August 20, 2015

Anastasia Dodson
Associate Director for Policy
Department of Health Care Services

Dr. Linette Scott
Deputy Director and Chief Medical Information Officer
Department of Health Care Services

Delivered via email: MCHAP@dhcs.ca.gov

RE: Comments on the Medi-Cal Children's Health Dashboard

Dear Ms. Dodson & Dr. Scott

The undersigned organizations are pleased to provide these comments to the Department of Health Care Services (DHCS) on the Medi-Cal Children's Health Dashboard (May 20, 2015 Data Report), that was first presented at the May 22, 2015 Medi-Cal Children's Health Advisory Panel (MCHAP) and subsequently discussed with the MCHAP Pediatric Dashboard Subcommittee on July 29, 2015, where an invitation for feedback on the Dashboard was solicited.

Foremost, we appreciate this good faith effort that DHCS has engaged in with MCHAP on the development of a Medi-Cal Children's Health Dashboard. We are heartened that DHCS and MCHAP members find value in a Children's Health Dashboard, especially as a mechanism for taking a snapshot of Medi-Cal's performance in serving children in order to trigger focused discussions about problem areas or weaknesses in the delivery system, strategies for improvement, and timely policy corrections to address or pre-empt deficiencies. In that spirit we offer the following recommendations:

- **Clearly articulate the Dashboard objective(s) and audience(s).** As was discussed on the MCHAP Pediatric Dashboard Subcommittee call, clarifying the objective(s) and audience(s) for the Medi-Cal Children's Health Dashboard will help stakeholders offer the most valuable and appropriate feedback to DHCS. We believe that a clearly articulated objective statement at the top of the Dashboard will be a useful reminder about the purpose and goal of the Medi-Cal Children's Health Dashboard in the context of other dashboard and other data DHCS has made available to the public. For example, if the utility of the Medi-Cal Children's Health Dashboard is in presenting a snapshot of data and indicators that reflect "canaries in the coalmine" for purposes of identifying problems and actionable solutions or policy levers in a timely manner, then an articulation of that goal can help audiences process and digest the Dashboard with that lens and mindset. We offer the suggestion that the objective of the Dashboard should be: for the purpose of establishing a strong and consistent framework for analysis that DHCS and stakeholders can routinely use to assess the general and specific

performance of the Medi-Cal system as it relates to the care for children with the explicit function of identifying areas with unsatisfactory performance and in need of improvement.

- **Provide context for the Dashboard data.** We appreciate that DHCS is working to make data more available through the California Health and Human Services Open Data Portal, and that Dashboard data will mostly come from reports already in production by DHCS (rather than customized reports); however, we believe that the major feature lacking in the Dashboard is some context or editorial comment from DHCS about what the key takeaway(s) from any particular data presentation or indicator in each iteration of the Dashboard. In other words, what does this data or indicator tell us about how children are faring in Medi-Cal (or how well the Medi-Cal delivery system is performing for children)? Presenting data without a level of synthesis or analysis of the data (especially given the additional data and reports DHCS has available) is insufficient for the purposes of gauging system performance and progress. One possible way to consider an analysis would be to think about how the Dashboard data translates into a type of grade of how well (or poorly) Medi-Cal is doing in any given area. Again, a clearly articulated objective for the Dashboard coupled with a thoughtful analysis of the data could yield an important and meaningful mechanism for evaluating Medi-Cal's performance for children on a go-forward basis. We recommend that DHCS provide some summary analysis of the data for each section of the Dashboard, indicating what the key takeaway is from the data and how (if at all) DHCS will address or remedy and deficiency or weakness.

- **Display data variation across plans, geography, and sub-populations.** Given the diversity of California, it is not surprising that access and quality can vary across the Medi-Cal delivery system and population.[1] Where possible, we highly encourage DHCS to consider how to display data indicators in a way that meaningfully shows variation, disparities, or inequities by region, ethnicity/race and other relevant sub-divisions (age, children with special health care needs, etc.). We further suggest that DHCS provide the raw numbers for the indicators shown graphically (namely for the eligibility and enrollment and consumer satisfaction indicators) as some of the purely graphical representations are difficult to interpret based on the graph alone. In addition, given the understandable data lag in the External Accountability Set and HEDIS scores, we believe it would be useful to identify a subset of performance indicators from the CHIPRA Child Core Set to be rotated through future iterations of the Dashboard (e.g., immunizations, well child visits, developmental screenings, etc.).

- **Incorporate data on timely access to care and Medical Home for children.** We recommend that the Medi-Cal Children's Health Dashboard include data on timely

[1] For example, see "Healthcare Hot Spotting: Variation in Quality and Resource Use in California," Integrated Healthcare Association (July 2015), available at http://www.iha.org/pdfs_documents/resource_library/HEDIS-by-Geography-Issue-Brief-Final-20150729.pdf

access to care and access to a medical home and/or usual source of care. Especially in the context of managed care, it is important that children have timely access to the services and providers they need, including the full array of age-appropriate preventive services required under EPSDT and the Medi-Cal periodicity schedule. We believe that data specifically on children's timely access to care, the availability of child-serving Medi-Cal providers, and receipt of preventive services and well-child care is available from a number of sources, including the CMS-416 data, information collected by the Department of Managed Health Care, and the California Health Interview Survey (CHIS).

- **Add mental health indicators to the Dashboard.** While DHCS acknowledged that mental health indicators will be added to the Medi-Cal Children's Health Dashboard, we would just like to reiterate the importance of a meaningful Dashboard focus on mental health for children given the implications for overall child health and educational achievement. This further reflects our concern that, because of the somewhat fractured delivery system of mental health services for children in Medi-Cal, there may be barriers to children accessing the mental health services they need. We appreciate alignment of the Medi-Cal Children's Health Dashboard mental health services indicators with the work at DHCS on the Performance Outcomes System (POS) for EPSDT specialty mental health services.

- **Present the data on access to dental care.** We appreciate the Dashboard includes a section for indicators on access to dental care, and we are eager to review the data. We believe this is critical and urgent given the results of a December 2014 State Auditor report of Denti-Cal (Report 2013-125) and the fact that there is not another dental-specific statewide stakeholder forum or public dashboard with which to examine access to dental care for children in the context of overall child health in the Medi-Cal delivery systems.

- **Focus on consumer (patient/parent) perception of services received.** We concur with the May 20, 2015 comments from Dr. Jeff Fisch that there are elements of the CAHPS survey that get at specific aspects of service, including Overall Satisfaction with Health Plan, Access to Care, and Satisfaction with PCP. Data on the consumer perspective and experience is a crucial component of this Dashboard, and there should be some expectation for what a reasonable level of consumer satisfaction should be. For instance, the Consumer Satisfaction with Personal Doctor data presented in the Dashboard by health plan ranges from just over 50% to about 85%. Medi-Cal should strive for the highest level of consumer satisfaction, so providing a sense of what would be considered reasonable (e.g., 75%) would offer an opportunity to target low-performing health plans for improvement, or may reveal some themes or patterns indicative of deeper or more systemic problems.

- **Establish a process and timeline for future Dashboard iterations and opportunities for feedback.** It would be helpful for DHCS, in consultation with the MCHAP Pediatric Dashboard Subcommittee, to identify the frequency of future updates of the Dashboard (e.g., quarterly?), the expected practice for DHCS' public presentation

of the Dashboard findings (e.g., as part of MCHAP meetings?), and the timeline and process for accepting stakeholder feedback (i.e., how and when would DHCS like to accept feedback from stakeholders – as part of a discussion, written comments, etc.). Understanding how the Dashboard will formally fit in to DHCS' activities will enable stakeholders to situate themselves as helpful partners to DHCS.

Sincerely,

Ted Lempert
President
Children Now

Alex Johnson
Executive Director
Children's Defense Fund – California

Wendy Lazarus
Founder and Co-President
The Children's Partnership

Peter Manzo
President & CEO
United Ways of California

cc: - Members of the MCHAP Pediatric Dashboard Subcommittee
Jennifer Kent, Director, DHCS
Karen Johnson, Chief Deputy Director of Policy and Program Support, DHCS