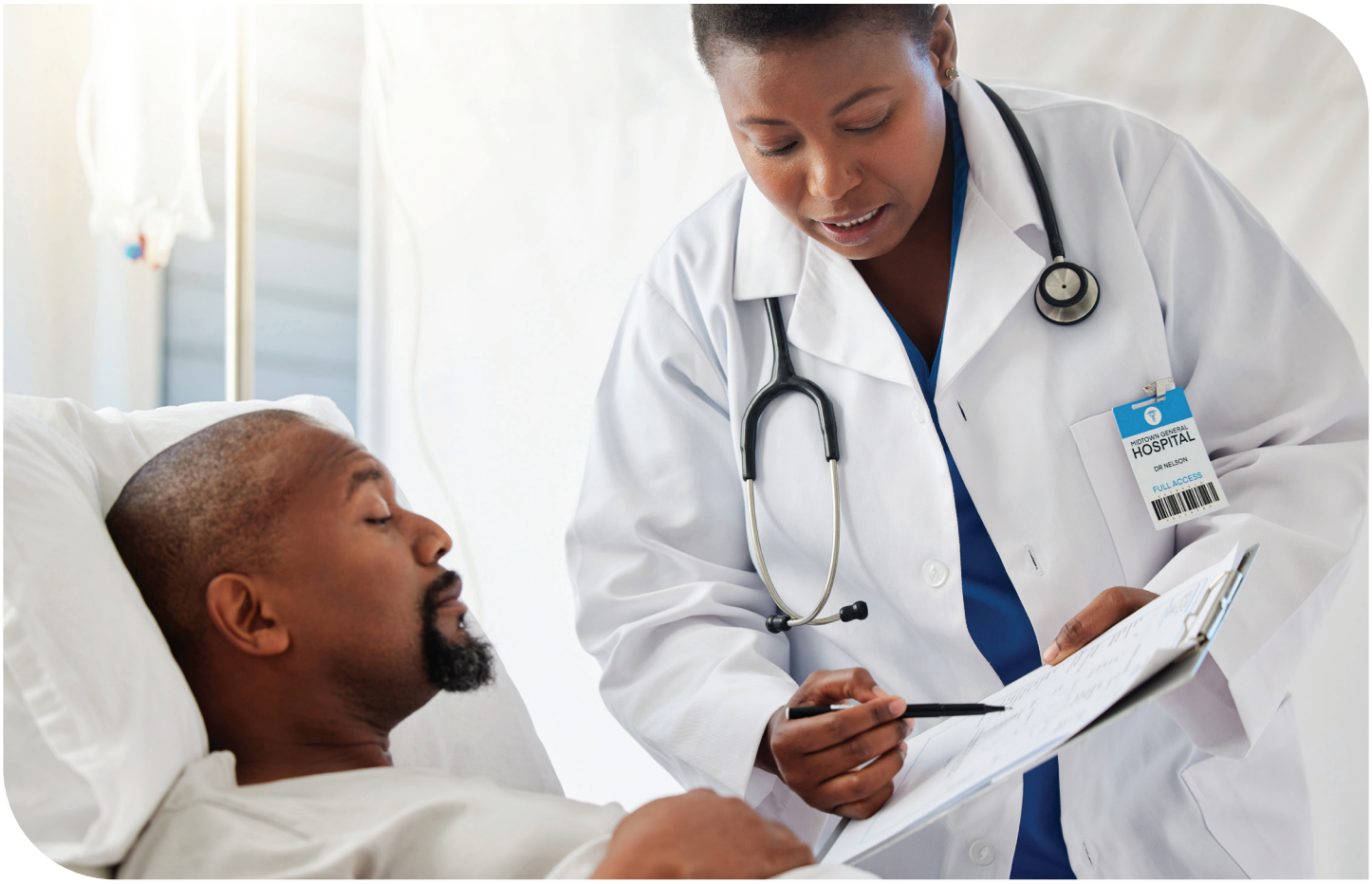

November 2026

Multi-Payer Action to Improve Outcomes for Hospital Patients

California Hospital and Multi-Payer Partnership (CHAMP)

PBGH California Quality Collaborative

Executive Summary

Persistent variation in hospital performance contributes to preventable patient harm and avoidable costs, underscoring the need for focused quality improvement efforts across California.

The California Hospital and Multi-Payer Partnership (CHAMP) was established to address this challenge through coordinated engagement with hospitals demonstrating the greatest opportunity for improvement. Convened by Health Net, L.A. Care, Molina, Anthem Blue Cross, and Blue Shield of California, and facilitated by the California Quality Collaborative (CQC), CHAMP is a scalable, inclusive, multi-payer infrastructure that brings health plans and hospitals together to improve crucial measures that directly impact patients.

CHAMP complements broader statewide hospital quality initiatives by providing a mechanism for health plans to align around a focused set of high-impact measures on safety and patient harm and jointly engage hospital leadership around shared quality concerns.

Background and Context

CHAMP was created in response to underperformance on key measures associated with patient harm, preventable complications, poor maternal outcomes, and avoidable utilization. These outcomes are not just numbers and statistics; they deeply affect patients and their families.

At the same time, California's regulatory environment has been evolving. Increased oversight from the Department of Managed Health Care (DMHC), along with equity and metric-focused requirements embedded in Covered California and Medi-Cal contracts, has raised expectations for demonstrable, system-wide quality improvement. Recognizing that a coordinated, multi-plan approach would be more effective in approaching hospitals, Health Net, L.A. Care, and Molina created this program in 2021. Blue Shield and Anthem Blue Cross joined subsequently, with the California Quality Collaborative joining to support the program in 2025.



The Model: Alignment, Unified Signal, and Collaboration

CHAMP is designed as a focused, scalable model for accelerating improvement through multi-payer collaboration. The initiative began as a pilot in a limited geographic region with consideration for expanding over time. The group targeted hospitals shared across participating plan networks that struggled on multiple high-priority measures. Participating plans aligned on a small set of clinically significant metrics that had already been emphasized by Covered California and other state purchasers.

Priority measures include:

- Hospital-Acquired Infections (HAIs): CAUTI, CLABSI, C. diff, MRSA, SSI-Colon
- Sepsis Management (SEP-1)
- Leapfrog Hospital Safety Grade
- NTSV Cesarean Section Rate (with secondary maternity measures)
- All-Cause Hospitalwide Readmissions (Medicare FFS)

A defining strength of the model is its ability to generate a "unified signal." Health plans often approach hospitals with differing metrics, priorities, and performance expectations that can make quality efforts more complex and challenging.

When multiple major payers simultaneously communicate the same expectations to hospital leadership and spend their time in a collective discussion with the hospital's clinical leadership team, the message carries substantially greater weight than isolated feedback from any single plan. This aggregation of influence helps ensure that concerns are prioritized and addressed more consistently and successfully.

At the same time, individual plans retain flexibility in how they incentivize performance through their own contracts and value-based arrangements. This balance enables standardization without eliminating competitive dynamics.

Equally important, CHAMP shifts the tone of engagement. Rather than relying on oversight or contract-based enforcement, the model emphasizes transparency, honest peer-to-peer dialogue, and shared accountability for outcomes. Hospital representation consists of Chief Medical Officers or other senior clinical leadership as well as the multidisciplinary teams focused on patient care, ensuring that conversations remain focused on the patient rather than contractual negotiation.



Operational Approach

CHAMP convenes multidisciplinary teams from each hospital annually, including quality, clinical, infection prevention, maternity and executive leadership, with physicians and quality leaders representing partner organizations. Together, participants review performance trends, discuss barriers to improvement, identify opportunities to strengthen quality initiatives, cross-pollinate learnings and best practices, and connect hospitals with tools and resources. The meetings occur on a rolling annual basis and often include Covered California and Cal Healthcare Compare (CHC) in addition to health plans, hospitals and CQC.

By fostering ongoing collaboration across organizations and disciplines, CHAMP reinforces the shared commitment to high-quality care while helping hospitals build more coordinated, proactive, and resilient approaches to quality improvement. The goal is not only to improve priority measures, but also to strengthen the systems, relationships and capabilities needed to to sustain quality improvement.

A beneficial addition to the CHAMP model is the presence of a prominent neutral convener, CQC, to serve as the operational backbone. While payers share a common interest in improving quality, each organization operates under distinct contractual arrangements, priorities, and internal processes. An independent convener has benefited the collaboration by supporting governance, aligning priorities, managing communications, and maintaining focus on shared quality improvement goals. This neutral role helps establish stability and trust among participants and contributes to a forum that encourages open discussions.

Partnerships: CHAMP Within California's Quality Ecosystem

CHAMP maintains active partnerships with mission-aligned organizations and facilitates connections to expert technical support. Through partnerships with the Health Services Advisory Group (HSAG), the California Maternal Quality Care Collaborative (CMQCC), CHC, The Leapfrog Group, and the Hospital Quality Institute, hospitals are connected to proven quality improvement tools, data insights, experts, and guidance on troubleshooting and refining their improvement approach.

In addition to sharing evidence-based practices, direct dialogue uncovers novel improvement strategies which can be shared with peers. This is bidirectional learning where the CHAMP team can share new ideas and innovations from each hospital with other hospitals.

CHAMP is complementary to and distinct from the newly emerging Cal-HQ initiative, which is led by Covered California and CHC. Both share a focus on reducing the same HAIs and coordinate cross-pollination of ideas. CHAMP is geographically focused and has continuous interaction with hospitals where the plans have a direct contracted relationship. In short, Cal-HQ is a statewide learning collaborative designed to surface shared change ideas; CHAMP is where those ideas are operationalized and held accountable at the individual hospital level.

Impacts

Observations show consistent positive trends for hospitals in some measure areas and continued challenges in others. While improvements reflect multiple influences, CHAMP's role is best understood as aligning and reinforcing complementary efforts rather than acting alone.

Since its inception, CHAMP has recruited three hospital cohorts totaling 11 participating hospitals. Impacts were assessed for the first two cohorts, with preliminary trends considered for the third. Findings for the first two cohorts for 7 total facilities included:

- General improvements in infection rates across participating hospitals. All hospitals improved at least two HAIs, while three improved four of five HAIs from baseline. Outlier HAI scores also decreased.
- Leapfrog Safety Grades improved at three hospitals and no declines were observed.
- MRSA bacteremia remained a challenge for all cohorts.
- Low-risk C-section rates increased among participating maternity hospitals reflecting poorer performance (with one exception), which is consistent with broader statewide trends during this period.
- Readmissions remain challenging, with improvement at just one hospital.
- Sepsis management performance was mixed, improving at four hospitals, remaining strong at one, and declining considerably at two.
- Although data for the third cohort is limited, the most recent quarter suggests early improvement at two hospitals that shared recent, nonpublic reporting.
- Through annual discussions with hospitals, some spanning the past five years, CHAMP has gained valuable insight into the factors behind these trends.

Successes

Hospitals most often attributed improvements in healthcare-associated infection (HAI) measures to greater standardization of clinical workflows and prevention practices. Across the cohort, hospitals described implementing or strengthening evidence-based protocols, prevention bundles, audits, and routine reviews that embed infection prevention into daily operations. Many moved away from individual practice patterns toward systematic approaches to clinical line management, catheter review, testing protocols, and surveillance.

Hospitals also emphasized leadership engagement and accountability. Successful organizations often cited dedicated, experienced infection prevention leaders, physician champions, nurse managers and quality teams that regularly review data, conduct audits, provide feedback and sustain improvement. Huddles, case reviews, daily line and catheter discussions, and routine reassessment of device necessity reinforced this accountability. Hospitals also identified nurse-driven protocols and physician unit leaders as effective ways to reduce unnecessary device days and infection risk.

Several hospitals also leveraged resources, tools and checklists from quality improvement partners, including HSAG, to identify performance gaps, strengthen case reviews, standardize practices and support evidence-based interventions. Across hospitals, consistent improvement was associated with stable leadership and an intentional organization-wide approach to quality improvement.

In addition to HAI improvements, CHAMP uses Leapfrog Hospital Safety Grades as an external benchmark alongside infection, sepsis, readmission and other quality measures during hospital improvement meetings. Developed by The Leapfrog Group, the nationally recognized grade offers a broader view of patient safety performance. Reviewing both the letter grade and underlying numerical score helps hospitals and health plans track progress, discuss challenges and successes, and identify opportunities to drive long-term, holistic improvements in patient safety.

CASE STUDY: MISSION COMMUNITY HOSPITAL

While many facilities from the first two cohorts have demonstrated meaningful progress, a hospital from the third cohort offers a useful example of quality leadership and holistic improvement. Mission Community Hospital is a community-serving safety-net hospital licensed for 145 beds that serves a diverse patient population with significant Medicare and Medi-Cal enrollment. The hospital provides acute care, behavioral health, emergency and specialty services to communities across the San Fernando Valley and greater Los Angeles area. Mission Community Hospital has demonstrated progress across several quality and patient safety measures in recent years. The hospital reported substantial improvements in HAI rates, gains in sepsis performance and an increase in its CMS Star Rating from 1 to 3 within six months. These results reflect a sustained commitment to patient safety, quality improvement and organizational accountability.

During discussions with the CHAMP collaborative, hospital leaders described a multidisciplinary approach focused on prevention, proactive monitoring and continuous improvement. Improvement efforts included routine review of catheter utilization, expanded use of non-invasive alternatives when clinically appropriate, ongoing assessment of line necessity, and collaboration across infection prevention, nursing, pharmacy, physicians and operational leadership. Hospital leaders emphasized the importance of leadership engagement, regular performance review, and shared accountability in identifying risks and reinforcing best practices. Their experience illustrates how a coordinated, organization-wide focus on quality can support meaningful improvement and a clear shift to an organizational culture focused on quality and safety.

Challenges

While hospitals have reported improvements in several quality measures, discussions revealed persistent challenges in MRSA infections, maternal health performance and, for some hospitals, sepsis care.

MRSA performance was more variable across the cohort than other HAIs. Hospitals identified challenges related to surveillance practices, blood culture collection processes, hand hygiene compliance, and changes in reporting methodologies. Several hospitals reported that improvements in surveillance and case identification can sometimes create the appearance of worsening performance even as prevention efforts strengthen, due to more cases found.

NTSV cesarean section rates were described as challenging due to a range of factors, including individual provider patterns and behaviors, scarcity of obstetricians, limited or inconsistent access to prenatal care, and barriers to patient education. Hospitals reported efforts to strengthen physician engagement, review and internally report provider-level performance data, leverage patient-centered care including doula services, and provide patient education tailored to specific communities. While expert resources and staff guidance are available from CMQCC to support hospitals' efforts, statewide focus on this metric has declined in recent years. Reversing this trend will require renewed recommitment from hospital leadership and key stakeholders to reapply previously proven strategies.

Sepsis care was also cited by multiple hospitals as a challenging metric. Success often hinged on rapid clinical responses, tight multidisciplinary coordination, consistent documentation, and reliable adherence to complex care bundles. Hospitals noted that sustaining good performance requires ongoing staff education, reinforcement of standardized workflows, and engagement with high-impact units such as the emergency department.

Across all focus areas, lasting progress consistently depended on visible leadership engagement, regular data reviews, and clear staff accountability to uphold priorities.

Impressions from Stakeholders

To gather perspectives on CHAMP's value and opportunities for improvement, stakeholders completed a survey in 2026. Responses suggest that hospitals find CHAMP's alignment of priorities across multiple health plans, focus on education, and concurrent review to be useful. Hospitals also noted that CHAMP has helped connect them with useful resources, contacts and best practices, including recommendations from Leapfrog and HSAG. Responses encouraged the need for stronger alignment across California initiatives with similar goals to reduce repetition.

Feedback from partner organizations praised the approach of meeting with clinical teams plus leadership, the convergence of the LA-based health plans, the tangible improvement in HAIs, and the development of healthy relationships between hospital quality teams and plan staff. Partners suggested adding a health equity lens and/or non-clinical cost drivers to the conversation, meeting with larger hospitals and/or systems as a group, and highlighting the rationale for concern about struggling metrics with respect to the impact on members and the utility of performance improvements in practice.

Lessons Learned: What Drives Multi-Payer Success

Experience with CHAMP highlights several critical factors for success in multi-payer hospital quality initiatives.

Ownership and Engagement Approach

Clear ownership is essential to maintaining momentum. CHAMP addresses this through a lead plan model, in which a representative from one participating health plan serves as chair and liaises regularly with the neutral convener, CQC, to support continuity, strategy, process improvement, issue resolution, and sustainability. Health Net has served as CHAMP's lead plan to date, though the model could also be designed with a rotating lead plan.

Direct engagement with clinical leadership has been more effective than routing discussions through contracting channels, which can lead to a defensive posture. By focusing largely on engagement with physicians, nurses and other quality leaders, CHAMP keeps attention centered on clinical outcomes rather than administrative negotiation. Requests for these discussions from five health plans have also led to the welcome attendance by chief executive officers.

The initiative demonstrates the importance of balancing appreciation for the challenges that hospitals face with accountability for performance. While emphasizing the understanding of operational constraints, such as workforce shortages or legacy IT systems, it also relies on candid, data-driven feedback when performance does not improve.

Independent validation from external subject matter experts plays a critical role in identifying true barriers and grounding discussions in objective expertise, helping hospital leaders focus on solutions rather than debate the data.

Neutral Convener Role

A neutral convener is beneficial to this model, to serve as an operational and strategic anchor. Responsibilities include defining and supporting governance processes, ensuring alignment on priorities and measures, engaging and communicating with hospitals, and maintaining documentation that captures and tracks activity, resources and best practices. The convener can play a critical role in identifying opportunities for continuous program improvement, creating momentum between meetings and future planning. Without dedicated support for these functions, multi-payer initiatives can struggle to maintain alignment, momentum, consistency, and accountability over time. Investment in neutral convening infrastructure therefore represents a foundational requirement for achieving the scale, coordination and sustained impact that CHAMP seeks to inspire.

In summary, factors for replicability of CHAMP include:

- Shared payer priorities
- Common quality measures (a select number of high-impact metrics)
- Coordinated outreach
- Clinically led discussions with health plan and hospital leadership present
- Technical support and expertise
- Neutral convener

Future Direction

If CHAMP were to evolve, there may be opportunities to expand its scope, strengthen governance, and increase its impact. For example, future direction could focus on readmissions and hospital utilization, such as transitions of care and coordination between primary care, behavioral health and community support; more structured accountability approaches; and more strategic partnership with current and upcoming statewide initiatives and goals. With sufficient stakeholder engagement and support, CHAMP could extend its reach and payer participation, deepen its impact, and further demonstrate the value of voluntary multi-payer collaboration to improve hospital quality and patient outcomes.

Conclusion

CHAMP demonstrates how coordinated action across payers can support healthcare quality improvement. By creating a common signal and coordinating what would otherwise be isolated plan engagement, CHAMP amplifies the demand for clinical excellence.

As California continues to advance value-based care, CHAMP provides a practical blueprint for multi-payer collaboration, one that aligns incentives, focuses attention on high-impact outcomes, and drives system-wide improvement in patient care.



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About the California Quality Collaborative (CQC)

For nearly two decades, health plans, providers and purchasers have entrusted the California Quality Collaborative to bring stakeholders together to align and co-design common solutions to shared challenges. This drives scalable, sustainable improvement across the health care delivery system.

CQC works with health plans and delivery system partners serving more than 20 million Californians, representing over half the state, translating collective action into measurable improvements in quality, equity and outcomes across the state.

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