DEVELOPING CRITERIA FOR PROBLEM/ISSUE PRIORITIZATION

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Benefits of the Formal Prioritization Process

- Facilitates a systematic, rational and transparent decision-making process

- Assures a fair and inclusive decision-making process that generates priorities reflecting values and opinions of all stakeholders

- Assures that recommended actions impact a greater number of CSHCNs and have the greatest impact on child and family function

- Identifies a manageable number of priorities

Utility of Prioritization Process in Targeting CSHCN System Goals

Coordination

Access

Medical Home
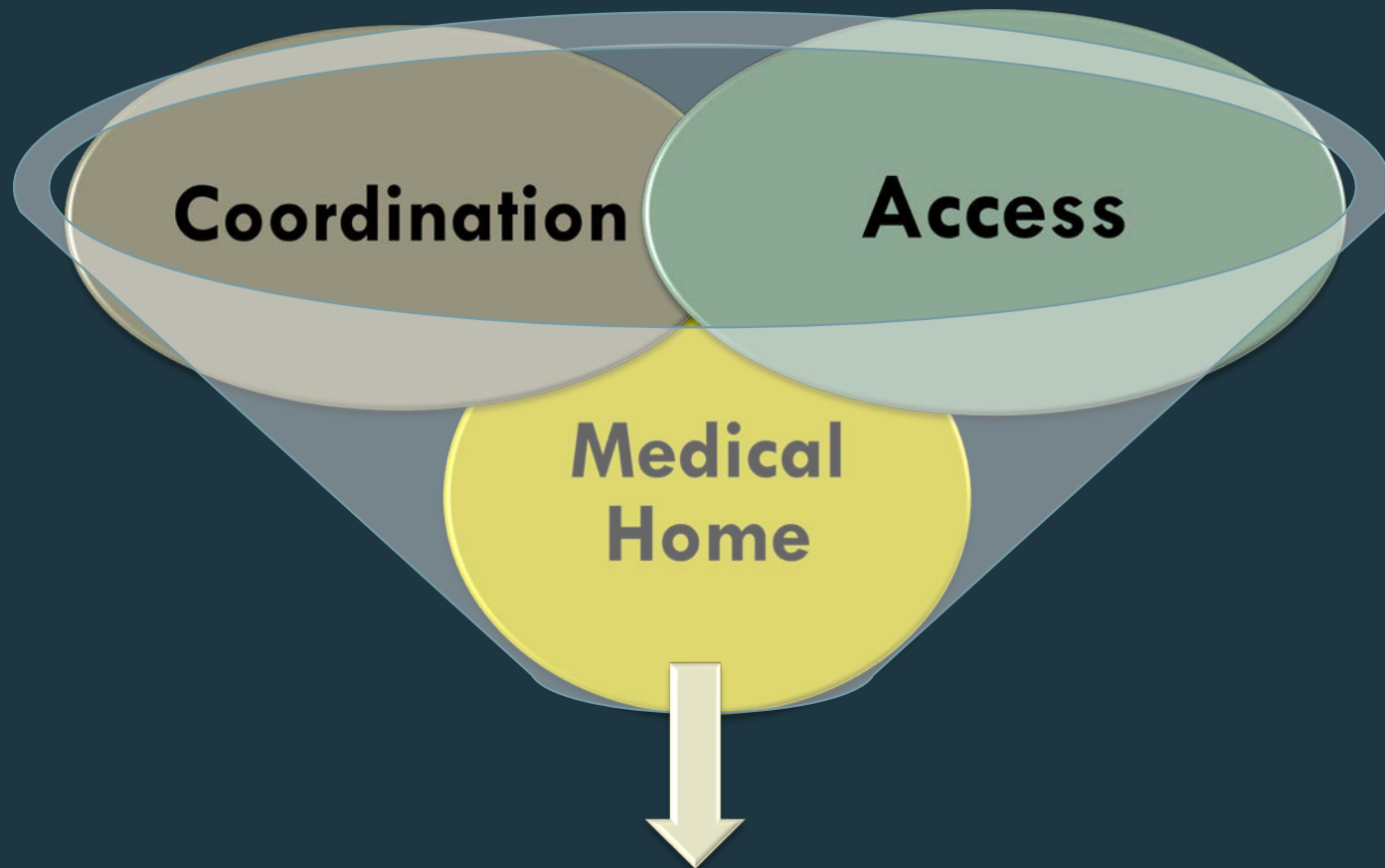
Designed to streamline priority setting process with multiple problems and diversity among participants.

To set priorities stakeholders will…

- Select and define criteria

- Engage in a thorough discussion of criteria

- Select manageable number of criteria

- "Buy into" the process of criteria selection

Example Criteria

- Problem results in great cost (disability or expense)
- Effective intervention available
- Unacceptable disparities among population subgroups
- Problem is significantly worse than benchmark or worsening
- There is impetus for change
- Many CCS Families affected

Develop Criterion Scoring Scales

A numeric scale is developed for each criterion with an explicit definition for each value.

Sample Criterion: Problem results in great cost to child/ family/program

1 = Problem does **NOT** result in significant cost

2 = Some cost to child/family **OR** program

3 = High cost to child/family **OR** program

4 = High cost to **BOTH** child/family **AND** program

Weigh the Criteria

Level of Importance

How important are the criteria relative to each other? Are some criteria more important than others?

Weighted Criterion

1= important

2 = very important

3 = extremely important

Individuals Rate Problems/Issues

- Individually stakeholders apply the criteria using agreed upon scoring and weighting values
- Apply the criteria to the problem to determine the numeric **score** using a scale of 1 through 5
- Multiply the numeric score by the **weight** for that criterion

  1 = Important

  2 = Very important

  3 = Most important

Example of Individual Scoring

PROBLEM/ ISSUE	CRITERIA (Score x Weight)		Total
	Severity of Consequences (2)	Problem is Increasing (3)	
Lack of provider knowledge about eligibility	4 x 2 = 8	4 x 3 = 12	20
Lack of a medical home	5 x 2 = 10	2 x 3 = 6	16

Scores are Summed to Produce Group Ranking

PROBLEM/ISSUE	# of PARTICIPANTS				Total
	1 +	2 +	3 +	4 =	
Lack of services for transition to adulthood	9	12	9	6	36
Lack of a medical home	16	12	6	12	46
Access to medical equipment	4	6	12	6	30
Providers lack knowledge about eligibility	20	15	15	6	66

Rank Problems & Confirm Agreement

Highest Score = Top Ranked Issue

From previous example	
Providers lack of knowledge about eligibility	66
Lack of medical home	46
Lack of services for transition to adulthood	36
Family access to medical equipment	30

6 Prioritization Criteria from 2014-2015 Needs Assessment

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

2. Does addressing the issue reduce disparities?

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

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

5. Does addressing the issue enhance family-centered care?

6. Are there evidence-based/best practices to address the issue that will improve the health outcomes of the child enrolled in CCS?

Prioritization Criteria #1 Rating Scale

0 = Addressing issue <u>WOULD NOT</u> positively affect any group (families, providers or the program)

1 = Addressing the issue would positively affect only <u>ONE</u> of the groups (families <u>OR</u> providers <u>OR</u> the program)

2 = Addressing the issue would positively affect providers <u>AND</u> the program

3 = Addressing the issue would positively impact families <u>AND</u> one other group (providers <u>OR</u> the program)

4 = Addressing the issue would positively affect <u>ALL THREE</u> of the groups (families, providers, and the program)

Prioritization Criteria #1

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

Weight: 3

Definition/Concepts: Addressing the issue would <u>increase satisfaction</u> for one or more of these groups. For example, improving access to specialists would increase satisfaction for families; reducing paper work burden would increase providers' work satisfaction; improving wrap-around services would increase program satisfaction.

Prioritization Criteria #2 Rating Scale

0 = **NO** group is disproportionately affected by the issue

1 = **One or more** group(s) is disproportionately affected by the problem, but the differences are **NOT statistically significant**.

2 = **Statistically significant** differences exist in **one** group

3 = **Statistically significant** differences exist in **more than one group**

4 = **Statistically significant** differences exist in **one or more** groups **AND** impacts a large portion of the affected population

Prioritization Criteria #2

Does addressing the issue reduce disparities?

Weight: 2

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 or have poorer outcomes and that addressing the problem would <u>reduce unequal impacts</u>.

Prioritization Criteria #3 Rating Scale

0 = Addressing the issue does **NOT** enhance continuity and coordination of care

1 = Addressing the issue provides **SOME** enhancement to continuity and coordination of care

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

3 = Addressing the issue **enhances** continuity and the coordination of care for **more than half** of the population

4 = Addressing the issues **assures** continuity and coordination of care for all CCS clients

Prioritization Criteria #3

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

Weight: 3

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.

Prioritization Criteria #4 Rating Scale

0 = Addressing the issue will <u>NOT</u> improve the timeliness and efficiency of providing care

1 = Addressing the issue improves the timeliness and/or efficiency of providing care for <u>ONE</u> group (families <u>OR</u> providers <u>OR</u> the program)

2 = Addressing the issue improves the timeliness and/or efficiency of providing care for providers <u>AND</u> the program

3 = Addressing the issue improves the timeliness and/or efficiency of providing care for families <u>AND</u> one other group (providers OR the program)

4 = Addressing the issue improves the timeliness and/or efficiency of providing care <u>ALL THREE</u> of the groups (families, providers, and the program)

Prioritization Criteria #4

Weight: 1

Definition/Concepts: Enhancing the systematic efficiency of the program could mean reducing the cost of care; greater resource efficacy to save money and/or increase productivity; improved system navigation across counties and payers for families; and improved program administration.

Prioritization Criteria #5 Rating Scale

0 = Addressing the issue does **NOT** enhance family-centered care.

1 = Addressing the issue **partially enhances** family-centered care.

2 = Addressing the issue **enhances** family-centered care for less than half of the family population.

3 = Addressing the issue **enhances** family-centered care for more than half of the family population.

4 = Addressing the issue provides **enhancements** in family-centered care for the entire population.

Prioritization Criteria #5

Does addressing the issue enhance family-centered care?

Weight: 3

Definition/Concepts: Family-centered care is a standard of practice in which families are respected as equal partners by health professionals. Families and providers work together to create a care plan and families' needs are incorporated into the delivery of health care services. Families also receive timely, complete and accurate information in order to participate in shared decision-making. Family-centered care is based on the understanding that the family is at the center of the child's health and well-being and emphasizes the strengths, cultures, traditions, and expertise that each individual brings to the relationship.

Prioritization Criteria #6 Rating Scale

0 = There is <u>NO</u> evidence-based/best practice intervention available.

1 = There is/are best practice(s) that have been shown to have a <u>limited impact</u> on the health outcomes of the CCS-enrolled child.

2 = There is/are best practice(s) that has/have a <u>limited impact.</u>

3 = There is/are best practice(s) that has/have been shown to have a <u>broad impact.</u>

4 = There is/are evidence-based interventions that have a <u>broad impact</u>.

Prioritization Criteria #6

Are there evidence-based/best practices to address the issue that will improve the health outcomes of the child enrolled in CCS?

Weight: 3

Definition/Concepts: Health outcomes include physical and mental health as well as the overall quality of life for the child, their family, and their community. Evidence based means support in research/evaluation literature. Best practices have not been formally validated but are recommended by experts or by informal evaluations of local, state or national programs. Additionally expanding enrollment of CCS-eligible children may improve outcomes by providing access to needed care.