

**California Children's Services (CCS) Redesign  
Data Technical Workgroup (TWG)  
Meeting #2 Summary Notes  
Tuesday, March 17, 2015, 12-2pm PST**

Data TWG Co-chairs: Brian Kentera (DHCS), Lee Sanders, MD (Stanford CPOP), Dylan Roby (UCLA)

Data TWG Members: Anand Chabra, MD (San Mateo CCS), Lisa Chamberlain, MD (Stanford CPOP), Athena Chapman (California Association of Health Plans), Thomas Klitzner, MD (UCLA Mattel Children's Hospital), Ann Kuhns (California Children's Hospital Association), Chris Perrone (California HealthCare Foundation), Anthony Rose (Orange County CCS program), Edward Schor, MD (Lucille Packard Foundation for Children's Health)

Welcome and Introductions

Dr. Lee Sanders (Stanford Center for Policy, Outcomes, and Prevention (CPOP)) welcomes everyone to the conference call, does a "roll call" for all of the members, and introduces the TWG's "Data Request Form."

Data Request Form

Dr. Sanders reminds everyone that the purpose of the Data Request Form is to fulfill the data needs of other TWGs and Redesign Stakeholder Advisory Board (RSAB) members as part of the CCS Program Redesign process. Specifically, it can be used to request elements of existing CCS Program data sources, which were detailed by Mr. Brian Kentera (DHCS) during the last Data TWG meeting (a recording of that webinar is available [here](#)). Dr. Sanders explains the questions the requester must complete, as follows:

1. What is your specific question?
2. What are the policy implications that this information could be used for?
3. What specific outcomes are required to address this question?
4. For what CCS Program population(s) does this question apply?

*[TWG members and RSAB members should have received this form via email. If you are a TWG or RSAB member and did not receive the form, or to submit completed requests, please email Michaela Ferrari, UCLA at: [michferrari@ucla.edu](mailto:michferrari@ucla.edu)]*

Dr. Sanders then reminds everyone that the Data TWG co-chairs will work to prioritize data requests, make that process as transparent as possible, and release the findings in a timely fashion. Mr. Kentera further adds that the prioritization of the requests will be based on a few key evaluative criteria:

1. Is the request possible, or feasible within the time constraints?
2. How does it relate to policy, and more specifically, the RSAB's goals?
3. What is the overall importance of this issue?
4. Ease of delivery, and amount of time required to process the request.

In addition to making the requests available online, Mr. Kentera suggests that the findings from the fulfilled requests also be made available online for download. Edward Schor, MD (Lucille Packard Foundation for Children's Health), suggests that the Data Request Form could also include a scoring sheet of the relevant criteria, both for official use and to remind requesters what information will be used to establish priority. Dr. Sanders indicates that this will be taken into consideration.

#### Discussion of how to capture the CCS Program data from disparate sources

Dr. Sanders notes that in addition to looking at existing CCS Program administrative data that is reported to the State, the Data TWG should explore what other sources of CCS-relevant data exist and what is the best way to capture them. The ensuing conversation introduces the following possibilities for additional data sources to pursue:

1. California Perinatal Quality Care Collaborative (CPQCC) Neonatal Intensive Care Unit (NICU) data: Ann Kuhns (California Children's Hospital Association) suggests that, as there has been some interest on the part of the RSAB in looking at NICU data, the TWG might look into linking with CPQCC if the State's data from CCS-approved NICUs are insufficient. Dr. Sanders responds that Stanford CPOP has done some work with the CCS Program NICU data, and that they are "good but not great." He notes that CPOP has an analysis that will be released soon that links the CCS Program NICU data to CPQCC. Dylan Roby (UCLA) suggests that the CPQCC data likely includes approximately 20% of the general acute care hospitals in the State, and therefore may only represent a small subset of the CCS Program NICU care. Dr. Schor says that, according to his understanding, most CCS-approved NICUs either have to or are strongly encouraged to participate in CPQCC, so the issue that Mr. Roby noted may not be a problem. Dr. Sanders says he will wait to see what NICU-related data requests come in, and then decide if linking with CPQCC is necessary and feasible within the tight time frame.

2. Title V Survey data: Dr. Sanders reminds everyone that the Title V Needs Assessment survey, which includes the CCS Program enrollees, has just been completed. Dr. Jill Abramson gave a presentation of preliminary findings at the RSAB meeting in December 2014 (slides available [here](#)), but the survey has since been completed and therefore the current survey data are more complete.
3. Local County CCS program Performance Measures: Anand Chabra, MD (San Mateo CCS) notes that local county CCS programs have to report data on certain “performance measures” to CMS on an annual basis, and these metrics might be worth exploring. Ms. Ferrari notes that RSAB member Anthony Pallitto (Kern County CCS) e-mailed the required performance measures reports to her, and that they included metrics for medical home, CCS-eligibility, termination, special care centers, transition planning, and family participation. Mr. Pallitto also suggested that the Data TWG might want to investigate the reliability of the data.
4. Enrollment and Encounter Data from health plans and medical groups: Athena Chapman (California Association of Health Plans) says that she will look into whether her organization (CAHP) has any CCS-specific data. She also notes that the State collects a lot of information from health plans and medical groups on enrollment, and has been working to improve their encounter data process. Mr. Kentera says he will talk to the people at DHCS who have been working on the encounter data process improvement to get more information on what has been changed in the past few years.
5. Healthcare Effectiveness and Data Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores: Ms. Chapman also notes that the HEDIS and CAHPS scores may have specific measures that are relevant to the CCS Program population. Mr. Kentera says he doesn’t know the HEDIS or CAHPS data elements well enough to know if they would be easily linkable to the CCS Program population, but Ms. Kuhns says that their [California Children’s Hospital Association’s] “dashboards” include HEDIS and CAHPS data. Because those data are broader than just the CCS Program enrollees, Mr. Kentera says he will look into if there are or have been any efforts made to subset the CAHPS surveys to the CCS Program population by the monitoring branch, as well as speak with some doctors about the same issues for the HEDIS data.
6. KIDSdata.org: Dr. Sanders asks Dr. Schor about the availability of Packard’s “Kids Data,” which is another complimentary effort to pull together various existing resources and data sets related to children. Dr. Schor notes that the data are always online and publicly available without a request, so would be very easily accessible.

### Medical Therapy Unit (MTU) / Medical Therapy Program (MTP) Data

Dr. Sanders then transitions to the next item on the agenda, the MTP. As a follow up to some of the discussions regarding the MTP during the previous RSAB meetings and Data TWG meeting, Dr. Sanders reminds everyone that they are looking into the data that do exist on MTP participants to ensure that we better understand them as a population. The hope is to both immerse them in a larger CCS Program analysis, and do a breakout analysis specifically of MTP enrollees.

To this end, Dr. Schor suggests that the Data TWG should also look into duplication of services that might exist between the CCS Program, the MTP, and the regional centers, particularly in regard to services that all of the programs provide to some degree, such as care coordination. Mr. Kentera notes that the only data he is aware of the regional centers reporting is about expenditures and budgetary processes, or other fiscal information, but nothing about utilization, which would help to describe potential service duplication.

Dr. Sanders thus suggests that if the issue of service duplication is a big concern, and the extent to which it happens is not currently knowable due to data reporting issues, then the Data TWG should consider making a recommendation as part of their overall CCS Program Redesign tasks to delegate resources to and mandate reporting of the necessary information to remedy this issue. Mr. Roby notes that he thinks there is currently an effort to link the Department of Developmental Services (DDS) data to the Medi-Cal Eligibility (MEDS) data, which might give some indication of any potential overlap between the regional centers and the CCS Program. Mr. Roby says he will put Dr. Sanders in touch with the relevant people regarding that project.

### Forthcoming Stanford Center for Policy, Outcomes and Prevention (CPOP) Policy Briefs

Dr. Sanders transitions to the next item on the agenda, which is introducing two new policy briefs related to the CCS Program data that will be released shortly. One brief explores annual spending for the CCS Program by region, type of care, and diagnosis. The other brief (available [here](#)) shows enrollment over time by diagnosis, and some information about utilization of inpatient care. Both briefs will be linked to public data tables, so that readers can also access that information.

This prompts a comment from Ms. Kuhns regarding “regionality” within the CCS Program, and how granular the Data TWG and CPOP can be in their analyses. She suggests that regional variation in utilization of care may be driven by availability of resources, therefore the rationale for how data are grouped in any analyses conducted is important. Dr. Sanders responds that the current data reporting limits the analyses to county as the lowest level, and while they have been using county of enrollee *residence* (based on zip code) rather than where the care is being *delivered*, they could start to look at catchment area as another possibility. Ms. Kuhns says she thinks that county-by-county analyses should be specific enough to show regional variation.

#### Final Questions, Next Steps, and Items for Follow-up

Dr. Sanders solicits any last questions or comments from the TWG members. He asks Anthony Rose (Orange County CCS) if he can speak to any issues the TWG should be aware of, specifically regarding the intersection of the CCS Program and the regional centers. Mr. Rose says that while he is new to the CCS Program, he thinks that many counties have initiated process improvement projects – such as various case management programs – but that they have no benchmarks to measure improvement from. Dr. Sanders echoes that sentiment, particularly in regard to readmission data, noting that currently there is no good way to measure preventable readmissions. He mentions that CPOP is starting to look at access to care in the month after hospitalization, using existing CCS Program data, as a proxy measure for preventable readmissions. Another [unidentified] speaker also notes that there is currently no standardized data collection for home visiting services, which makes establishing a baseline and tracking progress difficult.

The co-chairs wrap up the meeting by summarizing the items for follow-up:

1. Availability of CPQCC data to link to the NICU population.
2. Data on MTP enrollees, including cross-linking with the regional centers.
3. Working to join efforts with the Outcome Measures/Quality TWG.
4. DHCS’ efforts to improve encounter data in the last three years.
5. Linking HEDIS data elements to CCS Program data.
6. Linking CAHPS data elements to CCS Program data.
7. Linking managed care survey data to CCS Program data.
8. Exploring existing efforts to link DDS and CPS data.

Dr. Roby thanks everyone for attending, reminds them where to find meeting materials and other CCS Program resources ([healthpolicy.ucla.edu/ccs](http://healthpolicy.ucla.edu/ccs)), and encourages everyone to consider prioritizing the biggest data issues as they see them prior to the next meeting.