CCHE

Equity and Quality at Independent Practices in Los Angeles (EQuIP-LA)

Evaluation report executive summary, July 2025

Program overview

Launched in 2023, EQuIP-LA was a two-year improvement collaborative to invest in and support small independent practices that deliver care to a significant portion of Medi-Cal patients in Los Angeles, but typically receive less support. The program aimed to strengthen advanced primary care capabilities and reduce health disparities. Using a train-the-trainer model, EQuIP-LA provided funding, technical assistance, coaching, and data support to four Provider Organizations (POs)—i.e., three Independent Practice Associations (IPAs) and one health plan's direct network—which in turn supported 31 practices that care for over 50,000 Medi-Cal enrollees.

Evaluation design

The evaluation used a mixed-methods approach to collect and analyze data, including monthly clinical performance data, a practice capability assessment, interviews, surveys, observation notes, and program documents.

Key learnings

1. Improved Clinical Quality Measures:

EQuIP-LA drove statistically significant improvements ($p<0.01$) in three priority clinical measures (Controlling Blood Pressure, Colorectal Cancer Screening, Glycemic Status Assessment for Patients with Diabetes >9%) across almost all participating practices.

- 30 of 31 independent practices improved at least one measure.
- More practices met national benchmarks by program end.
- Effective strategies included patient outreach, education, documentation improvements, and at-home screening kits. Practices reported limited staff capacity and patient engagement were key challenges to further improving performance.

2. Strengthened Primary Care Capabilities:

EQuIP-LA enhanced foundational capabilities through coaching and quality improvement (QI) tools.

- Capability assessment scores improved across most of the seven domains of foundational primary care by at least 1 point on average (0–3 scale). Most practices reached the maximum score in at least one domain and reported that the program contributed to these improvements.
- While stronger capability assessment scores correlated with better performance on clinical measures, almost all practices made progress. Those with lower capabilities may require more time to reach the same performance benchmarks.
- Practices reported increased confidence in sustaining new workflows, engaging in future QI efforts, and accessing quality incentive programs. They also indicated that they would need further support to scale QI and data capabilities beyond their specific EQuIP-LA efforts.

3. Sustainable Provider Organization Capacity Built through Train-the-Trainer Model:

POs used different structures and approaches when supporting practices; however, all POs provided individualized coaching, disseminated tools and resources, and assisted practices in completing program assignments.

- POs built lasting internal QI and data infrastructure, including increasing knowledge, advancing data reporting capabilities, and improving coaching skills.
- POs strengthened relationships and improved communication with practices; this took time and intentional effort to build trust, which often delayed the start of specific improvement efforts.
- All POs planned to continue coaching and collaboration with practices after the program. Some POs noted that it was important to use staff who were already trained as practice coaches or invest time in training upfront, given it may be a new skillset for existing staff.

4. High Engagement and Satisfaction:

EQuIP-LA resulted in sustained engagement from all practices and POs. Program components contributed to building capacity and improving performance.

- All program elements were rated as useful and seen as complementary and synergistic. When asked to rate components:
    - Practices most valued QI resources, capability assessment, and funding.
    - POs rated data support, learning events, and funding as most helpful.

- Some POs reflected that they could have seen more impact if the program was longer, given it was difficult to use all the information they received and achieve all their goals during the program.

5. Embedded Health Equity Focus:

Equity was both part of the program approach and an outcome for EQuIP-LA. It was integrated into EQuIP-LA's design, curriculum, and structure. This included intentionally recruiting independent practices serving diverse populations, prioritizing health equity approaches (e.g., targeted outreach) and patient-family engagement content, and establishing a multi-stakeholder steering committee, including a patient representative, to advise on program direction. The focus on equity was not linear and required ongoing attention throughout the program. Program implementers reflected that the initiative could have been bolstered by stronger patient-family engagement and earlier inclusion of all partners to ensure alignment. Among participating POs and practices:

- EQuIP-LA increased awareness of health equity concepts and strategies among participants, including engaging patients and families.
- Examples of early-stage operationalization of equity concepts were limited but included data stratification to look at disparities, tailored outreach, and social health screening.

Implications and considerations

EQuIP-LA offers valuable insights for supporting independent practices serving Medi-Cal enrollees. Focused investment and tailored support can drive meaningful improvements in clinical quality.

For independent practices:

- Participate in programs like EQuIP-LA to prompt reflection, identify improvement opportunities, and access needed resources.
- Build relationships with health plans and independent practice associations (IPAs) to help access data and get support for meeting benchmarks.

For health plans and IPAs:

- Provide tailored support to help practices meet benchmarks.
- Provide individualized data and support to drive practice-level improvements.
- Improve availability and consistency of demographic data and enable stratification to address disparities.
- Align incentive programs with high-priority clinical quality measures.

For supporters of independent practices (e.g., philanthropy, technical assistance providers):

- Customize support to each practice's context.
- Prioritize trust building early in program implementation.
- Set realistic expectations, recognizing many practices are early in their QI journey.
- Embed health equity from the start, with clear definitions and processes for how it is being operationalized in the program.

The Center for Community Health and Evaluation (CCHE) designs and evaluates health-related programs and initiatives across the United States. Our mission is to improve the health of communities with collaborative approaches to planning, assessment, and evaluation. CCHE is part of Kaiser Permanente Washington Health Research Institute. For more information about the EQuIP-LA evaluation, please contact Maggie Jones at maggie.e.jones@kp.org.