The Power of Alignment: A California Movement for Safer Care



AGENDA

01	The Purchaser's Perspective
02	Collaborating for Improvement: Cal HQ Overview
03	Infection Preventionist Sphere of Influence Beyond the Hospital
04	Q & A

Meeting Objectives



Explain the role of health plans and purchasers as quality improvement partners, understanding how they use data, incentives and regional convening to support hospital HAI reduction goals across care settings



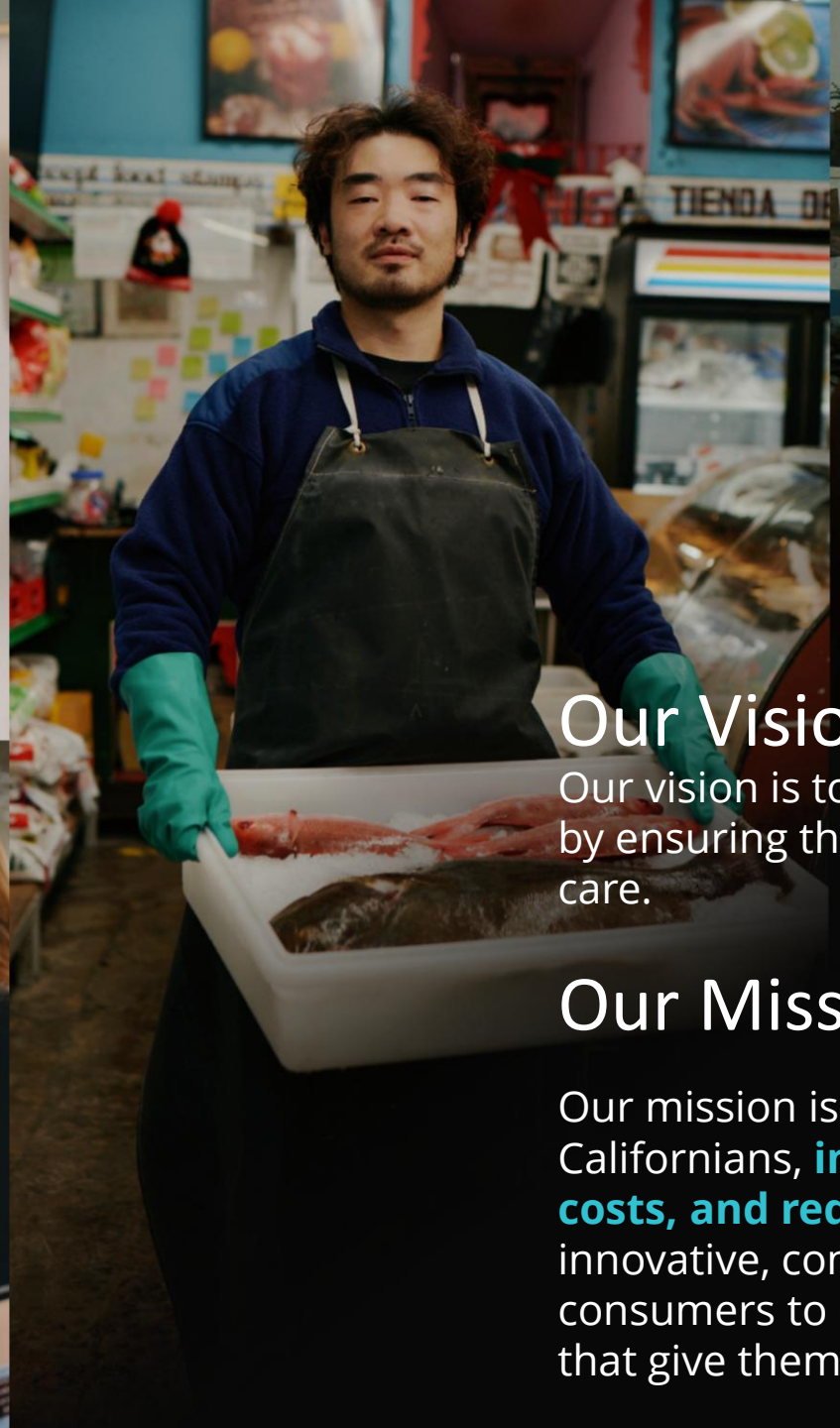
Describe how a statewide, multi-health plan collaborative aligns data, incentives , and peer learning to accelerate HAI reduction across California hospitals



Recognize the infection preventionist's expanding role as a system-level change agent, whose expertise and networks drive quality improvement beyond the hospital walls









Our Vision

Our vision is to improve the health of all Californians by ensuring their access to **affordable, high-quality** care.

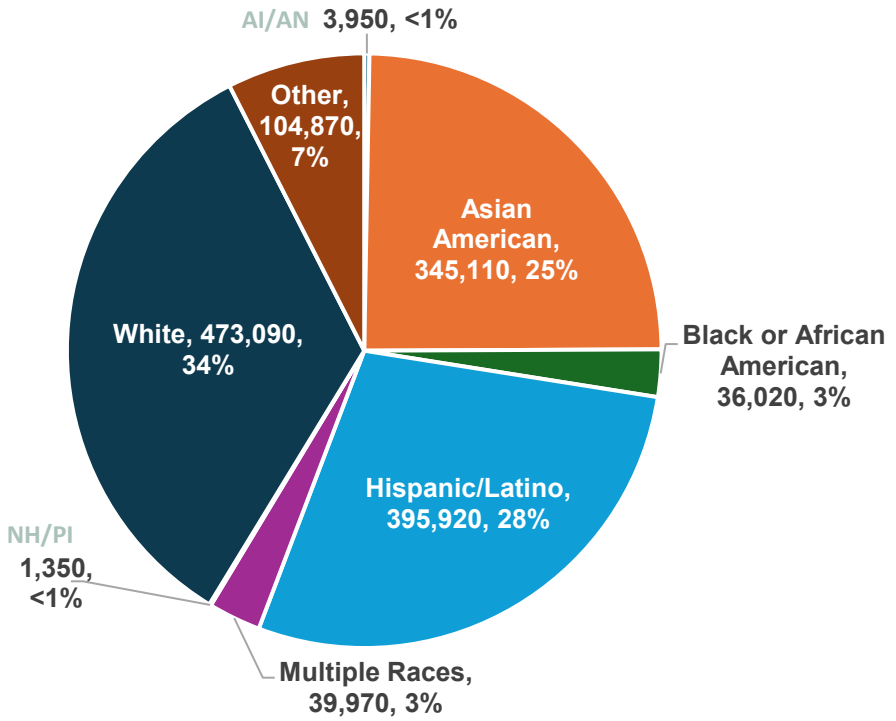
Our Mission

Our mission is to increase the number of insured Californians, **improve health care quality, lower costs, and reduce health disparities** through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

Covered California at a Glance



Enrollment Reflecting California's Diversity



Covered California by the Numbers

11
Carriers

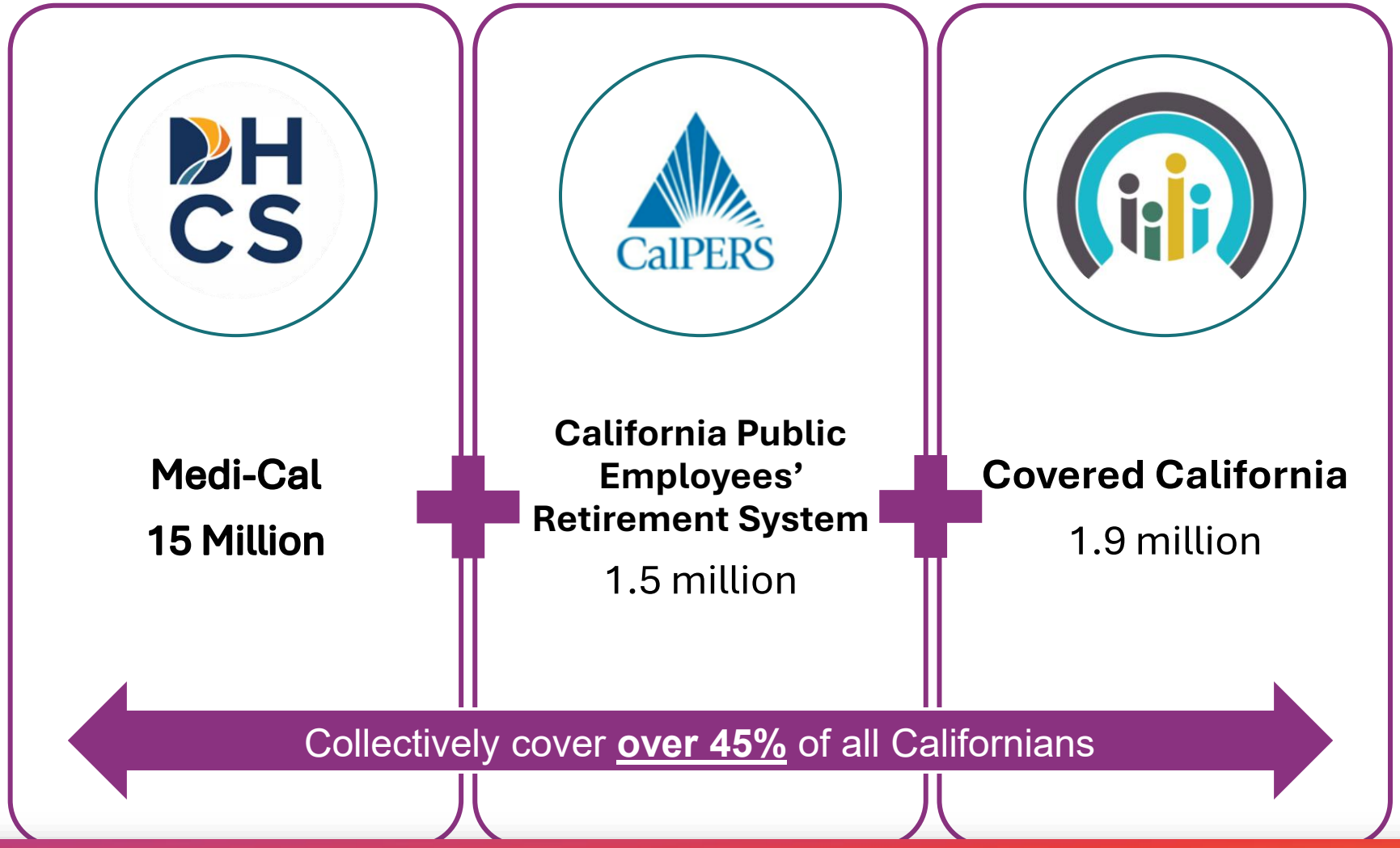
1.8 Million
Enrollees

~90%
Subsidized

4 out of 10 enrollees earn < 200% of FPL ($64,000 - family of 4)

HMO, PPO and EPO products offered

An Aligned State-Wide Approach



Voice of Californians

The financial reality:

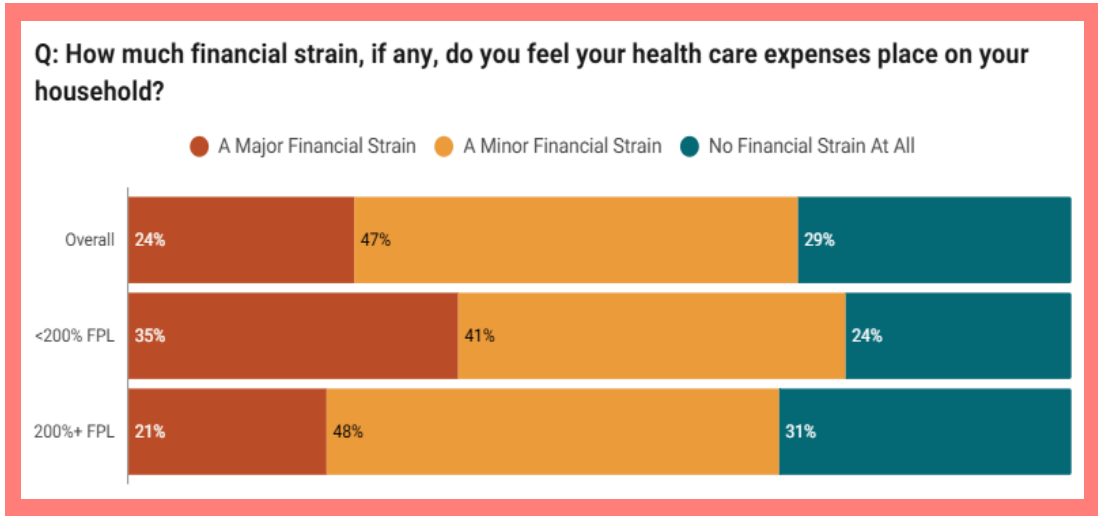
- **7 in 10** Californians say healthcare expenses place a financial strain on their household *(CHCF, 2026)*
- **4 in 10** Californians carry medical debt; that figure rises to **55%** among those with low incomes and nearly half of Latino/x Californians *(CHCF, 2026)*

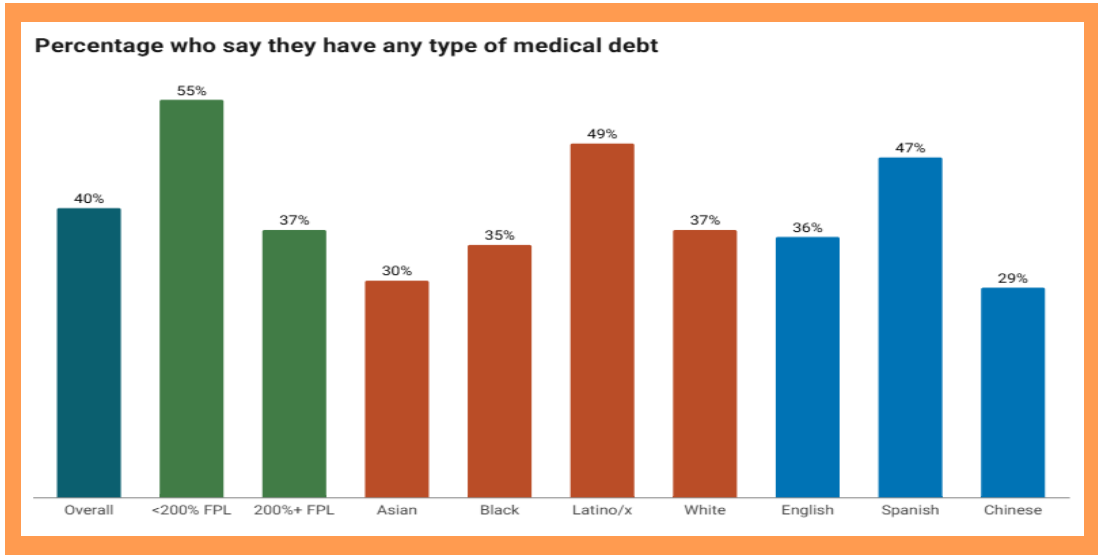
What this looks like in practice:

- **59%** of Californians skipped or delayed care in the past year due to cost – including **70%** of those with low incomes *(CHCF, 2026)*
- **47%** of Covered California members delayed a doctor visit because they were worried about cost *(Covered California Member Survey, 2025)*
- **57%** of Covered California members experienced at least one healthcare-related financial challenge in the past year *(Covered California Member Survey, 2025)*

Why this matters for HAI:

- For Californians already making trade-offs between groceries and copays, a preventable hospital-acquired infection is not just a clinical complication – it means a longer hospital stay, more bills, lost wages, and debt they cannot absorb. This is the human cost purchasers are trying to prevent.





https://www.chcf.org/resource/2026-california-health-policy-survey/

https://hbex.coveredca.com/data-research/member-survey-2025-public-report.pdf

Why We Focus on Hospital Quality & HAIs

Scale	6,844 total HAIs recorded across California hospitals in 2024 – 72% of hospitals have at least one HAI above the US average SIR
Cost	HAIs cost California acute care hospitals an estimated $3.1 billion per year – a burden that flows back to purchasers through premiums, claims, and state spending
Equity	Medi-Cal and lower-income enrollees are disproportionately represented in hospitals with higher HAI rates – making this a health equity issue for all three purchasers
Impact	HAIs carry an attributable mortality rate of 12–25%; these are preventable deaths
Momentum	After significant reductions from 2016–2018, improvement has slowed – coordinated, purchaser-driven action is needed to accelerate progress
Purchaser Lever	All three have contractual mechanisms to require health plans to prioritize HAI reduction – Cal HQ is how that leverage gets organized into collective action

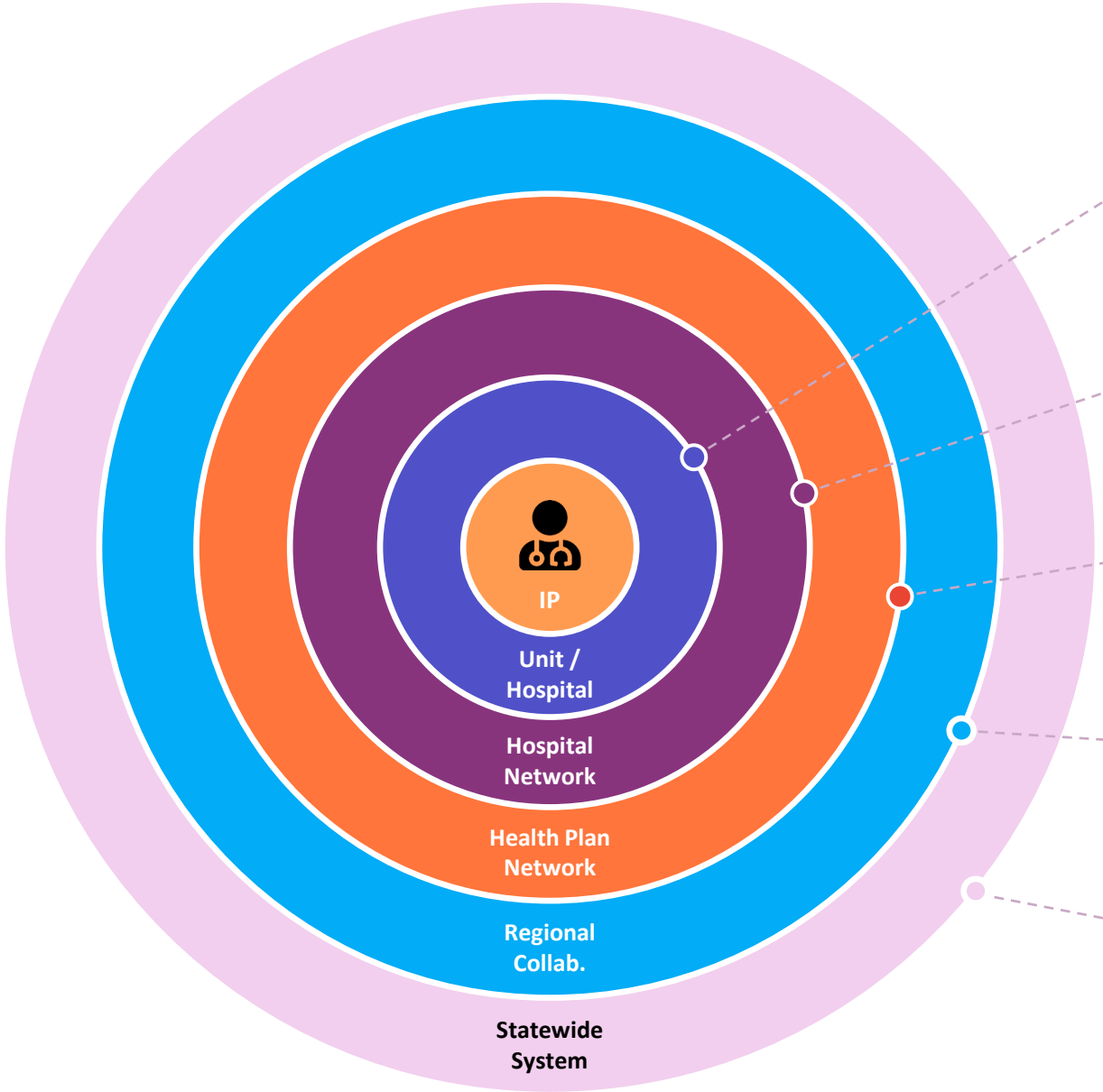
One lens:
Hospital Safety & Quality of Care

- Approximately **33% of all health care spendin**g in 2009 in California went to hospital care.
- **Between $38 and $45 billion** nationwide is spent on hospital-acquired infections.
- The Healthcare Associated Infections Program of the California Department of Public Health estimates that infections at California's acute care hospitals cost **$3.1 billion a year.**

Let's Get Healthy California Task Force Final Report, Dec 2012

Beyond the Contract: How Health Plans Support Hospital Quality Improvement

Health plan partnerships extend the IP's impact at every level of the system



Population-Level Visibility

Health plans track outcomes across every hospital in their network — surfacing where HAIs cluster and where gaps are greatest.

Financial Incentive Alignment

P4P and value-based contracts reward hospitals for HAI improvement — making infection prevention a shared, funded priority.

Amplifying the IP's Voice

Health plans scale a single hospital's best practice across dozens of facilities — extending the IP's reach system-wide.

Unlocking Internal Resources

Health plan signals that HAI performance affects contracts give IPs a powerful lever to drive hospital leadership prioritization.

A Peer Network You Couldn't Build Alone

Health plan–convened collaboratives connect IPs across institutions — creating structured learning statewide.

Health Plan Hospital Quality Improvement Models

California Hospital and Multi-Payer Partnership (CHAMP)

- Convener: California Quality Collaborative (CQC)
- 5 California Health Plans (Health Net, L.A. Care, Molina, Blue Shield of California, Anthem)
- Engage lower-performing hospitals to raise performance on high-impact patient safety and quality metrics
- **HAIs**, Sepsis Management, Leapfrog Safety Grade, NTSV C-Section Rate, All-cause hospital-wide readmission

Inland Empire Quality Alliance

- Convener: Inland Empire Health Plan (IEHP)
- Mechanism for supporting partner hospitals' relationships, specifically related to quality improvement priorities
- Focus on best practice methodologies as well as creative/collaborative program development to influence quality of care
- Measure of focus: **HAIs**, Patient experience, Sepsis Management

Challenges and Opportunities

What Hospitals & Health Plans Are Navigating — and Where a Statewide Collaborative Can Help

Key Challenges

- **Hospital Engagement & Bandwidth**

  Reaching all CA hospitals is difficult; small-volume & lower-resourced hospitals often lack dedicated QI staff.

- **Measure Fatigue**

  Hospitals juggle different indicators across multiple plan contracts — alignment is critical.

- **Data Limitations**

  SIR is unstable for small-volume hospitals; specialty hospitals are hard to benchmark publicly.

- **Accountability vs. Network Adequacy**

  Plans face regulatory limits on holding poor performers accountable, especially critical access hospitals.

- **Inpatient QI Capacity at Plans**

  Health plan QI teams have historically focused on outpatient (HEDIS) measures, not inpatient quality.

Where Cal HQ Can Add Value

- **Neutral, Multi-Plan Convener**

  Bring all plan types to one table; coordinate with regional collaboratives instead of duplicating them.

- **Measure Standardization**

  Facilitate consensus on a focused HAI measure set aligned with Leapfrog, HQI & HSAG.

- **Central Data Hub**

  Provide timely, data — including support for small-volume & specialty hospitals.

- **Graduated Accountability**

  Develop flexible frameworks that reward improvement (e.g. tiered VBP structures) without punitive contract actions.

- **Incentive Pooling**

  Explore pooled P4P funding so smaller plans can offer incentives no single plan could alone.

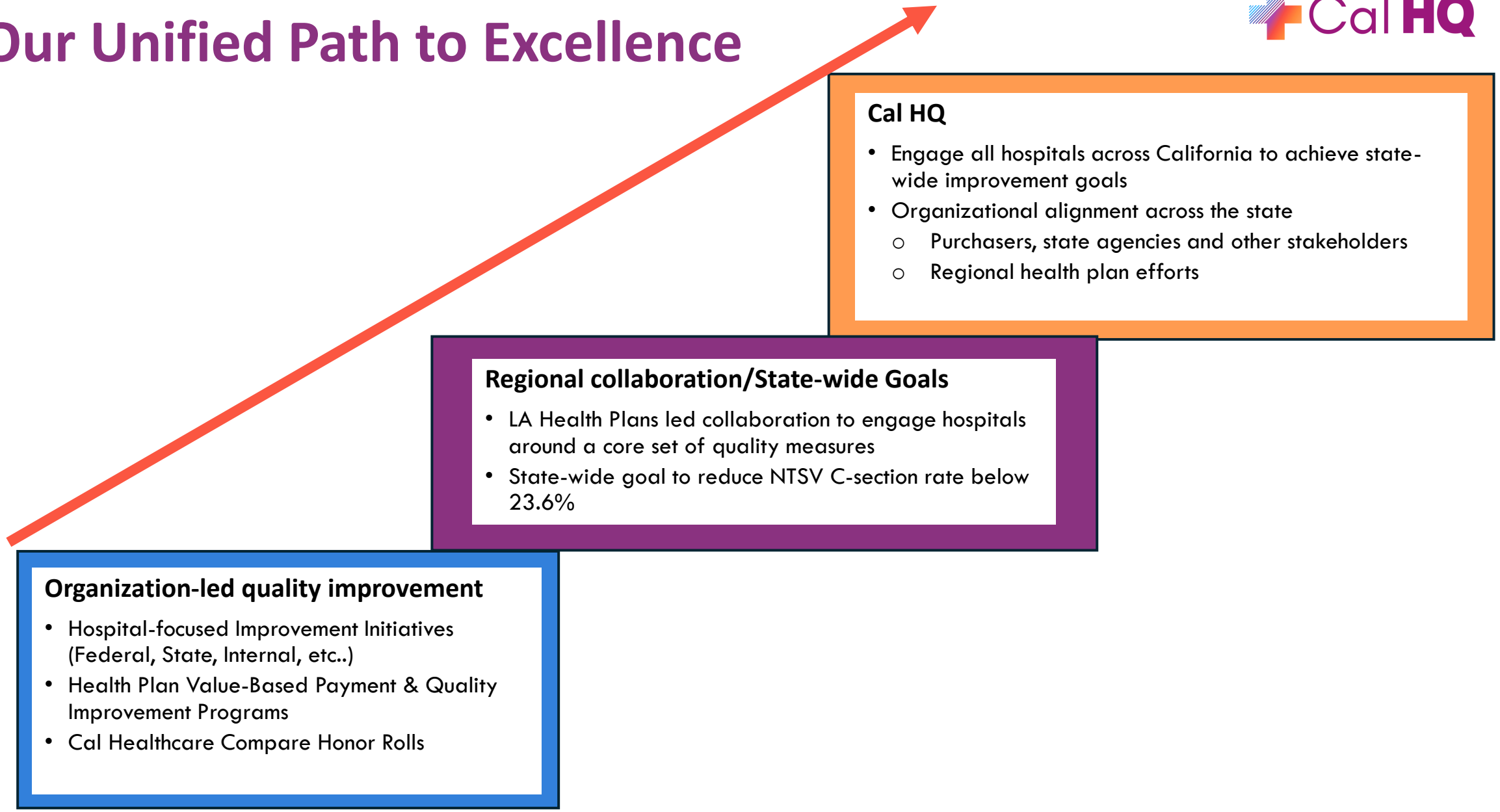
Collaborating for Improvement

Overview of California Alignment for Hospital Quality (Cal HQ)

Cal HQ

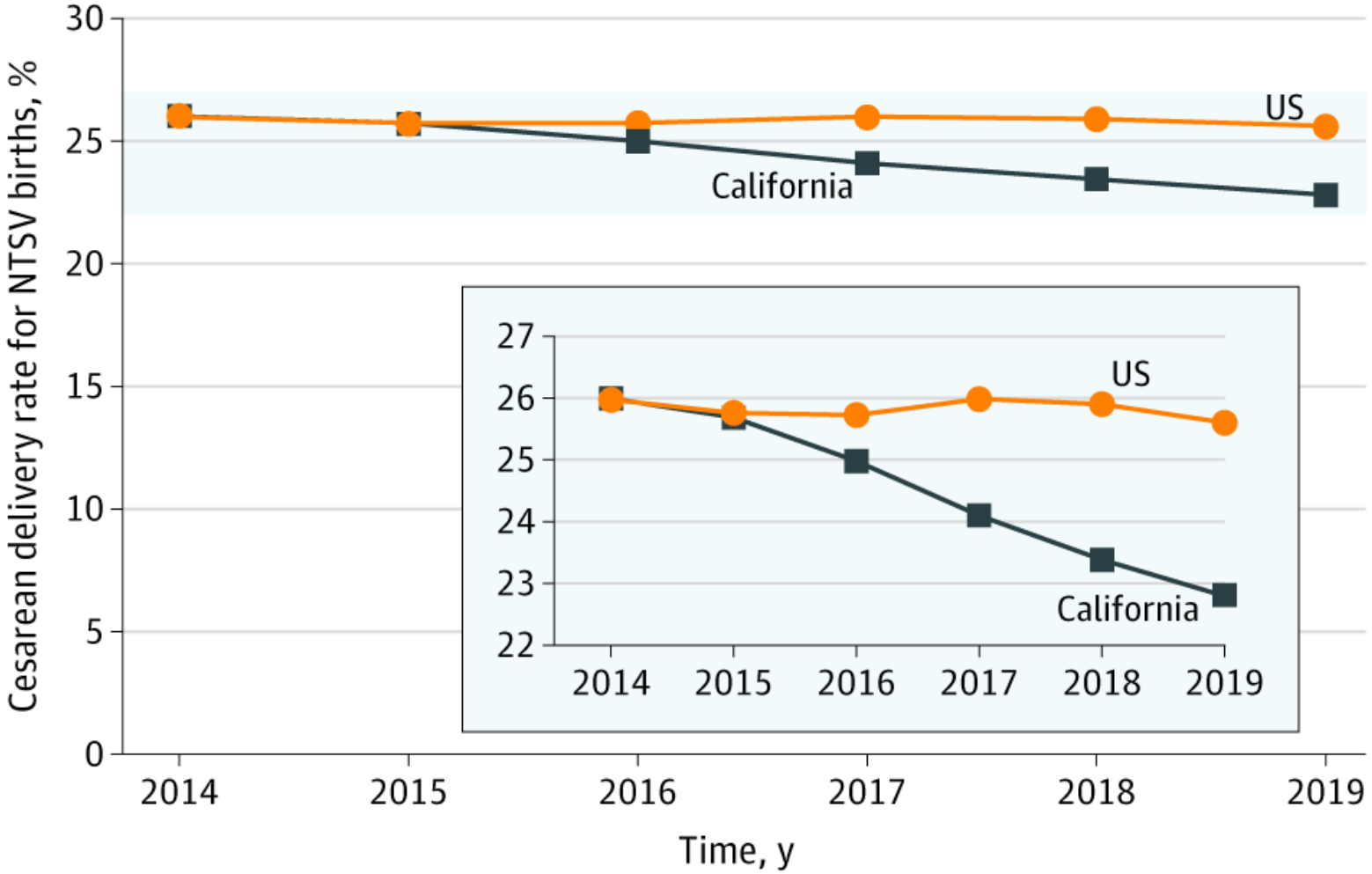
“What will it take for California to be the healthiest state in the nation?”

Our Unified Path to Excellence



Alignment Strategies Work!

Impact of California Initiatives on NTSV C-Section



Klein, K., Grobman, W. A., & Rhee, K. (2021). Hospital Quality Improvement Interventions, Statewide Policy Initiatives, and Rates of Cesarean Delivery for Nulliparous, Term, Singleton, Vertex Births in California. *JAMA*, *325*(16), 1631–1639. https://doi.org/10.1001/jama.2021.3816

Building the Future Together







Steering Committee

Hospitals

Adventist Health
CommonSpirit Health
Community Memorial Healthcare
Kaiser Permanente

Health Plans

BlueShield
HealthNet
Inland Empire Health Plan
LA Care
Sharp

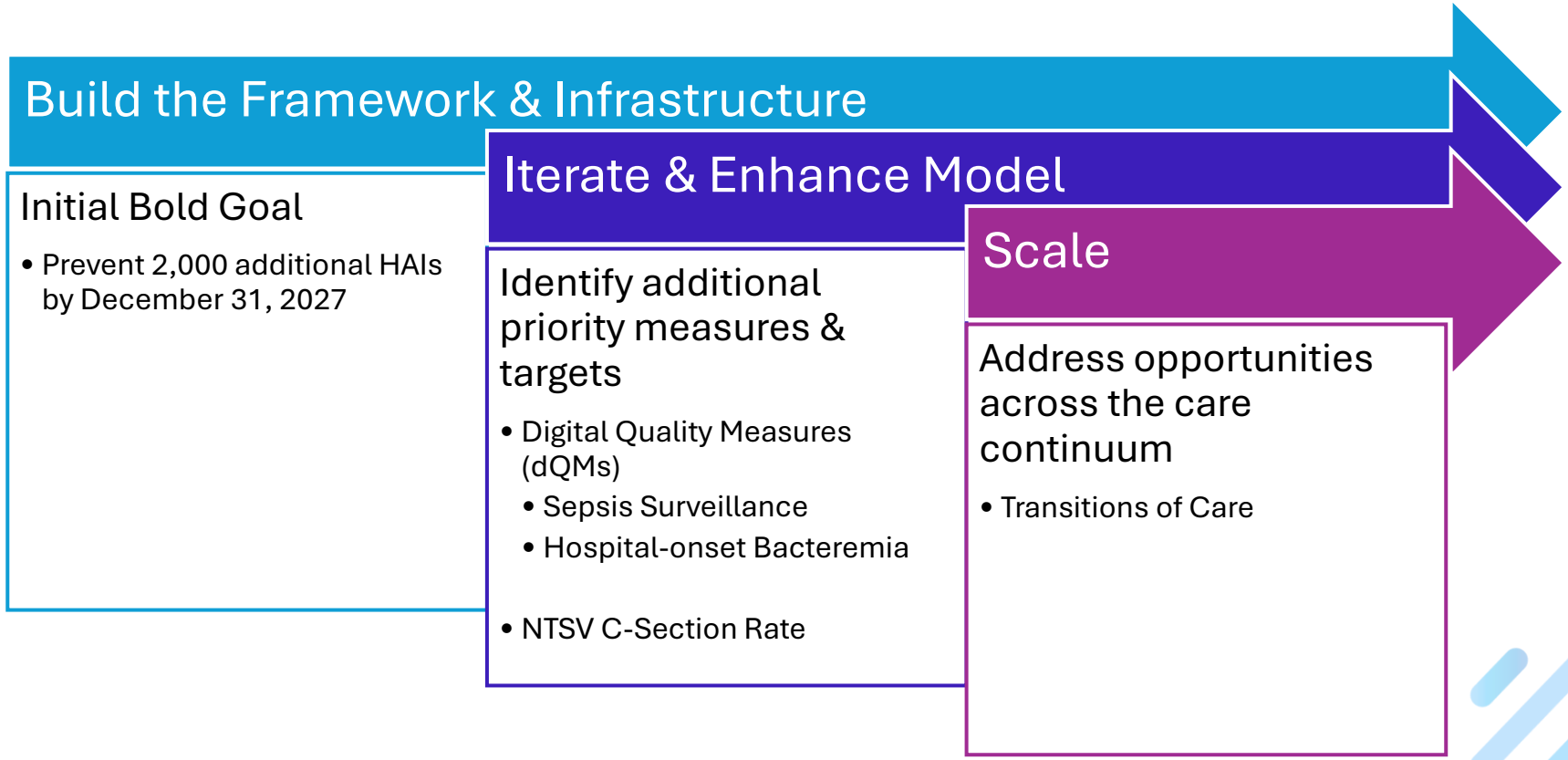
Partners/Stakeholders

California Hospital Association
California Department of Health Care Services (DHCS)
California Chronic Care Coalition
California Quality Collaborative
Department of Healthcare Access and Information (HCAI)
Health Services Advisory Group
Helen Macfie (SME)
Hospital Quality Institute
PFCCpartners

Cal HQ's vision

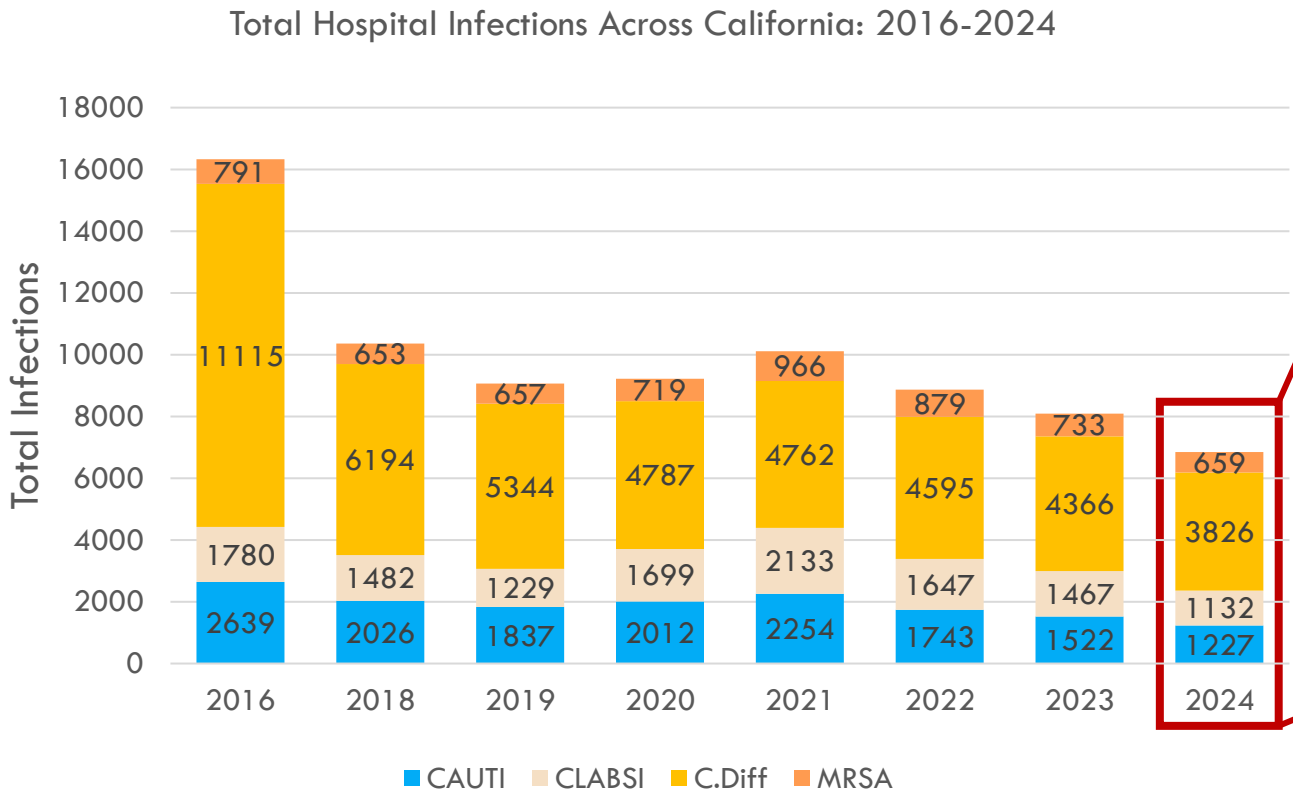
- Elevate Patient Care for ALL Californians
- Unlock the Power of Data: Accelerating Digital Quality Measures
- Build a Network of Excellence

Cal HQ's Bold Goals



Continued Need to Reduce HAIs

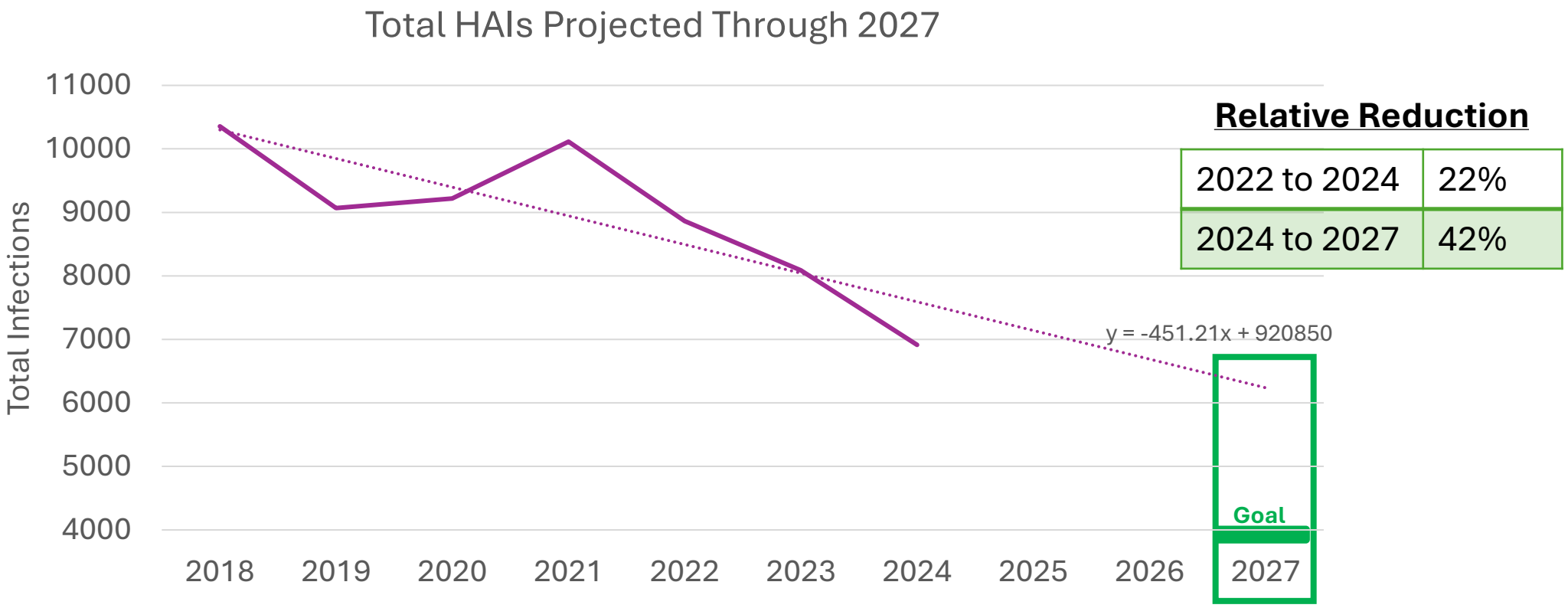
More than 70% of CA hospitals have at least one HAI greater than US average SIR



HAI	2024 CA SIR	2024 National SIR
C diff	**0.41**	0.37
CAUTI	**0.58**	0.52
CLABSI	0.58	0.64
MRSA	0.63	0.70

Source: CMS Public Data File, Q12026 Refresh

How Will We Know if We Are Improving?



Relative Reduction

2022 to 2024	22%
2024 to 2027	42%

No intervention: Total HAIs projected to decrease to ~6,200 by the end of 2027
Cal HQ Goal: Reduce to 4,000 total HAIs by the end of 2027

Source: CMS Public Data File, Q12026 Refresh

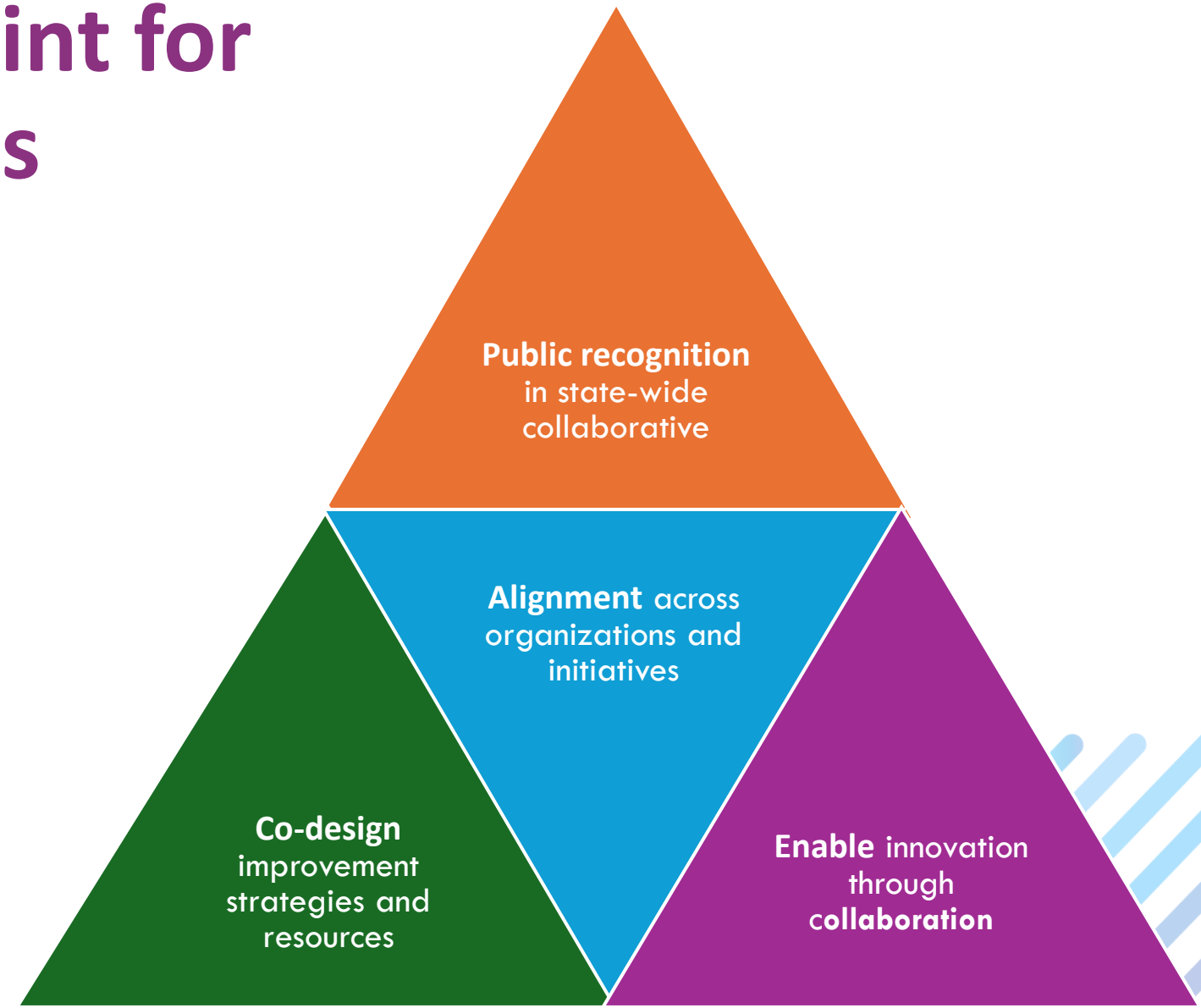
How can my hospital contribute to Cal HQs statewide goal?

Hospital Size*	Total HAIs 2024	42% Reduction in Total HAIs	2027 Infection Reduction Targets per hospital
< 50 (n=73)	187	156 (31 less HAIs)	1
50-99 (n=53)	324	241 (83 less HAIs)	2-3
100-199 (n=83)	1384	1083 (301 less HAIs)	7
200-299 (n=47)	1303	925 (378 less HAIs)	11-12
300+ (n=44)	2815	2,257 (558 less HAIs)	26-27

*Missing hospital size data for 26 hospitals

Source: CMS Public Data File, Q12026 Refresh

Blueprint for Success



Technical Assistance Guiding Principles



All Teach, All Learn Philosophy



Voluntary , recognition-driven Improvement



Meet Participants where they are



Reduce duplication, amplify reach



Data as a Neutral Bridge

How Will Cal HQ Accelerate Quality Improvement?



Interactive Learning

Improvement sprints

Affinity groups



Customized Support

Improvement advisor coaching

Data sensemaking



Responsive Curriculum & Network

Community of sharing

Listening sessions



Practical Tools

Change packages

Discovery Tools

Improvement Calculators

QI Basics & Templates

Influence Beyond the Hospital

Infection Preventionists as system-level change agents

Beyond the Diagnosis: Impact of HAI Prevention



Individuals Impacted in 2023[1]

- C. Diff infections:: 4,353 cases
- Central Line-Associated Bloodstream Infections: 2,304 cases
- MRSA infections: 760 cases



Central line-associated blood stream infection[2]

- Estimated attributable mortality rate of 12-25%[3]
- California Rank = 33
  - Ranking Not Improved since 2019

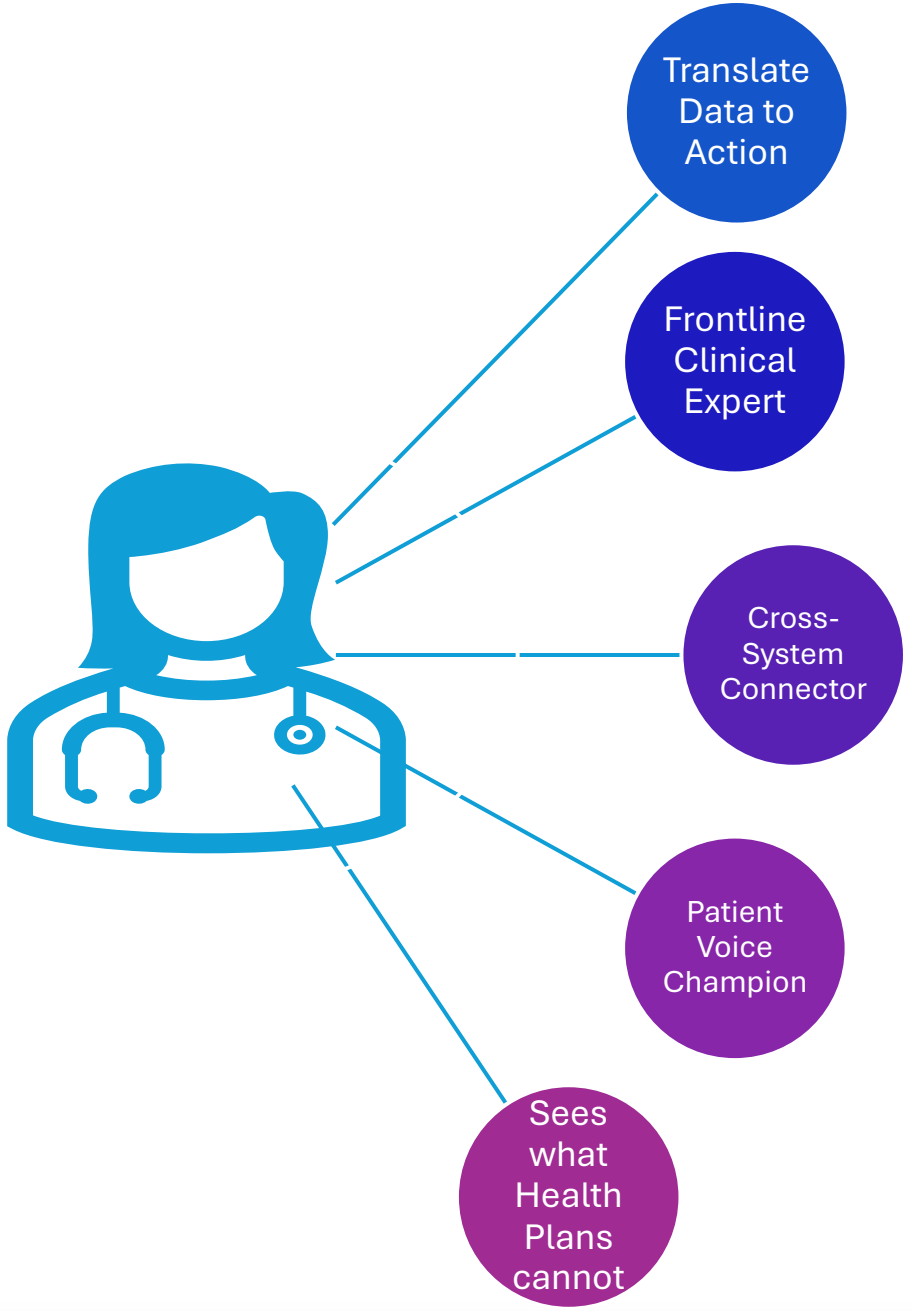


Financial Impact[4]

- 33% of all health care spending in 2009 in CA went to hospital care
- ~$3.1 billion a year in excess costs CA acute care hospitals

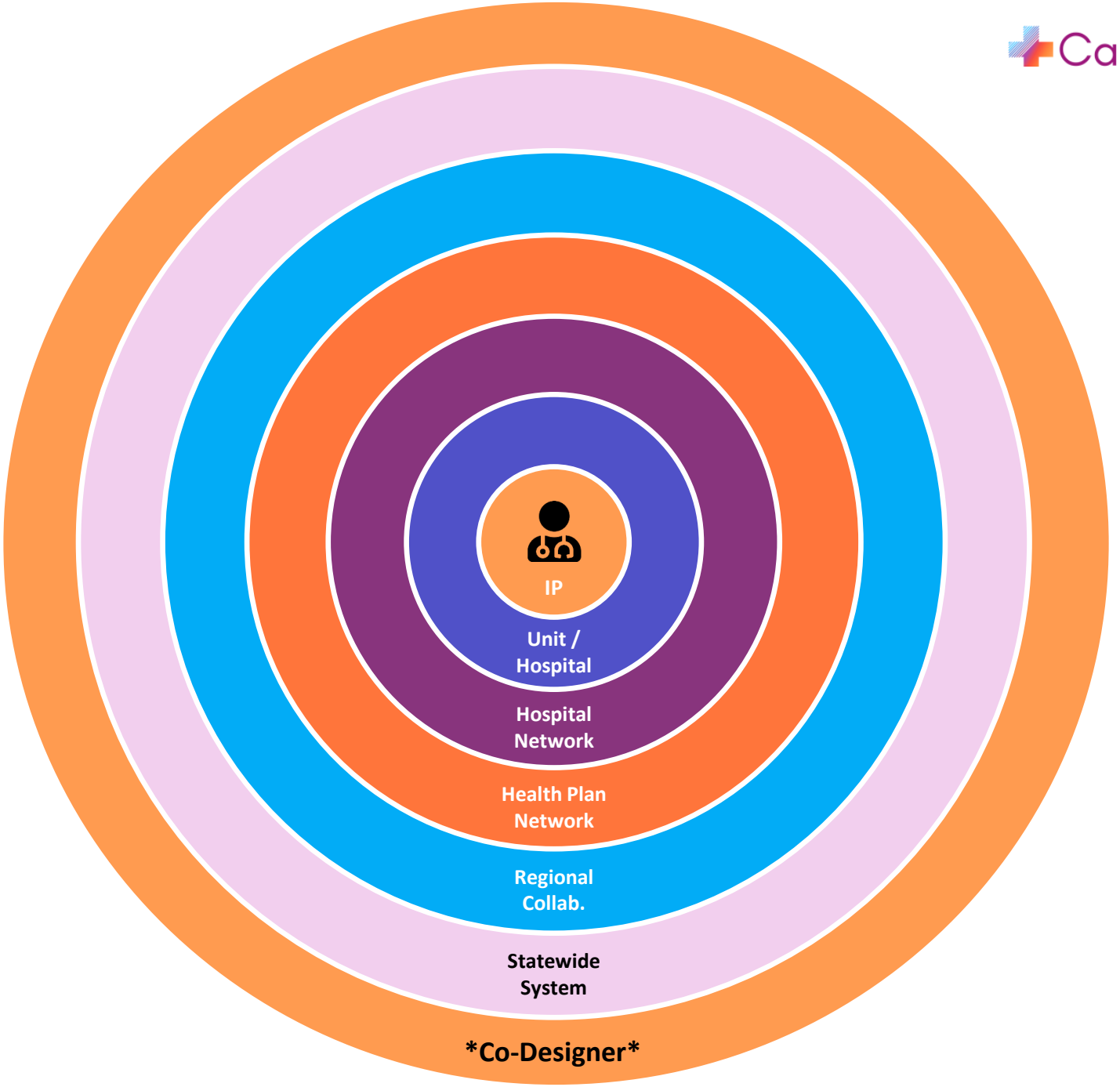
[1]https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CaliforniaHospitalHAI_InteractiveReportExecSummary.pdf
[2]The Commonwealth Fund 2025 Scorecard on State Health System Performance: https://doi.org/10.26099/w0ns-ae34
[3]Scott RD. The direct medical costs of health care-associated infections in US hospitals and the benefits of prevention. Centers for Disease Control and Prevention; 2009.
[4]Let's Get Healthy California Task Force Final Report, Dec 2012

Infection Preventionists as Cal HQ Co-Designers



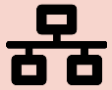
Infection Preventionists were always at the center

Now you're at the table to help achieve Cal HQ's bold goal reducing 2,000 infections



Key takeaways

What today's presentation means for you and your work



A statewide collaborative is being built — and it needs your voice. Cal HQ is aligning health plans, hospitals, and IPs around shared HAI measures, peer learning, and incentives — creating infrastructure no single organization could build alone.



Health plans and purchasers are quality improvement partners, not just payers. Understanding how health plans use data, financial incentives and regional convening to support HAI reduction helps Ips engage payers as allies and leverage that partnership to drive change across care settings



Infection preventionists are system-level change agents. Your clinical expertise, surveillance insight, and peer relationships extend far beyond the hospital walls — and are essential to co-designing a collaborative that actually works at the bedside.

Your Roots. Our Network

Three ways to grow your impact through the Cal HQ Collaborative

Shape it. Bring your frontline expertise to the design table. Join the IP Affinity Group and help build a collaborative that reflects what actually happens at the bedside — not just what looks good in a dashboard.

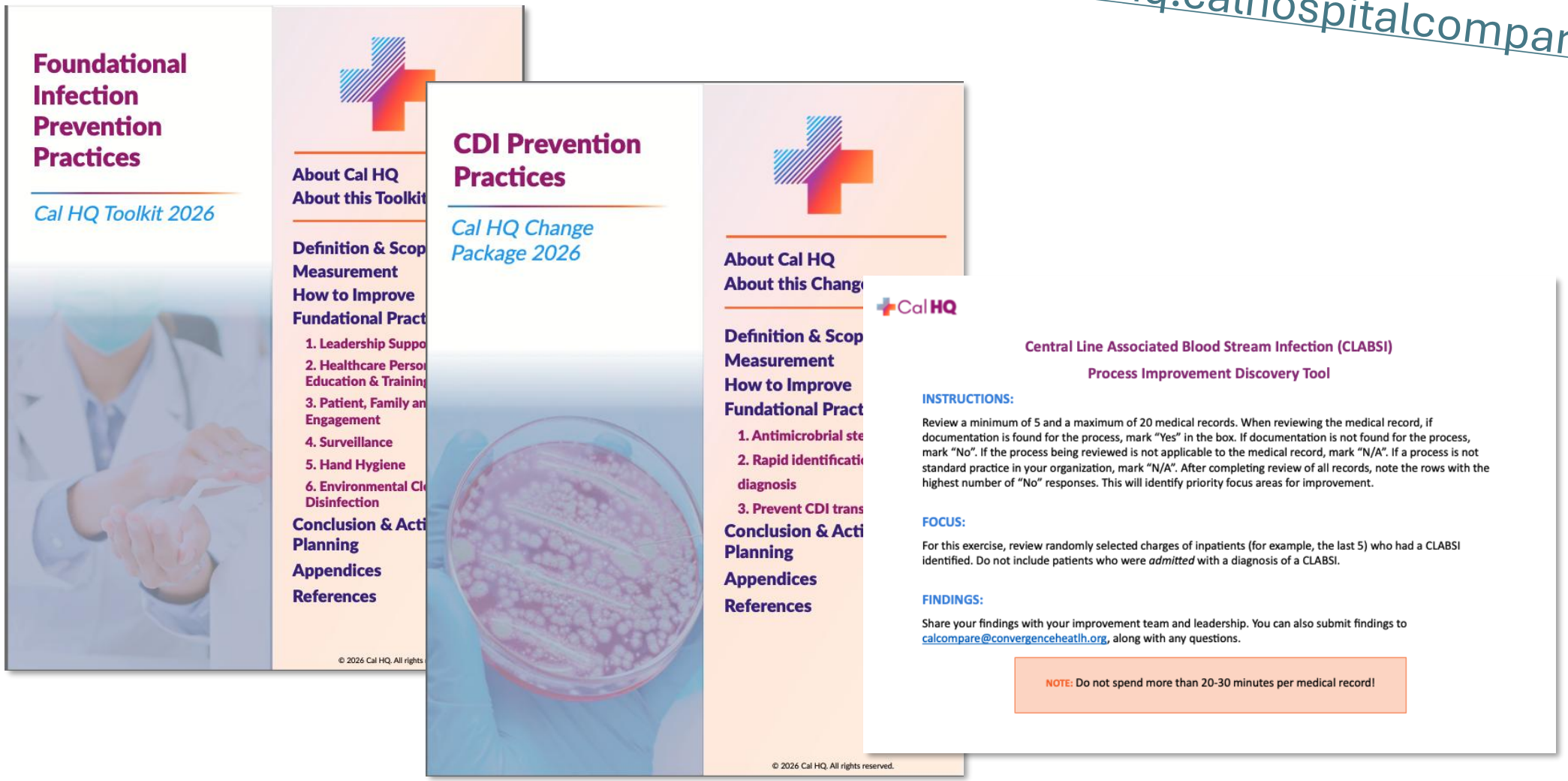
Use it. Access HAI data tools, change packages, HQI dashboards, and peer-attributed best practices. Submit a discovery tool and schedule a coaching call with the Cal HQ team to put resources to work in your hospital today.

Spread it. Share what you heard today with your hospital's senior leadership. Register for upcoming webinars and learning sessions — and bring a colleague. Every IP in the room is a root that strengthens the network.

Learn more: www.calhq.calhospitalcompare.org | Complete the Cal HQ QI Interest Form to join the Cal HQ Listserv

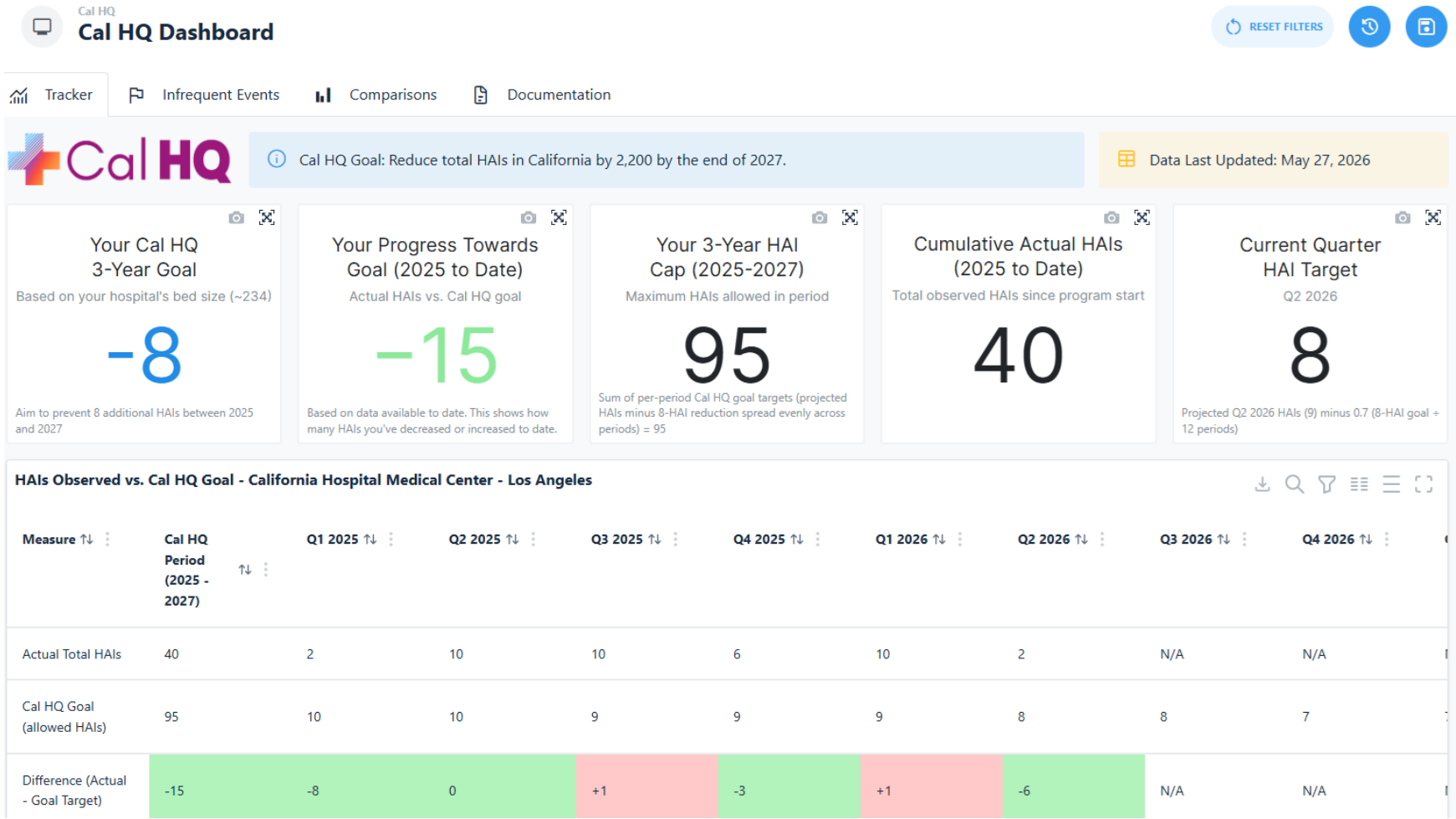
Resources

Available on our website:
www.calhq.calhospitalcompare.org



Cal HQ HAIs Monitoring Dashboard — Now Live in HQIP

Goal tracking, quarterly targets & projections through 2027 · Work in progress



3-Year Goal & Target

Infections to prevent and your quarterly pace

Net HAI Difference to Date

Ahead of or behind your goal trajectory?

Quarterly Summary Table

Actual vs. projected HAIs through Q4 2027

Filter by facility · Compare to All California Hospitals · Data updated quarterly

Hospital Quality Improvement Platform

Thank you!



Questions or Feedback?

