California Children's Services (CCS) Redesign Performance Measure Quality Subcommittee

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

November 29, 2023

Agenda

Welcome and Meeting Information	1:00-1:10
Roll Call	1:10-1:15
Background and Authorizing Statute	1:15-1:25
August Meeting Summary and Department of Health Care Services (DHCS) Decision Points	1:25-1:40
Overview of Terminology and Methodologies	1:40-2:10
Criteria for Measure Selection	2:10-2:40
Tiered Approach for Measure Selection	2:40-3:20
Break	3:20-3:30
Domains	3:30-4:00
Roadmap	4:00-4:20
Measure Selection Process	4:20-4:40
Public Comment	4:40-4:50
Next Steps	4:50-5:00

Housekeeping & Webex Logistics

Do's & Don'ts of Webex

- Participants are joining by computer and phone
  - For assistance with the WebEx invite, email CCSProgram@dhcs.ca.gov with the Subject Line: "CCS Redesign Performance Measure Quality Subcommittee"
- Everyone has been automatically muted upon entry
- CCS Redesign Performance Measure Quality Subcommittee members: 'Raise Your Hand' or use the Q&A box to submit questions
- Other participants: Use the Q&A box to submit comments/questions or 'Raise Your Hand' during the public comment period
- To use the "Raise Your Hand" function click on participants in the lower right corner of your chat box and select the raise hand icon
- Live closed captioning will be available during the meeting

Note: DHCS is recording the meeting for note-taking purposes

Workgroup Meeting Logistics

- The CCS Redesign Performance Measure Quality Subcommittee will meet on a quarterly basis
- Between meetings Subcommittee members will receive pre-work to inform the subsequent meeting's discussion

CCS Redesign Performance Measure Quality Subcommittee*		
Year	**Meeting Date**	**Activity**
2024	Thursday, February 29 at 9-1 PT	Tier 1 measure review and discussion and voting
2024	Thursday, May 30 at 9-1 PT	Tier 2 measure review and discussion and voting
2024	Thursday, July 25 at 9-1 PT	Continued discussion on Tier 1 or 2, as needed
2024	Wednesday, November 20 at 9-1 PT	Capstone meeting

* Meeting days, times, and activities are subject to change

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Workgroup Members

1. **Dr. Anand Chabra,** Medical Director, CCS and Family Health Services, San Mateo County Health
2. **Ann-Louise Kuhns,** President and CEO, California Children's Hospital Association
3. **Dr. Carlos Lerner, President,** California Children's Specialty Care Coalition and Vice Chair for Clinical Affairs, UCLA Dept of Pediatrics
4. **Carrie McKiddie,** Assistant Manager, Alpha Family Resource Center of Santa Barbara and Family Representative
5. **Dr. Chris Esguerra,** Chief Medical Officer, Health Plan of San Mateo
6. **Christine Betts,** Supervising Therapist, Monterey County CCS Therapy Program
7. **Dr. Chynna (Concepcion) Bantug,** Chief of Pediatrics San Jose Medical Center and Pediatric Regional Quality Lead, Kaiser Permanente
8. **Cindy Spiva-Evans,** Family Representative
9. **Dr. Hannah Awai,** Medical Director, Sacramento County Public Health
10. **Jack Anderson,** Senior Fiscal & Policy Analyst, County Health Executives Association of California
11. **Dr. Joanna Chin**, Medical Director, Contra Costa Health
12. **Katherine Barresi,** Senior Director Health Services, Partnership HealthPlan

Workgroup Members

12. **Kelsey Riggs,** Manager, Pediatric Complex Case Management, Central California Alliance for Health
13. **Laurie Soman,** Director, Children's Regional Integrated Service System
14. **Dr. Louis Girling,** CCS Medical Director, Alameda County Public Health Department
15. **Dr. Mary Giammona,** Medical Director, Pediatrics and CCS Support Team, Molina Healthcare
16. **Dr. Michael Weiss,** VP of Population Health, Children's Hospital of Orange County
17. **Dr. Mona Patel,** Chief Integrated Delivery Systems Officer, Children's Hospital of Los Angeles
18. **Dr. Nwando Eze,** Regional Medical Director of Neonatology, Kaiser Permanente
19. **Dr. Ramiro Zúñiga,** Vice President, Medical Director, Health Net
20. **Sabina Keller,** CCS Public Health Nurse Supervisor, El Dorado County
21. **Shelby Stockdale,** Pediatric Health Services Manager, CenCal Health,
22. **Tamica Foots-Rachal,** Project Director, Family Voices
23. **Dr. Thanh-Tam Nguyen,** Medical Director, Whole Child Model/Behavioral Health, CalOptima
24. **Dr. Thomas Shimotake,** President, California Association of Neonatologists (CAN) and Medical Director, Intensive Care Nursery, Benioff Children's Hospital

DHCS Staff

Integrated Systems of Care Division (ISCD)

- **Susan Philip,** Deputy Director, Health Care Delivery Systems
- **Joseph Billingsley,** Assistant Deputy Director, Integrated Systems
- **Cortney Maslyn,** Division Chief
- **Dr. Sabrina Atoyebi,** Branch Chief, Medical Operations
- **Barbara Sasaki,** Section Chief, Medical Operations
- **Dr. Jill Abramson,** Associate Medical Director
- **Olivia Thomas,** CCS Program and Policy Analyst

Data Analytics Division (DAD)

- **Dr. Linette Scott,** Deputy Director and Chief Data Officer
- **Anne Carvalho,** Division Chief
- **Dr. Muree Larson-Bright,** Research Scientist Manager
- **Dr. Maricel Miguelino,** Research Scientist Supervisor

DHCS Staff

Managed Care Quality and Monitoring Division (MCQMD)

- **Dana Durham,** Division Chief, Managed Care Quality and Monitoring
- **Amara Bahramiaref,** Branch Chief, Managed Care Policy Branch
- **Ariana Hader-Smith,** Health Program Specialist II
- **Alyssa Hedrick,** Health Program Specialist I

Quality and Population Health Management (QPHM)

- **Dr. Palav Babaria,** Chief Quality and Medical Officer and Deputy Director of QPHM
- **Dr. Pamela Riley,** Chief Health Equity Officer and Assistant Deputy Director, QPHM
- **Dr. Sural Shah**, Chief, Quality and Health Equity Evaluation and Monitoring Branch
- **Dr. Drew Bedgood,** Medical Consultant II, Quality and Health Equity Evaluation and Monitoring Branch

Sellers Dorsey Staff

- **Sarah Brooks,** Director/Project Director
- **Felicia Spivack,** Director/Compliance Subject Matter Expert
- **Janel Myers,** Senior Consultant Specialist/Quality Subject Matter Expert
- **Meredith Wurden,** Senior Strategic Advisor/Subject Matter Expert
- **Marisa Luera,** Director/Subject Matter Expert
- **Alex Kanemaru,** Senior Consultant/Project Manager

Workgroup Discussion

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Background

- In 2018, a CCS Performance Measures Quality Subcommittee was established and convened seven times to respond to the specific needs of the CCS population throughout the state
- The goal of this Subcommittee was to create a standardized set of performance measures for a variety of distinct children's programs
- This Subcommittee was composed of a multidisciplinary team of clinicians and program experts who were tasked with drafting, reviewing, and discussing the viability and technical specifications of performance measures
- ISCD is convening the CCS Redesign Performance Measure Quality Subcommittee to identify and recommend measures for DHCS' consideration for implementation

Authorizing Statute

Welfare & Institutions Code (WIC), section 14094.7 (b) requires DHCS to conduct the following activities by January 1, 2025:

- Annually provide an analysis on its website regarding trends on CCS enrollment for Whole Child Model (WCM) counties and non-WCM counties, in a way that enables a comparison of trends between the two categories of CCS counties.

- Develop utilization and quality measures, to be reported on an annual basis in a form and manner specified by the department, that relate specifically to CCS specialty care and report such measures for both WCM counties and non-WCM counties. When developing measures, the department shall consider:
  - Recommendations of the CCS Redesign Performance Measure Quality Subcommittee established by the department as part of the CCS Advisory Group pursuant to subdivision (c) of Section 14097.17.
  - Available data regarding the percentage of children with CCS eligible conditions who receive an annual special care center visit.

Source: WIC Section 14094.7 (b)

Authorizing Statute (continued)

- Require, as part of its monitoring and oversight responsibilities, any Whole Child Model plan, as applicable, that is subject to one or more findings in its most recent annual medical audit pertaining to access or quality of care in the CCS program to implement quality improvement strategies that are specifically targeted to the CCS population, as determined by the department.
- Establish a stakeholder process pursuant to Section 14094.17.

Source: WIC Section 14094.7 (b)

Goals of CCS Redesign Performance Measure Quality Subcommittee

- The goal of the CCS Redesign Performance Measure Quality Subcommittee is to advise on the identification and implementation of quality and outcome measures for the CCS and WCM dashboard to drive improvements in health outcomes for children and youth
- The Subcommittee will collaborate with external stakeholders including WCM Medi-Cal Managed Care Health Plans (MCP) and CCS Classic counties to create a dashboard that tracks program performance
- 3-5 clinical and non-clinical measures should be identified and compared among both programs so external stakeholders, MCPs, and the public may access this information through the dashboard
- When possible, there should be alignment between measures selected for WCM MCPs and Classic counties

Goal of November 29, 2023, Subcommittee Meeting

- The goal of today's meeting is to establish the following:
  - A baseline and common understanding of quality measurement terminology and methodologies
  - Domains and criteria for measure selection
  - Timeline expectations and process for measure selection

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August Meeting Summary

During the quarterly August meeting, the Subcommittee reviewed and discussed the following topics:

- CCS Redesign Performance Measure Quality Subcommittee Charter
- Previous CCS Performance Measure Efforts
- The Subcommittee agreed to focus on quality and performance measures specific to CCS children rather than children and youth with special care needs
- The Subcommittee discussed continuing developing measures that may not be ready for January 1, 2025, implementation due to their relevancy
- The Subcommittee discussed a need to differentiate between performance measures and quality measures

August Meeting Summary

Workgroup feedback from the August Subcommittee meeting and subsequent homework are incorporated in today's presentation and discussion. The homework sent out requested Subcommittee feedback on the following:

- Criteria for Measure Selection
- Domains

DHCS Decision Points

Throughout the duration of this Subcommittee, we will log areas where there was Subcommittee consensus and DHCS confirmed decision points. Areas where there's been Subcommittee consensus and DHCS confirmed decisions will be shared during each quarterly meeting in the table below.

Meeting	DHCS Decision Points
August 2023	Measures selected by the Subcommittee for DHCS' consideration will focus on the CCS population rather than the larger children and youth with special health care needs (CYSHCN) population

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Measure Source

- Effective quality measurement requires metrics that have clear definitions, procedural specifications and underlying assumptions. The validation process for new measures is rigorous and both time- and resource-intensive
- There are a variety of measure stewards who own and are responsible for maintaining accepted quality measures that have undergone this validation process and are widely used in quality monitoring
- Given the above, the Subcommittee will not be charged with recommending the development of any new measures
- See Appendix for more key terms

Types of Data

- **Administrative data:** Gathered from claims, encounter, enrollment, and providers systems
- **Medical records:** Patient's medical history and care
- **Hybrid:** Administrative data supplemented with medical record review
- **Electronic clinical data:** Patient-level information pushed in an interoperable electronic format
- **Surveys:** Capture self-reported information from patients on health care experiences

Data and Reporting Capabilities: MCPs

- To promote better health outcomes and preventive services, DHCS requires MCPs to report annually on a set of quality measures, known as the Medi-Cal Managed Care Accountability Set (MCAS) performance measures
- MCPs also participate in pay-for-reporting or pay-for-performance programs, for which data reporting is a requirement of participation or incentive payment
- **Data**
  - Demographic data through DHCS
  - Encounter data based on claims submitted by a provider to the MCP
  - Hybrid data consisting of encounter data and chart reviews. (This process is very time consuming and nationally the use of this data is trending downward)
  - Plan reported data for incentive programs or new benefits
- **Limitations**
  - Encounter data lag or the period between the date of service and the date the claim is submitted to the MCP. Medi-Cal data is considered complete after 12 months following the date of service.
  - Continuous enrollment in a MCP is required for an individual to be included in many nationally recognized measures

Data and Reporting Capabilities: County CCS Programs

- Children's Medical Services (CMS) Net is a full-scope case management system for the CCS program
- CMS Net is a web-based tool that enables approved counties, CCS providers and WCM MCPs to electronically access the status of Service Authorization Requests (SARs)
- **Data Types**
  - Demographic data through DHCS
  - Prior authorization data via SARs
  - Insurance coverage
  - Participant count, client eligibility summary, ICD-diagnosis, Medi-Cal eligibility, registration, case notes, other
- **Limitation**
  - Challenges include non-standardized data collection in CMS Net, variance in wording and interpretation of measures, and workload to report on measures
  - Available data sets vary by entity and frequency of data pulls vary by report types
  - Differences may exist in the data quality between county CCS programs and MCPs

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Criteria for Measure Selection

- The Criteria for Measure Selection developed for this Subcommittee:
  - Allow Subcommittee members to have necessary guardrails needed to prioritize and advise on measures that reflect the values and goals for this effort
  - Necessary to recommend a succinct set of 3-5 measures that can be implemented in a timely manner and will enable quality of care improvement for CCS Classic and WCM beneficiaries
  - Drawn from similar efforts conducted at the state and national levels and are in accordance with the goals of this specific initiative
  - Not meant to be absolute, but to provide guidance in thinking about each measure and the balance of the entire set as a whole
  - Have been shared amongst Subcommittee members for input and feedback

Criteria for Measure Selection (continued)

- The Criteria for Measure Selection have been identified for the Subcommittee's consideration; however, criteria are not limited to this list
- Each criterion for measure selection should be applied to measures reviewed and discussed as part of this Subcommittee
- There may be instances when discussing measures specific to the CCS program functions that do not apply to all criteria for measure selection

Criteria for Measure Selection (continued)

The proposed Criteria for Measure Selection include:

1. **Meaningful** to the beneficiaries, their families, the state, CCS Classic, and WCM programs, and the public
2. **Improves quality and equity of care** or services for CCS Classic and WCM beneficiaries
3. **High population impact** by affecting large numbers of CCS beneficiaries or having substantial impact on smaller, special populations
4. **Known impact of poor quality** linked with severe health outcomes (morbidity, mortality) or other consequences (high resource use)
5. **Performance improvement needed** based on available data demonstrating *opportunities for achievable improvement in program performance that could improve quality of care or reduce inequities in care for CCS beneficiaries ~~to improve, variation across performance and disparities in care~~

Language that is preceded by an Asterisk(*) indicates recommended changes by Subcommittee members

Criteria for Measure Selection (continued)

6. **Evidence based practices available** to demonstrate that the problem is amenable to intervention and there are pathways to improvement
7. **Availability of standardized measures (including measure specifications) and data** that can be collected
8. **Alignment** with other national and state priority areas
9. **Feasibility** data source are available to appropriately calculate * the measures and there is capacity at the state, MCP, and/or CCS program levels to collect the required data

Language that is preceded by an Asterisk (*) indicates recommended changes by Subcommittee members

Survey Results | Criteria for Measure Selection

- To begin to frame the discussion on measures and measure selection, a survey was sent out to Subcommittee members on October 13, 2023, to gather feedback on the proposed Criteria for Measure Selection and Domains
  - Total responses received: 18
  - For all Criteria for Measure Selection a majority of respondents agreed with including the specific Criteria for this Subcommittee process (range = 74%-100% for each)

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Key Terms: CCS Specialty Care and Overall Health Outcomes

- **CCS Specialty Care**
  - CCS Specialty Care is care provided by pediatric subspecialists, such as pediatric cardiologists, pediatric gastroenterologists, or pediatric neurologists
  - Generally, primary care and preventive care are not CCS covered services
- **Health Outcomes and Health Equity Measures**
  - Health outcome measures assess the effect of care on a patient's health
  - Health equity measures assess if high-quality care is being provided to all populations to reduce racial and ethnic health disparities in the CCS population

Tiered Approach for Measure Selection

- This Subcommittee will be tasked with identifying a set of measures that fall into the following categories:
  - **Tier 1:** Assess core CCS program functions such as CCS specialty care
  - **Tier 2:** Identify clinical health outcome and health equity measures for all CCS beneficiaries regardless of delivery system or CCS-qualifying condition

Tiered Approach for Measure Selection (continued)

Tier 1

The Subcommittee's main charge is to advise DHCS on Tier 1 measures for January 1, 2025, implementation.

Tier 1 measures should include those outlined in AB 118 (WIC, Section 14094.7b), specifically those related to CCS program functions including CCS specialty care.

Tier 2 measures are those that will be identified for implementation *after* January 1, 2025, and are included later in the roadmap and may be related to clinical health outcomes and health equity measures for all CCS beneficiaries.

Tier 2

Pre-Work for February 29, 2024 Subcommittee Meeting

- **Pre-Work for February 29, 2024, Subcommittee Meeting**
  - In the coming days Subcommittee members will receive a request to provide additional measures for DHCS' review prior to our next Subcommittee meeting
  - Proposed measures should be aligned with the Criteria for Measure Selection, Subcommittee goals, and within the technical specifications as outlined in the homework request

- **Preliminary Discussion on Proposed Measures**
  - ✓ Does the proposed measure align with the Measure Selection Criteria?
  - ✓ Does the proposed measure align with the goals of the Subcommittee?
  - ✓ Do technical specifications for this measure presently exist and have a proven track record for success elsewhere?

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Domains

- Domains are conceptual groupings or categories of measures. Measures are used to assess a structure, process, or outcome pertaining to a program
- Measures may overlap domains
- Measures that fall under each domain will be provided for the Subcommittee's consideration
  - New and validated measures brought forth by Subcommittee members will also be considered throughout this process when raised by a Subcommittee member

Domains (continued)

- The following domains have been identified for the Subcommittee's consideration and based on the 2018 CCS Performance Measure Quality Subcommittee; however, domains are not limited to the following list:

1. **Access to Care** refers to the ability of having timely use of personal health services to achieve the best health outcomes
2. **Care Coordination** refers to a "function that helps ensure that the beneficiaries' needs and preferences for health services and information sharing across people, functions, and sites are met over time"*
3. **Family Participation/Satisfaction** encompasses the range of interactions that beneficiaries have with the health care system, including their CCS and WCM county programs, Medi-Cal MCP, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities
4. **Clinical Quality of Care** refers to the degree to which health care services for individuals and populations increase the likelihood of a desired health outcome and are consistent with current professional knowledge
5. **Utilization** refers to ensuring beneficiaries receive the proper care and requires services without over or under using resources
6. **Transition to Adulthood** refers to the process of preparing adolescents and families to move from a pediatric to an adult model of care

* Care Coordination Endorsement Maintenance, NQF

Survey Results | Domains

- For Domains, a summary of responses included:
  - Total responses received: 18
  - Across all proposed Domains, Subcommittee members agreed the Domains should be included (range = 89%-100% for each)
  - Many of the suggested Domains in the survey overlap with the proposed Domains in the homework

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Tier 1: CCS Redesign Quality Roadmap

January 1, 2025

- Implementation begins January 1, 2025
- January 1 Dashboard will include existing *demographic data* based on Measurement Year (MY) 2024

2026

- Depending on data availability, MCPs and CCS programs submit MY 2025 data to DHCS
- When possible DHCS will pull the data

2027

- Data and reporting is published to dashboard on DHCS website for MY 2025

2028+

- Considerations for benchmarking begins

Presently available *demographic data* outlined on the next slide

Presently Available Demographic Data

- For January 1, 2025, implementation, a subset of the following demographic data will be considered for the first iteration of the CCS dashboard:

Dimensions	Dimension Stratification Groups/Categories
Delivery System	Fee-For-Service, Managed Care
Age/ **Age (based on measure/clinical guidelines)**	For example: 0-20/ For example: immunizations are recommended by age 13
Ethnicity	Hispanic or Latino Not Hispanic or Latino Asked but Not Answered/Unknown
Race	American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Some Other Race Two or More Races Hispanic or Latino - No Other Race Asked but Not Answered/Unknown

Presently Available Demographic Data (continued)

Dimensions	Dimension Stratification Groups/Categories
Sex	DHCS recognizes that male/female categories do not include all gender identities with which a person may identify. DHCS is updating its processes and collecting more self-reported information about Medi-Cal beneficiaries' gender identities, but the data are currently incomplete.
Primary Spoken Language	American Sign Language (ASL), Arabic, Armenian, Cambodian, Chinese_Cantonese, Chinese_Mandarin, Chinese_Other, English, Farsi, Hmong, Korean, Other, Russian, Spanish, Tagalog, Vietnamese, Unknown Alternative Grouping: English, Spanish, Other, Unknown

Presently Available Demographic Data (continued)

Dimensions	Dimension Stratification Groups/Categories
Aid Code	Most common grouping: Aged/Blind/Disabled Children Former Foster Youth Foster Care Low Income Families MCHIP Not Medi-Cal Other Presumptive Eligibility SCHIP

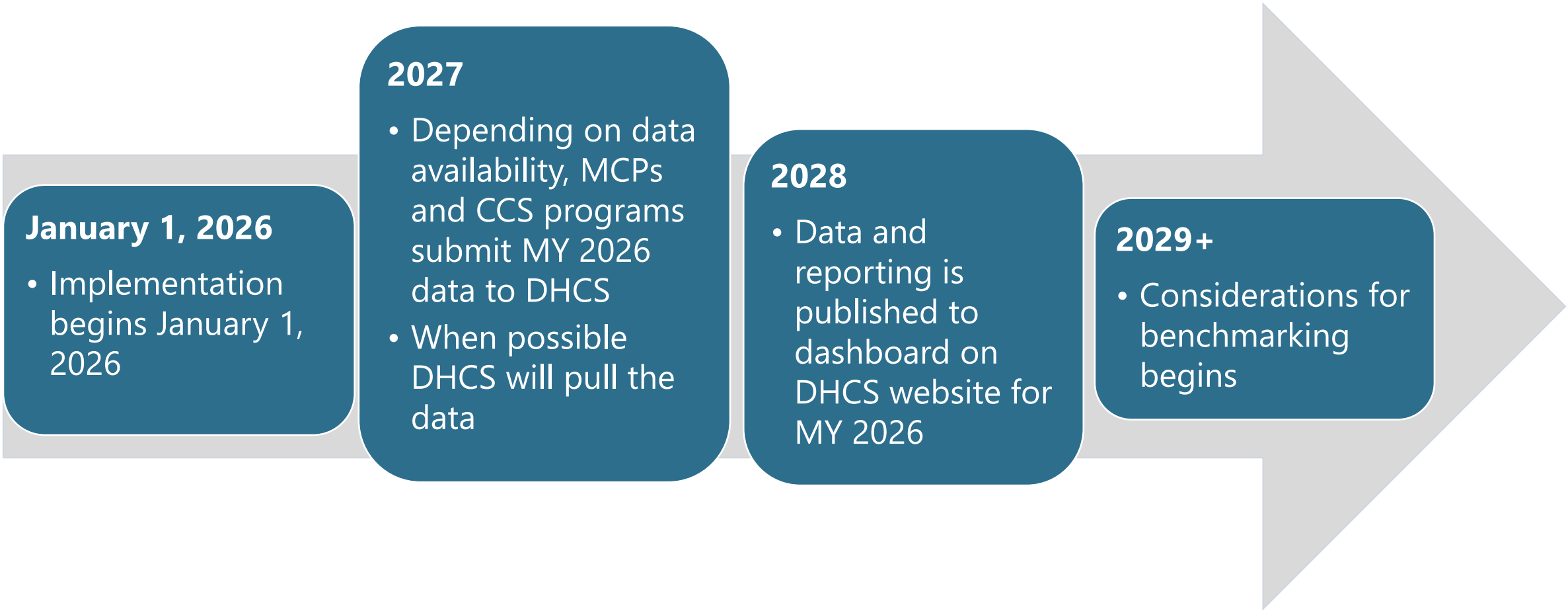
Presently Available Demographic Data (continued)

Dimensions	Dimension Stratification Groups/Categories
County	Most common grouping: County of Responsibility Also used: County of Residence, County in which plan operates
Healthy Places Index	Healthy Places Index (HPI) - a higher quartile indicates more healthy community conditions. Reported by Quartile 1 - Quartile 4.
Population Density	Medical Service Study Areas (MSSA) describe the number of people per square mile within one or more census tracts. Frontier Rural Urban Unknown

Presently Available Demographic Data (continued)

Dimensions	Dimension Stratification Groups/Categories
Plan	Choose one type: Plan Code, Plan Parent, HEDIS Reporting Unit, Special Plan, [Other…]
CCS	Most common groupings: Classic CCS, WCM, non-CCS
Foster Care	Based on linked CDSS-DHCS data: Open Child Welfare, Foster Care (Out-of-Home Placement), Former Foster Youth, Other
Year/Month	Based on participation/enrollment dates or dates of service

Tier 2: CCS Redesign Quality Roadmap



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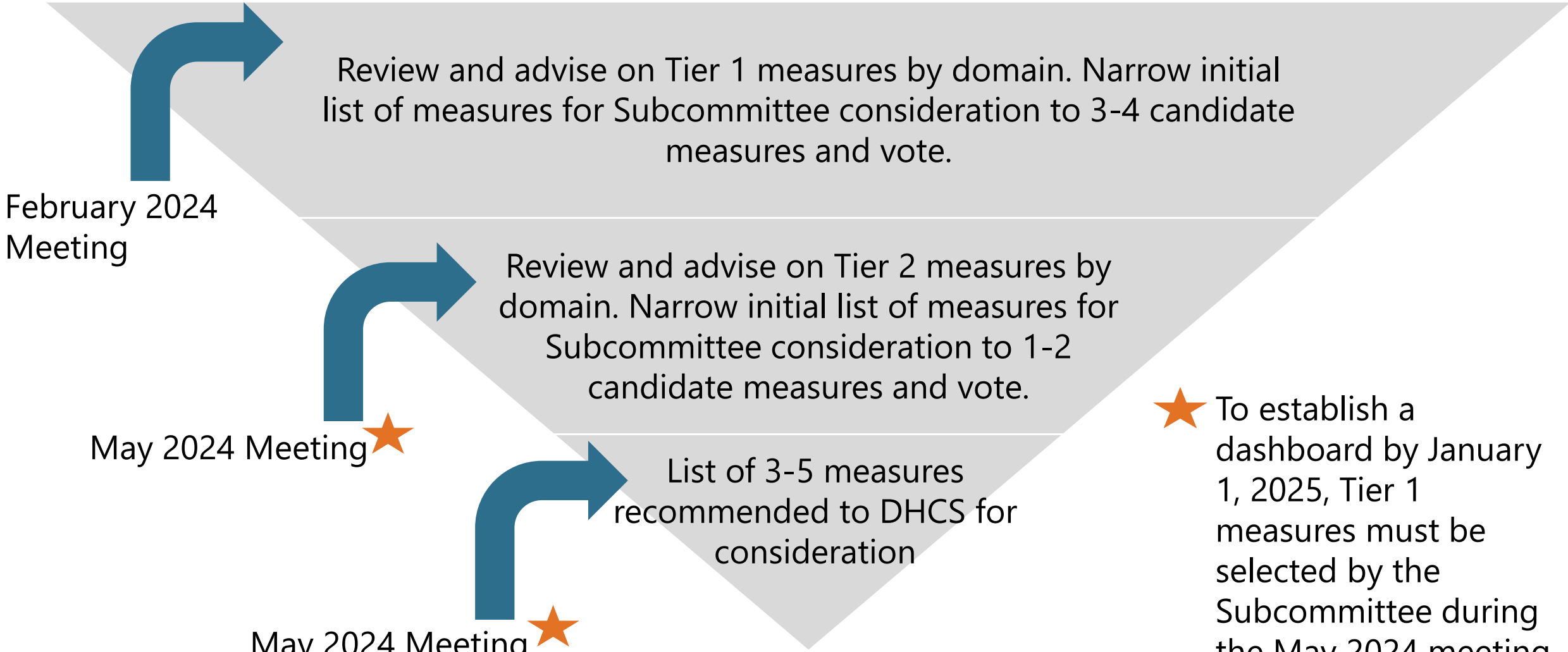
Measure Selection Process

- This process will be iterative, and continuous conversation during and between meetings is required to recommend a comprehensive and parsimonious set of 3-5 measures
- Throughout this process, recommendations that are not presently feasible will be included for future consideration

Measure Selection Process (continued)



★ To establish a dashboard by January 1, 2025, Tier 1 measures must be selected by the Subcommittee during the May 2024 meeting

Voting Process

- **Candidate measures** are measures that will be considered in the voting process
- Voting will occur to establish a list of Tier 1 and Tier 2 measures that will be recommended to DHCS for implementation. For each Tier, once a list of candidate measures is established the following will take place:
  - Subcommittee members will vote "yes" or "no" for each measure
    - If a measure receives a "yes" vote from 60% or more of the Committee, it will be considered as a recommendation to DHCS for the final measure set
    - If a measure receives a 40-59% "yes" vote, see next slide
    - If a measure receives <39% "yes" vote, it will be removed from the list of measures being considered

Voting Process (continued)

- For measures that received a 40-59% “yes” vote further Subcommittee discussion is required. Once Subcommittee discussion for these measures ends another vote will occur.
  - If a measure receives a “yes” vote from 60% or more of the Committee, it will be considered as a recommendation to DHCS for the final measure set
  - If a measure receives less than 60% of the “yes” vote in this round, it will be removed from the list of measures being considered

Workgroup Discussion

Agenda

Welcome and Meeting Information	1:00-1:10
Roll Call	1:10-1:15
Background and Authorizing Statute	1:15-1:25
August Meeting Summary and DHCS Decision Points	1:25-1:40
Overview of Terminology and Methodologies	1:40-2:10
Criteria for Measure Selection	2:10-2:40
Tiered Approach for Measure Selection	2:40-3:20
Break	3:20-3:30
Domains	3:30-4:00
Roadmap	4:00-4:20
Measure Selection Process	4:20-4:40
Public Comment	4:40-4:50
Next Steps	4:50-5:00

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Next Steps

- Meeting Summary
- Pre-Work

Contact Information

- For more information, questions, or feedback regarding the CCS Redesign Performance Measure Quality Subcommittee please email Alex Kanemaru Alex.kanemaru@dhcs.ca.gov
- For assistance in joining the CCS Redesign Performance Measure Quality Subcommittee meetings, including information about meeting details and obtaining assistive services, please email CCSProgram@dhcs.ca.gov with the Subject Line: "CCS Redesign Performance Measure Quality Subcommittee"

Thank you

Appendices

Key Terms: Quality Measures

- **Effectuate:** To put the measures into operation
- **Quality measure**: Tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care
  - Goals include: effective, safe, efficient, patient-centered, equitable, and timely care*
- **Elements of a quality measure**:
  - Title and description of what the measure is
  - Numerator: the subset of the denominator population for which a clinical action or outcome of care occurs
  - Denominator: includes the population eligible for the services or outcomes assessed in the measure
    - Some measures include exceptions/exclusions
- "Quality measure" and "performance measure" are often used interchangeably

* Quality Measures Definition, Centers for Medicare and Medicaid (2023)

Key Terms: Types of Quality Measures

The following outlines the different types of quality measures that are commonly used:

1. **Structural:** Characteristics of the organization, such as facilities, staff, and equipment.
2. **Process:** Focuses on steps that should be followed to provide quality care. There should be evidence-based best practices for when the process is executed well, will increase the probability of achieving a desired outcome.*^
3. **Outcome:** Evaluate impact of service or intervention. Often multifactorial and can take time to improve.
4. **Patient Experience:** Reflect the beneficiary's perspective related to their experience (interactions with health system) and satisfaction (evaluation of the care provided, relative to their expectations)

* Types of Measures, Centers for Medicare and Medicaid (2023)
^ What are the Types of Quality Measures?, NCQA (2016)

2018 CCS Domains and Performance Measures

Access to Care
Percentage of children and youth with special health care needs (CYSHCN) 1 – 19 years of age who had a visit with a primary care provider/practitioner (PCP) during the calendar year*
Percentage of CCS-enrolled children 12 years of age and older who were screened within a calendar year for clinical depression using a standardized tool and, if screened positive, who received follow-up care Percentage of CCS-enrolled children 12 years of age and older who screened positive for depression within the calendar year and received follow-up care within 30 days
Utilization of out-patient (OP) visits for CYSHCN Utilization of prescriptions for CYSHCN Utilization of mental health services for CYSHCN

* Similarly, for CCS Monitoring and Oversight Program efforts the measure “Percentage of CCS beneficiaries who had an annual authorized Specialty Care Center (SCC)/Specialist visit” has been proposed as part of the Quarterly Reporting process.

2018 CCS Domains and Performance Measures

Care Coordination
Percentage of CYSHCN with select conditions (cystic fibrosis, hemophilia, sickle cell, leukemia, diabetes) who have a documented visit with a SCC within 90-days of referral
The number of acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30-days; and had a predicted probability of an acute readmission for CCS enrolled children <21 years of age
Utilization of emergency room (ER) visits for CYSHCN Utilization of ER visits with an IP admission for CYSHCN Utilization of IP admissions for CYSHCN
Percentage of CYSHCN discharged from a hospital who had at least 1 follow-up contact with a PCP or Specialist or visit (face-to-face or telemedicine) within 28 days post-discharge

2018 CCS Domains and Performance Measures

Family Participation (Family-Centered Care)
• Family satisfaction by annual survey • Family participation by annual survey
Quality of Care
Percentage of CYSHCN at 2 years of age who had appropriate childhood immunizations
Percentage of CYSHCN with type 1 or type 2 diabetes mellitus who had a most recent hemoglobin A1c (HbA1c) <8%
Transition Services
CYSHCN 14+ years of age who are expected to have chronic health conditions that will extend past their 21st birthday will have biannual review for long-term transition planning to adulthood