California Children's Services (CCS) Redesign

Outcome Measures/Quality Technical Workgroup (TWG)

Meeting #2

Thursday, May 7, 2015

9-11am

Department of Health Care Services

CHP PCOR STANFORD

Center for Policy Outcomes & Prevention

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Webinar Agenda

1. Welcome, introductions, roll-call – Michaela Ferrari (UCLA)
2. Review of priority measures from webinar #1 – Michaela Ferrari
   a) Overview of EHR adoption among CCS providers – Linette Scott, MD (DHCS)
3. Leveraging other data sources – Dylan Roby (UCLA)
4. Aligning the CCS Redesign and Title V Needs Assessment efforts – Anastasia Dodson (DHCS)
5. Discussion of quality measures and linking with the CCS Redesign goals – Joseph Schulman, MD (DHCS) and Linette Scott, MD
6. Wrap-up and next steps – Michaela Ferrari

Outcome Measures and Quality TWG Members

Co-chairs: Linette Scott, MD (DHCS); Joseph Schulman, MD (DHCS)

Members: Lisa Chamberlain, MD (Stanford CPOP); Athena Chapman (California Association of Health Plans); John Patrick Cleary, MD (California Association of Neonatologists); Devon Dabbs (Children's Hospice & Palliative Care Coalition of California); Karen Dahl, MD (Valley Children's Hospital); Ann Kuhns (California Children's Hospital Association); Emelyn Lacayo (parent representative); Tony Pallitto (Kern County CCS); Richard Rabens, MD (Kaiser Permanente Northern California); Lee Sanders, MD (Stanford CPOP); Laurie Soman (Children's Regional Integrated Service System (CRISS)); Lisa Wilson (parent representative)

Please email recommendations for parent members to: michferrari@ucla.edu

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Review of TWG's Priorities and Suggested Indicators/Measures from Meeting #1

Michaela Ferrari, UCLA

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TWG Priority 1: Effective Care

- Diagnosis specific measurements
- Criteria for what happens *during* the visits, not just if the visits occur in a timely fashion
- Patient and family satisfaction with care received
- Communication between patients and providers
- Family empowerment: self-care management, goal-setting and attainment

TWG Priority 2: Care Coordination

- Initial measures: having a care plan in place, use of EHR, electronic patient information portals (including patient utility and uptake), EHR incentive payments
- Long-term measures: meaningful use of EHR, provider-to-provider communication (integrated EHR systems)
- Role and responsibilities of the case manager
  - Some consensus that we don't currently have a good way to measure care coordination now – largely through patient satisfaction surveys and complaints – so it's hard to quantify "improvements" in care coordination. Hence the need for initial and long-term measures.

EHR Adoption – Current Status

- Approximately 4,000 CCS providers have received EHR Incentive Payments (approximately 10% of CCS providers)
- Next time we will have more detail about these providers':
  - Adoption Status - Adopt/Implement/Upgrade vs. Meaningful Use
  - Geography – county comparisons of adoption
  - Provider Specialty

TWG Priority 3: Functional Outcomes

- Psycho-social wellbeing: days of school/work missed
- Patient safety, both IP and OP (i.e., adverse drug events in OP setting)

TWG Priority 4: System Capacity

- Provider networks, including care received by non-paneled providers and empanelment processes
  - Proposal to host a joint webinar with the Provider Access/Networks TWG
- Systems of care processes
- "barriers analysis," including looking at patterns of care with more granularity
- Service access (DME, pharmacy, audiology, etc.)
- Timely access to care

TWG Priority 5: Cost Effectiveness

- General consensus that focusing on the previous themes – care coordination, effective care, etc. – will contribute to cost effectiveness
  - Desire for efficiencies to be reinvested in the system of care for CYSHCN
- Lead time is required before cost effectiveness can be demonstrated
- Moving toward quality-based payments or value-based purchasing is one alternative
- Difficult to come to a good understanding of what "quality" means

Leveraging Other Sources of Data

Dylan Roby, UCLA

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California Perinatal Quality Care Collaborative (CPQCC) Data

- Population: All infants hospitalized at CPQCC NICUs (130+), 2005-2013
- CPQCC reports NICU outcomes to DHCS for CCS hospitals; reports contain data for all payers, not just CCS cases
  - Include CPQCC data in CCS quality reporting activities?
  - If yes, is an "all-payer" measure acceptable, or should DHCS provide CCS eligibility records to CPQCC to allow them to link and track measures for the CCS population only?

Additional Data Sources

- Office of Statewide Health Planning and Development (OSHPD): All infants born in CA, 1981-2012
- Title V Needs Assessment Surveys: CCS Physicians, CCS Administrators, and CCS families
- National Survey – Children with Special Health Care Needs (NS-CSHCN): national sample of (parents/guardians of) CSHCN (broadly defined) under age 18

Potential Data Linkages

- Child Health and Disability Prevention (CHDP) program (CHDP) data
  - CCS-eligible children who receive EPSDT services through CHDP would be included; need to evaluate potential further

- Department of Developmental Services (DDS) data

Aligning the CCS Redesign with the Title V Needs Assessment

Anastasia Dodson, DHCS

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Title V and CCS Redesign

- Title V requires outcomes that overlap with CCS
  - Will include those in the CCS Redesign measures, and add to them as appropriate.
  - We should work to ensure that both programs' data are reported.
- Title V represents a broader population than CCS
  - We do not expect the two programs' outcomes to conflict, but CCS's may be more specific than Title V.
- DHCS is reviewing the Title V Action Plan for alignment purposes

Title V Action Plan Performance Measures

Whole-Child Approach:

- Goal: Increase number of CSHCN that receive primary and specialty care within one system
  - Determine percent CSHCN whose families report the CB service systems are organized so they can use them easily.
  - Determine percent of CCS clients who have all care provided and coordinated by one system.
- Goal 2: Increase access to medical homes for CSHCN
  - Determine percent of children who receive coordinated ongoing comprehensive care within a health home / medical home.

Title V Action Plan Performance Measures

Whole-Child Approach:

- Goal: Improve health care transition to adulthood for all CYSHCN
  - Determine percent of youth with special health care needs who received the services necessary to make transition to all aspects of adult life

Title V Action Plan Performance Measures

Improve Access to Health Care

- Goal: Increase access to high quality care CCS paneled primary and specialty providers, and to DME, dental, pharmacy, and mental health.
  - Work to increase the percent of CCS paneled primary and specialty care providers.
  - Commit to explore methods to determine the percent of CSHCN whose families have adequate private and or public insurance.

Title V Action Plan Performance Measures

Improve Access to Health Care

- Goal: Increase access facilitated by telehealth
- Goal: Support and improve CCS provider paneling, which supports access to pediatric specialty care for CYSHCN
- Goal: Improve consistency across county CCS programs and Special Care Centers serving CSHCN

Title V Q&A

Anastasia Dodson (DHCS)

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Discussion of Aligning Indicators/Measures with CCS Redesign Goals and Quality

Joseph Schulman, MD & Linette Scott, MD

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DHCS' 6 CCS Redesign Goals

1. Implement Patient- and Family-Centered Approach: Provide comprehensive treatment, and focus on the whole child rather than only their CCS-eligible conditions.

2. Improve Care Coordination through an Organized Delivery System: Provide enhanced care coordination among primary, specialty, inpatient, outpatient, mental health, and behavioral health services through an organized delivery system that improves the care experience of the patient and family.

3. Maintain Quality: Ensure providers and organized delivery systems meet quality standards and outcome measures specific to the CCS population.

4. Streamline Care Delivery: Improve the efficiency and effectiveness of the CCS health care delivery system.

5. Build on Lessons Learned: Consider lessons learned from current pilots and prior reform efforts, as well as delivery system changes for other Medi-Cal populations.

6. Cost-Effective: Ensure costs are no more than the projected cost that would otherwise occur for CCS children, including all state-funded delivery systems. Consider simplification of the funding structure and value-based payments, to support a coordinated service delivery approach.

Care Coordination

Let's consider:

- The suggested care coordination elements that came up during the last webinar,
- The existing care coordination measures that might meet those needs,
- If we need to revise or add to them, and
- If they meet our CCS Program goals

Care Coordination

Existence of care plan

- **CCS administrative data**: At least 1 visit coded for "care coordination" per year.

- **Title V CCS Family Survey:** Parent/caregiver provided with or want care plan for child?

Care Coordination

Existence of Electronic Health Records (EHR)

- **Title V CCS Administrator Survey:** Impact of EHR on access to and sharing of information regarding CCS clients with other providers serving the same clients

Usage of Electronic Patient Information Portals

- **National Survey – Children with Special Health Care Needs (NS-CSHCN):** Likelihood that parent/caregiver would use a website to help arrange or coordinate care if available.

Care Coordination

Usage of EHR incentive payments

- No existing measures identified

Meaningful use of EHR

- **Title V CCS Physician Survey:** Importance of additional resources to becoming a primary medical home for CCS clients [rank order], including: EMR system that links with pediatric subspecialty providers.

Care Coordination

Provider-to-Provider Communication

Title V CCS Physician Survey:

- Significance of barrier to providing quality care: PCP's ability to access electronic information from specialty providers serving the same CCS children.
- Frequency of communication with other providers (and type of provider) serving the same CCS clients.
- Importance of additional resources to becoming a primary medical home for CCS clients [rank order], including: Ability to conduct informal consults and make contact with subspecialty providers

Care Coordination

Provider-to-Provider Communication, cont.

Title V CCS Family Survey:

- Frequency of feeling that PCP and specialty provider were working together to care for child in last 12 mos.

Title V CCS Administrator Survey:

- Frequency of discharge delays because of lack of care coordination or DME access
- Frequency of CCS provider's communication with: PCPs, Special Care Centers, regional centers, schools, MTPs, community based organizations

Care Coordination

Provider-to-Provider Communication, cont.

- **NS-CSHCN:** Parent/caregiver's satisfaction with providers' communication with each other and with outside services (school, early intervention, child care providers, vocational education, rehabilitation programs)

Next Steps and Follow-up

- Submit Care Coordination Measures Feedback Form: **Tuesday, May 26, 2015** to chpr_ccs@em.ucla.edu and ccsredesign@dhcs.ca.gov
- Proposals for additional indicators/measures
- Joint webinar with the Provider Access/Networks TWG?
- Recommend parent/caregiver TWG members!
- Additions?

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Thank you!

Anastasia Dodson, DHCS

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