California Children's Services Program Redesign:

Redesign Stakeholder Advisory Board Meeting #2

January 23, 2015





Agenda

10:00-10:30 10:30-10:50	Registration Welcome and Purpose Statements - Overview of Today's Meeting Focus
	 Goals and Considerations for the Redesign Discussions CCS Data Availability
10:50-11:10	Vision for the CCS Program, Survey Results, & Technical Workgroup Topics
11:10-12:10	CCS Program Components that are "Working Well"
12:10-12:40	Lunch Break
12:40-1:40	CCS Program Components that "Can Be Improved"
1:40-1:50	Break, Light Refreshments
1:50-2:50	Additional Work Needed to Make Recommendations
2:50-3:15	Reflections about the Goals identified for the CCS Program
	& CCS Population
3:15-3:35	RSAB Members Questions and Comments
3:35-3:55	Public Comments
3:55-4:00	Wrap-Up, Closing and Next Steps





Overview of Today's Meeting Focus

Dylan Roby, UCLA





Updates

- Posting of stakeholder letters & proposals
- Addition of new members
- Website updates
 - Meeting materials, summary notes, list of members
 - Full Results of Stakeholder Surveys
- Next meeting: Oakland March 20, 2015
 - Thanks to the Lucille Packard Foundation for Children's Health





Goals and Considerations for the Redesign Discussions





DHCS Restated Goals

- 1. Patient & Family Centered Approach
 - Comprehensive, Whole-Child approach
- Improve Care Coordination through an Organized Delivery System
 - Integrate primary, specialty, inpatient, and behavioral health care to improve care experience
- 3. Maintain Quality
 - Use standards & outcome measures specific to CCS





DHCS Restated Goals

4. Streamline Care Delivery

Improve efficiency and effectiveness of CCS

5. Build on Lessons Learned

Learn from previous efforts, current CCS pilots, & delivery system changes in other parts of Medi-Cal

6. Cost Effective

Spending cannot exceed projected costs in the absence of reform, consider simplifying structure and payment to support value and coordinated approach





Goals Reported by RSAB Members:

- Whole Child Focus
- Care coordination and family involvement
- Maintain standards and expectations (e.g. in the NICU)
- Better reimbursement
- Increase access
- Improve digital documentation
- Establish a better financial model
- Make navigation easier for families

- Align physician incentives with goals of the program/quality
- CCS Should be "care driven" rather than fiscally driven
- Pediatric specialists
- Maintaining Medical Therapy Program (MTP)





Today's Activities

- Brainstorming / Road Mapping
 - The Vision for CCS
- Starting with Stakeholder Survey Responses
 - Focus on Goals, Successes and Areas for Improvement
 - > We hope to expand and elaborate on certain points
 - Obtain consensus and trim down other concepts
- Identify Workgroup Topics





CCS Data Availability

Anastasia Dodson, DHCS Louis Rico, DHCS





RSAB and DHCS Data Needs

- DHCS will be facilitating access to CCS data for the public and RSAB members
- Data Technical Workgroup is being set up as resource to RSAB and redesign process
 - Activities should start in early February
- DHCS will be posting CCS data in a deidentified, aggregate format





Data Workgroup

- Potential Members
- Will help DHCS and RSAB to identify priorities and respond to requests
 - Based on what is possible, and
 - What Stanford or DHCS can do.
- Advising DHCS and RSAB on current data issues and making recommendations on future data capacity and needs





Preliminary Data

Purpose:

- Quickly share sample datasets to demonstrate types of aggregate FFS data currently available.
- Explain how we can associate claims level data to the CCS Eligible condition.
- Use for discussion and development of more meaningful datasets to support CCS Redesign.



Sample Data Organization

- CCS\Medi-Cal FFS Population CY 2012
- 4 County Sample for Larger Sourced Datasets (Alameda, Fresno, Los Angeles, Santa Clara)
- Breakdown of County, Diagnosis Condition, and Sub-Condition
- Totals include both CCS authorized and non-CCS authorized FFS expenditures





Sample Data Organization

Continued....

- Areas of Interest
 - ✓ Claim Types
 - ✓ Category of Service
 - ✓ Provider Type
 - Revenue Codes, including NICU and PICU

Available in an Excel File





Sample Pivot Summary

CCS CY2012 Fee For Service Expenditures by County, Diagnosis and Category of Service (4 County Sample)

Resident County	(AII)	
Category of Service Code Desc (C1r)	(AII)	

CCS Diagnosis	Clients (Supressed)	Reimbursment
⊞ Blood and Blood-Forming Organs	5,760	\$119,259,979
⊞ Circulatory System	5,978	\$27,345,310
⊞ Complications of Pregnancy, Childbirth and Puerperium	0	\$414,558
⊞ Conditions in the Perinatal Period	12,598	\$90,576,302
□ Congenital Anomalies	42,991	\$134,970,870
Anomalies of Abdominal Wall	322	\$7,266,171
Biliary Atresca	296	\$2,552,909
Cardiac - Congenital Anomalies	14,088	\$58,457,863
Cleft Palate/Lip	7,401	\$9,498,494
Congenital Hydrocephalus	547	\$2,105,134
Diaphragmetic - Anomalies	38	\$1,748,535
Other	18,896	\$49,267,227
Spina Bifida	1,403	\$4,074,537





Vision for the CCS Program,
Survey Results, & Technical Workgroup
Topics

Dylan Roby, UCLA Jess Schumer, UCLA





Developing the Vision for CCS

- Build from CCS Components and Goals
 - > 1st session: Components that are working well
 - ≥ 2nd session: Components that need improvement
- Graphic Facilitation from Leapfrog Consulting
 - > Format
 - Ground Rules
 - > Roles
 - Outcome





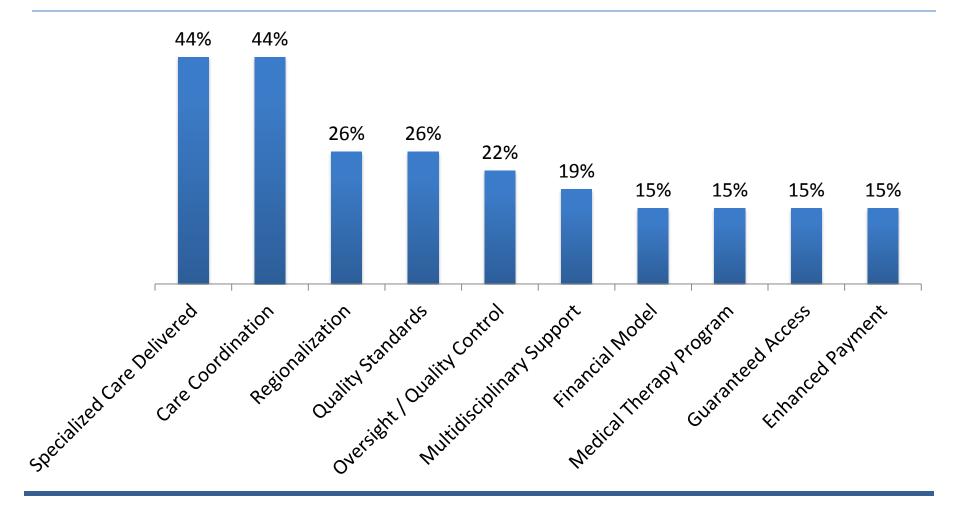
Survey Results Offer Starting Point

- In December of 2014, all RSAB members were asked to complete an online survey
- Questions were asked about specific components of the CCS program and the redesign process
- The complete survey results are available on the CCS Redesign Websites





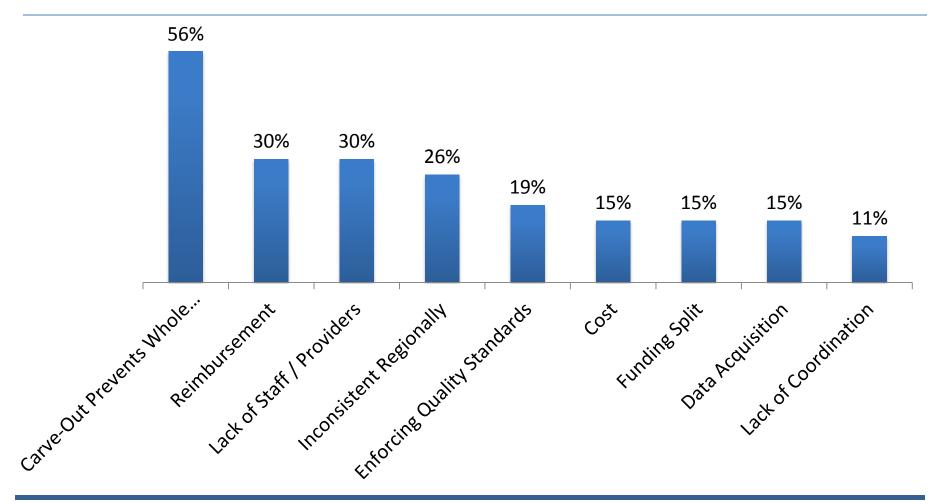
What is Working: Top 10 Successes







Areas for Improvement: Top Challenges







Message from Survey

- Diverse opinions
- Everyone is interested in making the CCS program better, but there is disagreement in what needs to be improved, and how to do it
- Interest in whole child focus, improving pediatric care capacity and reimbursement, data, and integration internally and with other programs (MTP).





Facilitated Discussion:
CCS Program components that
are working well

Neal Halfon, UCLA





Lunch Break





Facilitated Discussion:
CCS Program components
that can be improved

Dylan Roby, UCLA





Break, Light Refreshments





Facilitated Discussion:
Additional Work Needed to Make
Recommendations

Jess Schumer, UCLA
Dylan Roby, UCLA





Key Questions:

- What do we need to know?
- What models and options should we review?
- What type of information and activity would help us?
 - Technical Workgroups
 - Specific Information and Models
 - External insight / advice





Reflections about the Goals identified for the CCS Program & Population

> Jess Schumer, UCLA Louis Rico, DHCS





RSAB Members

Questions and Comments

Moderator: Dylan Roby, UCLA





Public Comments

Moderators: Dylan Roby, UCLA and Louis Rico, DHCS





Wrap-Up, Closing and Next Steps

Dylan Roby, UCLA Louis Rico, DHCS





Information and Questions

- For information please visit:
 - healthpolicy.ucla.edu/ccs or http://www.dhcs.ca.gov/services/ccs/Pages/CCSStakeholderProcess.aspx
- Please contact the UCLA CCS Redesign Team with questions and/or suggestions:
 - CHPR_CCS@em.ucla.edu or CCSRedesign@dhcs.ca.gov
- If you want to be added to the DHCS Stakeholder email list, please visit:
 - http://www.dhcs.ca.gov/Pages/DHCSListServ.aspx



