

**Stakeholder Prioritization Criteria for
Title V CCS Needs Assessment Process 2009-2010**

1. Does addressing the issue positively affect families, providers, and the program?

Weight: 3

Definition/Concepts: Addressing the issue would increase satisfaction for one or more of these groups. For example, improving access to specialists would increase satisfaction for families; reducing paper work burdens would make providers happier.

Rating Scale:

1 = Addressing issue WOULD NOT positively affect any group (families, providers or the program)

2 = Addressing the issue would positively affect ONE of the groups (families OR providers OR the program)

3 = Addressing the issue would positively affect providers AND the program

4 = Addressing the issue would positively impact families AND one other group (providers OR the program)

5 = Addressing the issue would positively affect ALL THREE of the groups (families, providers, and the program)

2. Does addressing the issue reduce disparities?

Definition/Concepts: One or more population subgroups as defined by race/ethnicity, income, insurance status, gender, geography, or diagnosis are more impacted than the general group and that addressing the problem would reduce unequal impacts.

Weight: 2

Rating Scale:

1 = No group is disproportionately affected by the issue

2 = It appears that one or more groups is disproportionately affected by the problem, but the differences are not statistically different.

3 = Statistically significant differences exist in one group

4 = Statistically significant differences exist in more than one group

5 = Statistically significant differences exist in one or more groups and impacts a large portion of the affected population

3. Does addressing the issue enhance the continuity and coordination of care?

Definition/Concepts: Enhancing continuity and coordination of care could mean making it easier for CCS children to regularly see the same provider, better coordinating of referrals among needed providers, making it easier for different providers to access and share a child's health record, facilitating authorization and reauthorization of services; providing resources to help coordinate care and referrals

Weight: 3

Rating Scale:

1 = Addressing the issue does not enhance continuity and the coordination of care

2 = Addressing the issue provides some enhancement to continuity and coordination of care

3 = Addressing the issue enhances continuity and the coordination of care for a small part of the population

4 = Addressing the issue enhances continuity and the coordination of care for a large part of the population

5 = Addressing the issues assures continuity and coordination of care

4. Does addressing the issue enhance the systematic efficiency of the program?

Definition/Concepts: Enhancing the systematic efficiency of the program could mean many things, including reducing the cost of care, more effectively deploying staff and other resources to save money and/or increase productivity, making it easier for families to navigate the system across counties and payors; and making it easier to administer the program.

Weight: 1

Ranking:

1 = Addressing the issue does not enhance the systematic efficiency of the program

2 = Addressing the issue makes the system more efficient for ONE of the groups (families OR providers OR the program)

3 = Addressing the issue makes the system more efficient for providers AND the program

4 = Addressing the issue makes the system more efficient for families AND one other group (providers OR the program)

5 = Addressing the issue makes the system more efficient for ALL THREE of the groups (families, providers, and the program)

5. Does addressing the issue enhance the clients' relationships with providers?

Definition/Concepts: This means that addressing the issues improves things like access to providers, communication between providers and families, families expressed satisfaction with their provider(s)

Weight: 2

Ranking:

1 = Addressing the issue does not enhance clients' relationships with providers

2 = Addressing the issue enhances to the clients' relationships with providers in only minor ways

3 = Addressing the issue enhances the clients' access to providers

4 = Addressing the issue enhances the clients' relationships with providers in at least two areas i.e. access and communications

5 = Addressing the issue provides major improvements to the clients' relationships in more than two areas

6. There is a likelihood of success. Issue is amenable to prevention or intervention, and/or there is political will to address it

Definition/Concepts: This means that there is a good chance that the strategies used to intervene in the identified problem will result in an improvement in outcomes. The intervention strategies are shown in research literature, by experts or by National, State or program experience to be effective or promising. By political will we mean that there is support at the state or federal level for making administrative changes or providing funding.

Weight: 2

Ranking:

1= No proven or promising intervention available

2= Promising or proven intervention with limited impact (not effecting a large promotion of the CSHCN population), little political will

3= Proven intervention with limited impact, moderate political will

4= Promising or proven intervention with broad impact and moderate political will

5= Proven intervention with broad impact and strong political will