California Children's Services Program Redesign:

Redesign Stakeholder Advisory Board Meeting #2

January 23, 2015

Department of Health Care Services

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Agenda

10:00-10:30	**Registration**
10:30-10:50	**Welcome and Purpose Statements**
	- Overview of Today's Meeting Focus
	- Goals and Considerations for the Redesign Discussions
	- CCS Data Availability
10:50-11:10	**Vision for the CCS Program, Survey Results, & Technical Workgroup Topics**
11:10-12:10	**CCS Program Components that are "Working Well"**
12:10-12:40	**Lunch Break**
12:40-1:40	**CCS Program Components that "Can Be Improved"**
1:40-1:50	**Break, Light Refreshments**
1:50-2:50	**Additional Work Needed to Make Recommendations**
2:50-3:15	**Reflections about the Goals identified for the CCS Program & CCS Population**
3:15-3:35	**RSAB Members Questions and Comments**
3:35-3:55	**Public Comments**
3:55-4:00	**Wrap-Up, Closing and Next Steps**

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Overview of Today's Meeting Focus

Dylan Roby, UCLA

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Updates

- Posting of stakeholder letters & proposals
- Addition of new members
- Website updates
  - Meeting materials, summary notes, list of members
  - Full Results of Stakeholder Surveys
- Next meeting: Oakland – March 20, 2015
  - Thanks to the Lucille Packard Foundation for Children's Health

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Goals and Considerations for the Redesign Discussions

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DHCS Restated Goals

1. Patient & Family Centered Approach
   - Comprehensive, Whole-Child approach
2. Improve Care Coordination through an Organized Delivery System
   - Integrate primary, specialty, inpatient, and behavioral health care to improve care experience
3. Maintain Quality
   - Use standards & outcome measures specific to CCS

DHCS Restated Goals

4. Streamline Care Delivery
   - Improve efficiency and effectiveness of CCS
5. Build on Lessons Learned
   - Learn from previous efforts, current CCS pilots, & delivery system changes in other parts of Medi-Cal
6. Cost Effective
   - Spending cannot exceed projected costs in the absence of reform, consider simplifying structure and payment to support value and coordinated approach

Goals Reported by RSAB Members:

- Whole Child Focus
- Care coordination and family involvement
- Maintain standards and expectations (e.g. in the NICU)
- Better reimbursement
- Increase access
- Improve digital documentation
- Establish a better financial model
- Make navigation easier for families
- Align physician incentives with goals of the program/quality
- CCS Should be “care driven” rather than fiscally driven
- Pediatric specialists
- Maintaining Medical Therapy Program (MTP)

Today's Activities

- Brainstorming / Road Mapping
  - The Vision for CCS
- Starting with Stakeholder Survey Responses
  - Focus on Goals, Successes and Areas for Improvement
  - We hope to expand and elaborate on certain points
  - Obtain consensus and trim down other concepts
- Identify Workgroup Topics

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CCS Data Availability

Anastasia Dodson, DHCS
Louis Rico, DHCS

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RSAB and DHCS Data Needs

- DHCS will be facilitating access to CCS data for the public and RSAB members
- Data Technical Workgroup is being set up as resource to RSAB and redesign process
  - Activities should start in early February
- DHCS will be posting CCS data in a deidentified, aggregate format

Data Workgroup

- Potential Members
- Will help DHCS and RSAB to identify priorities and respond to requests
  - Based on what is possible, and
  - What Stanford or DHCS can do.
- Advising DHCS and RSAB on current data issues and making recommendations on future data capacity and needs

Preliminary Data

Purpose:

- Quickly share sample datasets to demonstrate types of aggregate FFS data currently available.
- Explain how we can associate claims level data to the CCS Eligible condition.
- Use for discussion and development of more meaningful datasets to support CCS Redesign.

Sample Data Organization

- CCS\Medi-Cal FFS Population CY 2012
- 4 County Sample for Larger Sourced Datasets

  (Alameda, Fresno, Los Angeles, Santa Clara)
- Breakdown of County, Diagnosis Condition, and Sub-Condition
- Totals include both CCS authorized and non-CCS authorized FFS expenditures

Sample Data Organization

Continued….

- Areas of Interest
  - ✓ Claim Types
  - ✓ Category of Service
  - ✓ Provider Type
  - ✓ Revenue Codes, including NICU and PICU

- Available in an Excel File

Sample Table

CCS CY2012 Fee For Service Expenditures by County, Diagnosis and Category of Service (4 County Sample)					
Resident County	Clients (Duplicated_Suppressed)	DX Group	DX SubGroup	Category of Service Code Desc (C1r)	Medi-Cal Reimbursement Amt
Alameda	*	Blood and Blood-Forming Organs	Other	Audiological Services	$142
Alameda	*	Blood and Blood-Forming Organs	Other	Expanded Alpha Feto-Protein	$146
Alameda	*	Blood and Blood-Forming Organs	Other	Fabricating Optical Lab Services	$39
Alameda	*	Blood and Blood-Forming Organs	Other	Family P.A.C.T (Planning Access Care & Treatment) Certified Providers	$799
Alameda	*	Blood and Blood-Forming Organs	Other	Ground Medical Transportation	$128
Alameda	*	Blood and Blood-Forming Organs	Other	Hospital Outpatient Department Services	$3,149
Alameda	*	Blood and Blood-Forming Organs	Other	Inpatient Hospital Services	$71,283
Alameda	*	Blood and Blood-Forming Organs	Other	Laboratory & Pathology Services	$270
Alameda	*	Blood and Blood-Forming Organs	Other	Local Education Agency Services	$1,499

Sample Pivot Summary

CCS CY2012 Fee For Service Expenditures by County, Diagnosis and Category of Service (4 County Sample)

Resident County	(All)	
Category of Service Code Desc (C1r)	(All)	

CCS Diagnosis	Clients (Supressed)	Reimbursment
Blood and Blood-Forming Organs	**5,760**	**$119,259,979**
Circulatory System	**5,978**	**$27,345,310**
Complications of Pregnancy, Childbirth and Puerperium	**0**	**$414,558**
Conditions in the Perinatal Period	**12,598**	**$90,576,302**
Congenital Anomalies	**42,991**	**$134,970,870**
Anomalies of Abdominal Wall	322	$7,266,171
Biliary Atresca	296	$2,552,909
Cardiac - Congenital Anomalies	14,088	$58,457,863
Cleft Palate/Lip	7,401	$9,498,494
Congenital Hydrocephalus	547	$2,105,134
Diaphragmetic - Anomalies	38	$1,748,535
Other	18,896	$49,267,227
Spina Bifida	1,403	$4,074,537

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Vision for the CCS Program, Survey Results, & Technical Workgroup Topics

Dylan Roby, UCLA
Jess Schumer, UCLA

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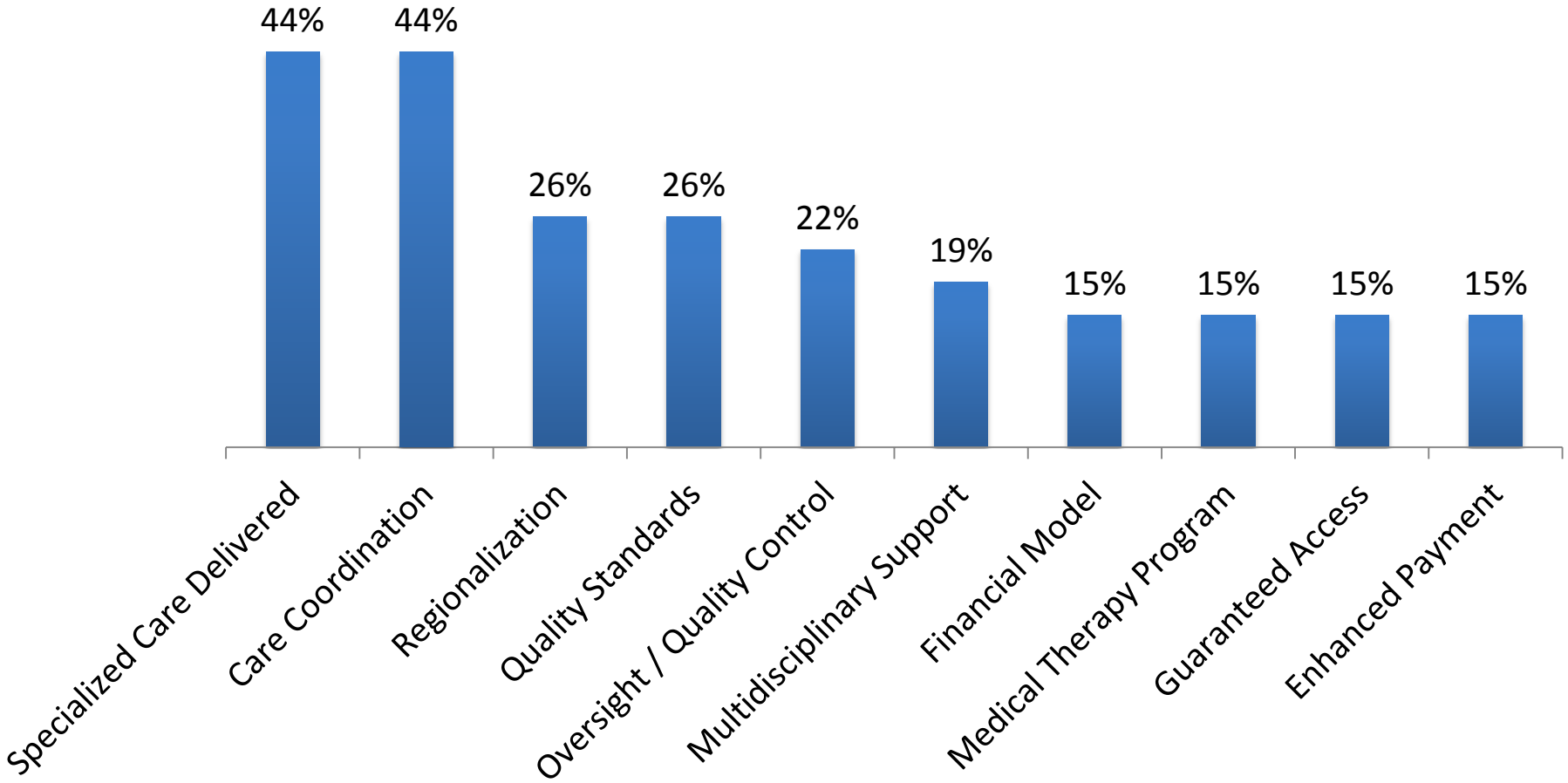
Developing the Vision for CCS

- Build from CCS Components and Goals
  - 1st session: Components that are working well
  - 2nd session: Components that need improvement
- Graphic Facilitation from Leapfrog Consulting
  - Format
  - Ground Rules
  - Roles
  - Outcome

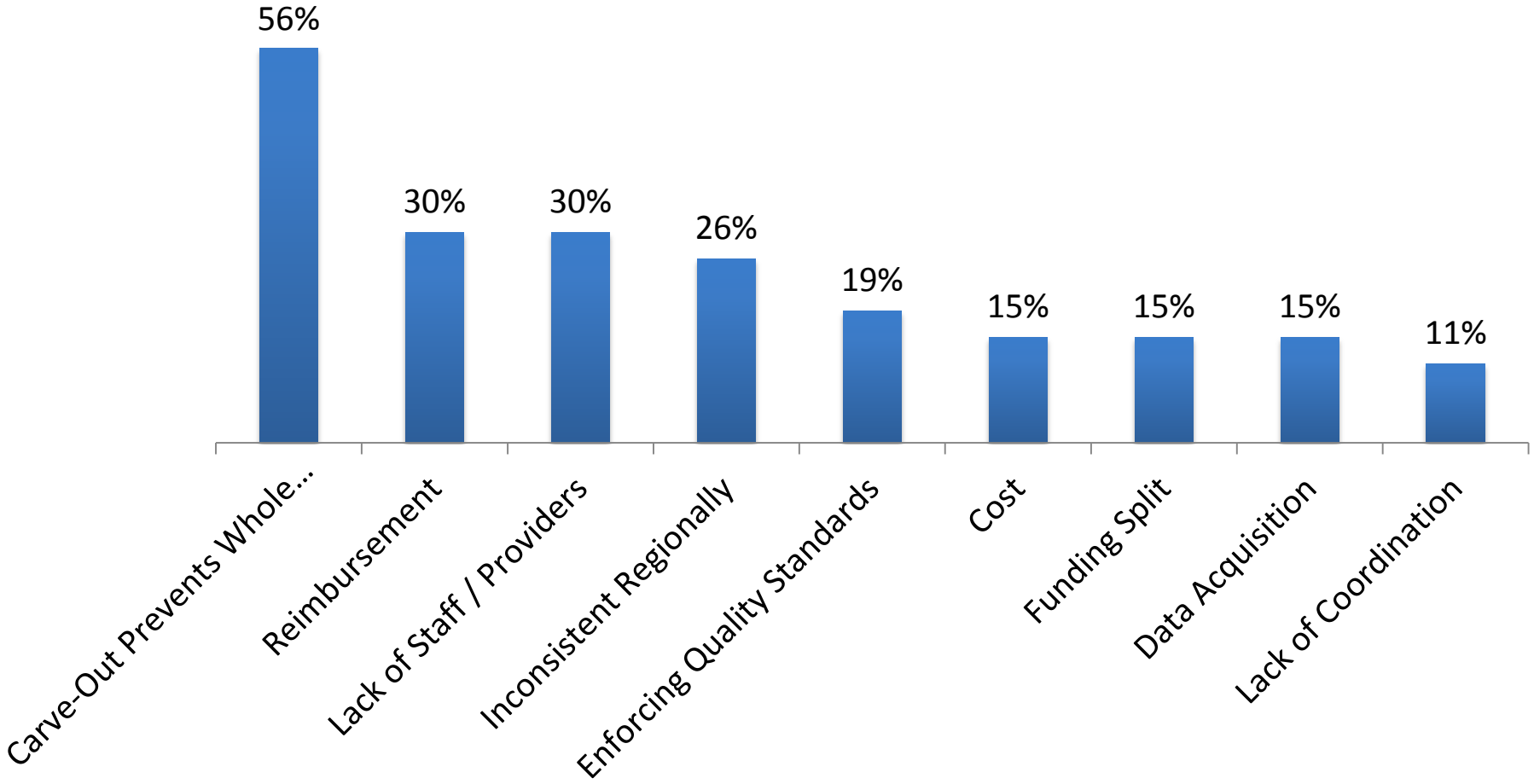
Survey Results Offer Starting Point

- In December of 2014, all RSAB members were asked to complete an online survey
- Questions were asked about specific components of the CCS program and the redesign process
- The complete survey results are available on the CCS Redesign Websites

What is Working: Top 10 Successes



Areas for Improvement: Top Challenges



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Message from Survey

- Diverse opinions
- Everyone is interested in making the CCS program better, but there is disagreement in what needs to be improved, and how to do it
- Interest in whole child focus, improving pediatric care capacity and reimbursement, data, and integration internally and with other programs (MTP).

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Facilitated Discussion: CCS Program components that are working well

Neal Halfon, UCLA

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Lunch Break

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Facilitated Discussion: CCS Program components that can be improved

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Break, Light Refreshments

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Facilitated Discussion: Additional Work Needed to Make Recommendations

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Dylan Roby, UCLA

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Key Questions:

- What do we need to know?
- What models and options should we review?
- What type of information and activity would help us?
  - Technical Workgroups
  - Specific Information and Models
  - External insight / advice

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Reflections about the Goals identified for the CCS Program & Population

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Louis Rico, DHCS

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RSAB Members Questions and Comments

Moderator: Dylan Roby, UCLA

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Public Comments

Moderators: Dylan Roby, UCLA
and Louis Rico, DHCS

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Wrap-Up, Closing and Next Steps

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Louis Rico, DHCS

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Information and Questions

- For information please visit:
  - healthpolicy.ucla.edu/ccs or http://www.dhcs.ca.gov/services/ccs/Pages/CCSStakeholderProcess.aspx
- Please contact the UCLA CCS Redesign Team with questions and/or suggestions:
  - CHPR_CCS@em.ucla.edu or CCSRedesign@dhcs.ca.gov
- If you want to be added to the DHCS Stakeholder email list, please visit:
  - http://www.dhcs.ca.gov/Pages/DHCSListServ.aspx