

# Medi-Cal Children's Healthcare Advisory Panel (MCHAP) - Pediatric Dashboard Subcommittee Responses to the Draft Dashboard August 21, 2015

## Measure 1 - Total Medi-Cal Enrollment, Age 0-21

- Commenter 1 - Present graph as did 4a and 4b. (horizontal instead of vertical) to allow more data (exact numbers of kids at each month)
- Commenter 2 - Please provide raw data

## Measure 2 – Delivery System for Children Enrolled in Medi-Cal

- Commenter 1 - Present graph as did 4a and 4b. (horizontal instead of vertical) to allow more data (exact numbers of kids at each month)
- Commenter 2 - Please provide raw data

## Measure 3 – Demographics

- Commenter 1 - At minimum, this data should be presented for previous number of months since last update. So if updating dashboard every three months, present three months of data.
- Commenter 2 - Please provide raw data

## Measure 4 – Immunization Rate: a) Combination 3: Children b) Combination 1: Adolescents

- Commenter 1
  - I like that this has the visual info and the percentages, and the high, low performance and Medi-Cal average. My favorite graph! (I don't know about others but I've forgot what is a weighted average vs. average so if room might want to define). Lots of good info in this one (or not so good info when considering content...)
  - Is this a complete list of all Managed Care plans for kids?
  - If Kaiser - North is the same thing as Kaiser - Sacramento, I'd say use the term Kaiser - North instead (easier for someone like me to realize that is describing multi counties)
  - Unfortunately, it would make sense to go back to demographic data by plan before presenting specific data (immunizations, patient satisfaction). In other words, people need to know how many kids are in each plan to really understand what 4 and 6 mean. Add a graph that shows enrollment numbers by plan. Then list graphs that have specific info about the plans (immunization, satisfaction, etc.).
  - If room, remind people that this does not include kids covered by FFS.

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- Present the same data by county for kids in FFS. If don't have data accessible, figure out how to get it. If is worth presenting for MC, is worth presenting for the other program.
- Commenter 2 - Please provide context about what steps are being taken to address immunization scores below MPL. Please also consider a rotating list of indicators, including immunization rates and others, from the CHIPRA Child Core Set

## Measure 5 – Potential Access Measures

- Commenter 1 – No comments
- Commenter 2 – Please provide Data

## Measure 6 – Consumer Satisfaction: Personal Doctor

- Commenter 1 - More detail would be nice. What was the specific question? Or was it a consolidation of several questions? If possible would be nice to have the questions listed or summarized.
- Commenter 2 - Please provide context/analysis of what an acceptable consumer satisfaction rating should be and what steps are being taken to address low scores

## Other Comments

- Commenter 1
  - Basic thoughts that relate to all data presented:
  - Definitions (as much as possible keep it consistent or clarify when changing them):
  - Children - What age range defines children?
  - Ages: 0 -17? 0 - 18? I do not think it should be 0 - 21. What age do most non-disabled kids age out based on program rules?
  - 18? That age should be the cut off
  - Subgroup Ages: Are there standard age range breakdowns? 0-7?
  - 8-12? 13-17?
  - Keep it consistent as much as possible.
  - Adolescent (graph 4) - What age range defines Adolescent?
  - Medi-Cal - How are we defining Med-Cal?
  - EPSDT?
  - Full Scope Managed Care?
  - Fee For Service?

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- All grouped together?
- (I think as much as possible data for both FFS and MC should be presented on each topic, though presented separately since the coverage is so dramatically different)
- Keeping Data up to date:
  - As much as possible the data should reflect current information (up to the previous month). In the draft the basic demographic data presented is several months behind. I hope all these basic numbers can be updated on the dashboard monthly and if only quarterly that they at least present current data (that there is not a five month lag).
- Visual Graph versus Actual Numbers:
  - With really important information, such as the number of kids enrolled, make sure the graphing format allows for actual the numbers to be presented. Or use the graphs like in example 1 and 2 and add a small separate chart at the bottom that lists the numbers from the past few months at minimum.
- Verbal description of Graph:
  - On all graphs include a paragraph description of what is being shown.
- Commenter 2
  - See letter submitted separately with additional comments and suggestions (Letter from Children NOW/Coalition)
    - Clearly articulate the Dashboard objective(s) and audience(s).
    - Provide context for the Dashboard data.
    - Display data variation across plans, geography and sub-populations.
    - Incorporate data on timely access to care and Medical Home for children.
    - Add mental health indicators to the Dashboard.
    - Present the data on access to dental care.
    - Focus on consumer (patient/parent) perception of services received.
    - Establish a process and timeline for future Dashboard iterations and opportunities for feedback.