality measures without making sure that the health plan and the health system are aligned in terms of how we share data and how we feed data over to the health plans.”

DR. SHUNLING TSANG, MEDICAL DIRECTOR, AMBULATORY QUALITY, RUHS

The approach

ESTABLISHED A QUALITY HUDDLE FOCUSED ON DATA

In 2021, RUHS and IEHP formed a quality huddle as an offshoot of their existing joint operations meeting. The data-focused huddle included quality leaders from the health system and health plan, along with IT and analytics staff who brought expertise in quality measure specifications, reporting requirements, and data workflows. Executive leadership from both organizations committed time, space and resources. Their support enabled the huddle to meet regularly and collaborate closely so they could align data and identify opportunities for quality improvement.

“It can feel uneasy at first because you have to be very open about what's going well and what's not going as well. If we don't admit something's broken, then how are we going to be able to fix it?”

TARA TOKIJKLA, DIRECTOR, QUALITY IMPROVEMENT, IEHP

SHARED, COMPARED AND RECONCILED DATA

Members of the RUHS-IEHP quality huddle kicked off their work together “with a simple file exchange,” said Tokijkla. When comparing the data together, they quickly identified several significant discrepancies in encounter data reporting for blood pressure measurements. IEHP data showed that RUHS was one of the lowest performers in blood pressure control among the plan's network, while RUHS' Epic Systems reported more favorable results.

The huddle examined these blood pressure data discrepancies by asking: Where was the disconnect, and what data was not flowing properly? They dug into claims data and encounter data reporting for specific patient use cases to uncover answers to these questions.

They discovered that some blood pressure-related codes were not visible to the plan, causing gaps in the data. To reconcile this issue, RUHS developed a new verification process that ensured its codes were dropping into the backend of Epic Systems and correctly feeding over to IEHP. After IEHP confirmed they received the RUHS data, the loop was closed.

Through this collaboration, the hospital system and health plan co-created a more reliable data exchange process and aligned on a performance rate for blood pressure control of 47.1%. Both organizations shared that transparent and regular communication — not limited to just their huddle meetings — was essential in aligning their data and formed the foundation for their strong relationship.

“The data exchange was fundamental to getting this quality work and our partnership started.”

TOKIJKLA, IEHP

JOINT PATIENT OUTREACH

Once RUHS and IEHP aligned on a performance rate — blood pressure control at 47.1% in 2021 — the huddle asked, “What can we do together to improve blood pressure outcomes for our patients?”

Since RUHS was already implementing new ways to help patients with their blood pressure during in-person visits, both organizations decided to focus on how patients' blood pressure could be monitored when they were not in front of a RUHS provider.

The huddle researched continuous blood pressure monitoring devices and other options and ultimately chose the simplest solution: a blood pressure cuff. With the cuff, their shared patients would be able to measure and record their blood pressure at home and tell their provider.

IEHP paid for the blood pressure cuffs through the durable medical equipment program, before the devices were a Medi-Cal benefit. IEHP then mailed the cuffs to their RUHS members.

“We saw each other as an extension of the work together and not separate.”

DR. TSANG, RUHS

The results

RUHS patients with controlled blood pressure increased from 47.1% in 2021 to 67.4% in 2023. This is a 43% relative improvement. IEHP and RUHS attribute this significant progress to their collaborative data improvement work and implementation of a targeted solution.

“After our shared work, we were able to increase blood pressure control to 67.4%, which is huge. Now there are that many more patients whose BP is at goal and hopefully not having heart attacks and strokes.”

DR. TSANG, RUHS

This early clinical success motivated the RUHS-IEHP huddle to deepen their relationship and explore what else they could accomplish together. The trust and confidence built over two years led them to establish bidirectional data flow and enter a new, more formalized partnership phase in 2024.

The system and plan jointly created a Shared Vision Partnership, an agreement to pursue quality improvement together and collaborate more deeply (e.g., shared marketing and patient outreach) going forward. The purpose of the mutually beneficial partnership is “to achieve bold, synergistic outcomes that neither organization could accomplish on its own.”

Today, through the Shared Vision Partnership, IEHP and RUHS are mapping the well-child journey and developing a joint action plan to improve pediatric care.

RUHS and IEHP Advice for Collaborating on Aligning Data



Check that your executive leadership is supportive of the collaboration — or make the case.

The CEOs of RUHS and IEHP believed that closer relationships between their organizations were essential to improve the health of their shared patients. However, other organizations' leadership might not. Make the case for the value of collaborating, such as improved health outcomes and increased performance rates, to secure leadership buy-in. Given the intensity of the work, executive leadership support is necessary to ensure that staff time and resources are protected.



Ensure you have the right people with the right knowledge in the room.

The RUHS-IEHP quality huddle was a carefully selected group with in-depth knowledge of data analytics and quality measure specifications. This understanding is a must-have for reconciling data and developing new alignment-friendly processes.



Start by exchanging data and embracing transparency.

RUHS and IEHP recommend starting collaborative work by exchanging data — the good, the bad and the ugly. It can feel uneasy to be open about what is not going well, but they report that transparency and avoiding finger-pointing were critical to their success. The plan and system have progressed from sharing a single data file to a bidirectional data flow and root cause analysis on measure sets.

"I cannot say enough about the commitment to transparency and the importance of that."

TOKIJKLA, IEHP



Meet frequently and face-to-face. Call each other, too.

The relationship and trust between members of the quality huddle grew over time by meeting regularly and calling each other in between. They found face-to-face meetings most effective because they enabled side conversations about life outside work. This helped the huddle members become more familiar and less guarded with each other. They advise others to meet in person and pick up the phone.

"We're trying to figure this out together, and that builds trust."

DR. TSANG, RUHS



Allocate administrative support to stay on track.

Administrative support was key to keeping members of the quality huddle on track to complete actions between meetings, so items did not slip through the cracks. This helped create accountability.

RUHS and IEHP recommend working with administrative staff for notetaking so members can focus on the conversation at hand during meetings.