Improve

SHARED RESPONSIBILITIES

Tools for Improving Quality of Care for Children with Special Health Care Needs

Organizational Readiness Measures

New England SERVE, September 2002

The purpose of this tool is to collect information on a health plan's current internal capacity to provide quality care to children with special health care needs. The information can be used to assess a health plan's organizational readiness and may be repeated over time to assess increasing capacity to serve children with special health care needs and their families.

This tool is designed to be used by the health plan to survey a broad range of knowledgeable staff in different operational areas (e.g., member services, clinical services/medical management, network contracting and administration), as well as other key internal stakeholders (e.g., board members, parent consultants, members of health plan advisory groups). All respondents may not be equally knowledgeable about each area of the survey, but they should be encouraged to answer as many questions as possible.

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Pediatric Expertise and Leadership

Does the health plan have pediatric expertise in the following areas?

- ❒ Medical Director
- ❒ Clinical services, including case management
- ❒ Boards of Directors/standing committees (e.g., medical advisory, quality improvement, patient care assessment)

Overall Assessment:

Please check the appropriate box to indicate your overall assessment of the health plan's current level of pediatric expertise and leadership.

- ❒ Strong
- ❒ Moderate
- ❒ Weak

Importance of Children's Health to Health Plan's Purchasers

Do purchasers highlight the needs of pediatric members?

- Does the health plan currently contract with any publicly funded health insurance programs that enroll children?
  - ❒ The state's Medicaid program?
  - ❒ The state's SCHIP (State Children's Health Insurance Program), if different from the state Medicaid agency?
  - ❒ Other?
- Do these contracts include any requirements for children with special health care needs? If yes, please describe.
- Do any of the health plan's other purchasers identify children as a special target population? If yes, please list the purchaser(s) and describe any requirements for this population.

Overall assessment:

Please check the appropriate box to indicate your overall assessment of the importance of children's health to the health plan's current purchasers.

- ❒ Strong
- ❒ Moderate
- ❒ Weak

Health Plan's Capacity to Influence its Care Delivery System

How does the health plan connect with its providers, vendors and members?

- How significant a payer is the health plan for most of its contracting pediatric providers?
  - ❒ A <u>minor</u> payer (i.e., a small proportion of most providers's patients are members of the health plan)
  - ❒ A <u>major</u> payer (i.e., a large proportion of most provider's patients are members of the health plan)
  - ❒ Wide variability (i.e., the health plan is a major payer for some providers and a minor payer for others)
  - ❒ Don't know

- How effective are current health plan methods for contacting and communicating with members? (Please consider the full range of health plan operational areas, from member services to case management and care coordination, and think about how these services are provided as well as how members are identified to receive these programs and services.)
- How closely does the health plan connect to its outside "carve-out" management vendors (e.g., behavioral health, pharmacy benefit manager, disease management, case management)?
- How does the health plan monitor the performance of each of its carve-out vendors?

Overall assessment:

Please check the appropriate box to indicate your overall assessment of the health plan's current capacity to influence its care delivery for children.

- ❒ Strong
- ❒ Moderate
- ❒ Weak

Health Plan Policies and Practices

How do existing policies and operational practices contribute to identifying and serving children with special needs?

- Does the health plan use claims data to identify children with special health care needs?
  - ❒ Yes, on a regular basis
  - ❒ Yes, sometimes
  - ❒ No
- Does the health plan use health risk assessments to identify children or youth with special needs?
- If *Yes*, once identified, how does the health plan use the information on children or youth (e.g., to determine appropriateness of enhanced care coordination, eligibility for specialized benefits)?
- Does the health plan recognize the acuity/chronicity/health status of pediatric members in its provider payment methods? If yes, please describe.
- Does the health plan target any of its member satisfaction surveys to specific pediatric populations with chronic health conditions?
- Does the health plan track member complaints regarding pediatric members in a systematic way and use this information for quality improvement purposes?
- Are the health plan's complaint mechanisms easy for members to use? On what basis can the health plan make this assessment?
- Does the health plan collect information from pediatric providers about how well its system works for their patients? What mechanisms does the health plan use to collect this information?

Overall Assessment:

Please check the appropriate box to indicate your overall assessment of the health plan's current policies and practices to support identifying and serving children with special health care needs.

- ❒ Strong
- ❒ Moderate
- ❒ Weak

Strength of the Health Plan's Existing Collaborations

How does the health plan currently build partnerships with consumers, providers or state agencies?

- What mechanisms does the health plan use to involve members and their families in its policymaking? How is consumer participation supported by the health plan?
- Does the health plan have an advisory group for child health services? Does this group also include expertise in adolescence?
- Does the health plan have significant working relationships with other organizations and/or state agencies interested in children's health? If so, what are they? Are these relationships formalized (e.g., in letters of agreement)?
- Does the health plan collaborate with other health plans and payers on quality improvement activities focused on children and youth? If so, what are these activities?
- Do members of the health plan's senior management team participate on any external working groups or bodies that are focused on children or youth? If so, what are the groups?

Overall Assessment:

Please check the appropriate box to indicate your overall assessment of the strength of the health plan's current collaborations with consumers, providers or state agencies.

- ❒ Strong
- ❒ Moderate
- ❒ Weak

For further information, contact:

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