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FACTSHEET: How did Kaiser receive a 4-star rating on its mental health services?

In response to widespread criticism and regulatory sanctions for its excessive wait times for mental healthcare, Kaiser Permanente touts its 4-star rating in behavioral and mental health care in Northern California from the California Office of the Patient Advocate (OPA).

However, the OPA's rating is severely limited in scope, covering ***just six measures.*** As OPA states, "These ratings cover only certain health conditions and topics and do not cover all aspects of medical care." These six measures cover only a few aspects of chemical dependency services, antidepressant medication, and post-hospitalization visits. The OPA fails to examine other critical areas of mental health services such as the timeliness of diagnostic appointments, the timeliness of treatment appointments, treatment planning, individual and group psychotherapy, crisis management, and clinical case management.

For example, the OPA's six measures fail to consider the core accessibility and timeliness measures that, according to two investigations by the California Department of Managed Health Care, Kaiser has repeatedly violated: timely access for non-urgent and urgent appointments. Kaiser's violations are so severe that it was fined $4 million and is currently operating under a "Cease and Desist Order" issued by the agency.

In addition, the OPA's ratings are based only on information from members with private insurance. It does not include patients covered by Medi-Cal, Medicare, or Healthy Families.

Q: What are the California Health Care Quality Report Cards?

A: Every year, the OPA releases quality report cards on HMOs, PPOs, and medical groups based on clinical performance and patient satisfaction. The 10 largest HMOs in the state are included in the ratings.

Q: How does the OPA determine its ratings?

A: In terms of clinical performance, the OPA selects a random sample of members from each HMO and reviews their records to determine if their medical care meets national standards. Ratings for clinical performance are based on nine categories, such as maternity care, diabetes care, and behavioral and mental health. Over 41 measures from HEDIS (Healthcare Effectiveness Data and Information Set) were used to determine a rating from one through four stars, with more stars denoting a stronger performance. The OPA calculates an overall score for each HMO and individual scores for each of the nine categories for each HMO.

In terms of patient satisfaction, the OPA provides ratings for each HMO in three categories: 1) how patients rate their HMO, 2) how patients rate their ease in getting care, and 3) and how patients feel that their HMO helps them get answers. These ratings are based on patient satisfaction surveys.

Q: How is behavioral and mental health care measured?

A: In its 2015-2016 section on behavioral and mental health care, the OPA rated Kaiser Permanente – Northern California as "Excellent" with four stars and Kaiser Permanente – Southern California as "Good" with three stars. However, the OPA determined these ratings based on just six measures, while failing to look at comprehensive mental health services.

These six areas for behavioral and mental health care are as follows:

- **Alcohol and Drug Dependence Treatment – Initiation Phase**: measured by the % of adolescents and adults diagnosed with alcohol and other drug dependence who had initial treatment within 14 days after diagnosis.
- **Alcohol and Drug Dependence Treatment – Ongoing Phase**: measured by the % of adolescents and adults diagnosed with alcohol and other drug dependence who had initial treatment within 14 days after diagnosis and had at least two follow-up treatment services within 30 days.
- **Antidepressant Medication – First Three Months of Treatment:** measured by the % of patients with depression who remained on antidepressant medication for the first 12 weeks following the start of treatment.
- **Antidepressant Medication – Six Months Continuation of Treatment**: measured by the % of patients with depression who remained on antidepressant medication for six months following the start of treatment.
- **Follow-up Visit Within 7 Days After Mental Illness Hospital Stay**: measured by the % of patients who were hospitalized who were seen by a mental health provider within 7 days of discharge.
- **Follow-up Visit Within 30 Days After Mental Illness Hospital Stay**: measured by the % of patients who were hospitalized who were seen by a mental health provider within 30 days of discharge.

Q. What are other limitations of the OPA's Report Cards?

A: Some of the limitations are detailed below:

- **Limited in Scope**: The OPA states that, "These ratings cover only certain health conditions and topics and do not cover all aspects of medical care."
- **Limited in Patient Experiences**: These ratings are based on information from members who received commercial/private health insurance through their job or purchased health insurance themselves. They do not include patients whose health care coverage is through Medi-Cal, Healthy Families, or Medicare.
- **Methodology Decision-Making Process Includes Health Plans**: The OPA partners with the Integrated Healthcare Association's Pay for Performance Initiative on these quality report cards. The OPA states that the "IHA's Technical Measurement Committee (TMC) now serves as the primary advisory body to OPA regarding methodologies for the HMO and PPO Report Cards for both HEDIS clinical and CAHPS patient experience data and the Medical Group Report Card clinical data." Charlotte Yates, from Kaiser, is a member of the TMC 2015 roster. This suggests that health plans have an advantage in influencing the factors that are examined in rendering report card ratings.