Q9 Do you have general comments about the CCS County Measures?

Answered: 22 Skipped: 16

#	Responses	Date
1	The CCS program is a very important safety net program for medically fragile children, including those in foster care who don't have parents advocating for them. Please try to mend it, don't end it.	11/24/2015 2:33 PM
2	Other than my specific comments above, I still would like to see discussion about possible quality measures that can be assessed from data currently collected at the state and county levels.	11/24/2015 1:57 PM
3	Before we can make specific suggestions or comments we would need more details on each measure with numerators and denominators. We are hoping that our data source will continue to be sample of no more than 10% of our caseload, it would be impossible to measure all our cases on an annual basis.	11/24/2015 12:03 PM
4	N/A	11/24/2015 9:14 AM
5	I apologize for not doing my homework more in terms of the context of the CCS County Measures. I saw a notice that said the deadline was tomorrow, and, even on my vacation, I jumped into it. It would have been nice to have a brief summary on the context of the CCS County measures to guide me... I hope I provided relevant and useful information.	11/23/2015 6:23 PM
6	There is a need to tract denied referrals, as the fear with the proposed transition is that the network available to children and youth with special health care needs will be narrowed. There is a need for care coordination and family centered care measures -- as that is what families need to get appropriate care for their children. There is a need for a measurement of family involvement in the process. Does the health plan have families advising this process? how many? what support and training are they given to participate? is the group representative of the population served? Has family involvement changed any policies or procedures of the health plan/county to make they more family driven and centered.	11/23/2015 12:27 PM
7	Statistics can be skewed in the way they are collected. We all need to be on the same page as to what the question to be answered is, and what the baseline data shows. Frequently we are instructed to improve when the actual baseline is a moving target as not everyone is completing the fields in the same manner. It is very difficult to determine what obstacles need to be addressed when there are no baseline metrics.	11/23/2015 11:35 AM
8	When the department speaks to "CCS County Measures", are these directed towards the counties or the proposed health care plans? (Eligibility versus care/case management). Thank you.	11/23/2015 10:41 AM
9	These comments reflect the consolidated feedback from all CCHA member hospitals: Will these measures be linked to payment? If so, these measures must be functionally tested to ensure that the numerator and denominator are correct and accurately reported, and the Department needs to verify the accuracy of the baseline. For example, data presented to the advisory group show the number of clients with an authorization to a Special Care jumped by 1,582 between FY 2013/14 and FY 2014/15. It is highly likely that this change is an artifact of documentation/reporting improvement rather than quality improvement. Given the potential for these measures to be influenced by reporting artifacts, we would recommend that this group spend time analyzing ways to accurately capture these measures. Recommend doing a sample of chart reviews to compare billing and encounter data with what's reported in the patient's chart. Some of the Department's data (e.g., post-discharge follow up) seems unusual, suggesting a problem with the data itself. The source for these measures must be converted to ICD 10. There have been some issues with translating ICD 9 to ICD 10.	11/20/2015 4:48 PM
10	Please clarify whether the County Measures will vary in any way from the Whole Person Care vs. the Statewide CCS program. It will be important to have a clear distinction of any differences.	11/20/2015 2:27 PM
11	Data collected cannot reflect accuracy due to electronic/system barriers and information captured	11/20/2015 2:11 PM
12	Anything that can be done to move along the working relationship between MediCal and CCS would be a great improvement in the access to care for CCS children. Having to send authorizations first to MediCal, then to CCS, then back to MediCal causes significant prolongation in the wait times for care, not to mention the paperwork and breuacracy burdens for physicians and families. If these measures will help this integrative process, as a CCS Pediatrician I am all for them!	11/20/2015 3:26 AM

13	County CCS programs should be accountable for annually assessing the status of the patient's family in terms of care burden and health related quality of life. Families should be participants in county CCS quality advisory committees as well as in the formulation of care plans for their children. County CCS agencies should be responsible for coordinating with other community services providers (e.g., special education, Regional Centers, mental health, hospitals, transportation providers, etc.) and should have written agreements detailing how coordination will occur and who will be accountable for each activity.	11/19/2015 11:31 AM
14	As a Federally Qualified Health Center we are subject to federal rules and state interpretations of rules of payment. The challenge with CCS is that if we are the "medical home" we need more flexibility to work with the managed care plans to provide more comprehensive ancillary services like nutrition counseling through a dietitian, or certain mental health services through professionals like MFTs and MSWs. Managed care may also pay a "case management fee" for certain cases. As it stands now, all those direct plan payments to FQHCs , under current A&I State rules. must be accounted for and reconciled against our FQHC costs and visits each year. The net result is that this money is often returned to the State that in turn means we cannot provide this level of service. In short, such funding for specific targeted CCS services paid for by the managed care plan, should be carved out of any FQHC reconciliation requirements if indeed you want these services available to frail CCS children.	11/18/2015 4:32 PM
15	In a rurual community it is very difficult to get quality care (or any care) steps should be taken to allow travel out of county, referral to quality health care and adequate durable medical equipent for IMPROVEMENT of chronic cases, not ony stasis.	11/17/2015 8:54 PM
16	I recently founded a nonprofit, Making Change For Children, in honor of my son who lost his battle with chronic illnesses much too young. I am passionate about the importance of physicians making stronger efforts to find diagnoses in a timely manner, allow the family to be included as an important part of the 'Team,' educate the family in all matters necessary in caring for their children, have the utmost of respect for the precious children, and above all, always give them hope!	11/17/2015 3:31 PM
17	None of the above measures actually meet the criteria for care coordination done by the CCS program, they are all very passive except measure 4. It would be nice to have a measure that looks specifically at care coordination and reflects a need or gap identified- such as the percent of clients who are hospitalized have a follow-up visit with the appropriate provider within a week of discharge, where Dr. Sanders has identified a gap in care.	11/16/2015 2:34 PM
18	Except perhaps for Measure 3, these measures appear to be largely superficial and do not adequately address issues suggesting quality of care or attainment of optimal outcomes for patients.	11/16/2015 9:25 AM
19	Yes. CCS could be successful if they employed their own PA, Nurse Practitioners and physicians. CCS should shift to clinics. In doing so, a pharmacy would be a part of CCS along with mental health, education specialist and school counseling services. I would bring in school counselors, because by law IEP's must include transition planning when a student turns 14. CCS should be transformed into a one stop-services site. Why? CCS clinics would provide families the option to services children, siblings and their parents (The Real Whole-Child Approach). This would create an accessible whole child approach that would change our community. There should be nurses and social worker assigned to Transitions, Acute Care, etc. Weekly workshops should provide education for families and clients. For example, one day of the week CCS would focus on Diabetes care, Hemophilia care, Relationships with a disability etc. Support groups could develop in the clinics. Resources in the community would be invited to offer support and services in the CCS clinics. Colleges and Universities would be invited to assist in the transitioning process and share resources and services to CCS clients. A Medi-Cal-worker, Social Security worker, managed care worker and County CCS eligibility worker would share an office space and work as a team to determine clients eligibility to medical services. CCS should not maintain its chopped up service delivery, instead they should receive all care in one center. CCS sites should be located where there is an abundance of parking and bus route accessibility. If children in Fresno County were serviced at one site, medical teams could make collaborative recommendations and develop a wealth of research.	11/16/2015 9:17 AM
20	Special requirements and protections needed: 1. Access to subspecialty care: Each child requires access to >=1 subspecialty provider paneled by CCS, regardless of place of residence. CCS re-imbursement for subspecialty care must be maintained so as to assure this access. 2. Access to other services (e.g, home nursing, DME): Review of requested services must be independent of the plans, and based on medical need. CCS re-imbursement for non-physician care must be maintained so as to assure this access. 3. Quality of care: Metrics to assess quality of care should be adapted to meet the special requirements of the CCS population.	11/16/2015 8:42 AM
21	I think it is really important to have performance measures to ensure program focus on the specific indicators of quality. In that regard all the measures except #2 are important ones. The elements of the indicators do have be within the programs' ability to influence to continue to improve services and systems.	11/13/2015 5:31 PM
22	Thank you this is a great start.	11/13/2015 5:00 PM