DEVELOPING CRITERIA FOR PROBLEM/ISSUE PRIORITIZATION

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Purpose of the Formal Prioritization Process

- Direct resources to issues that have the greatest impact on child and family function
- Direct resources to areas that reflect the values and opinions of the stakeholder group
- Identify a manageable number of issues
- Assure a fair and inclusive process
- Facilitate a systematic, rational decision-making process
Utility of Prioritization Process

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
- Large # of CCS Families affected
A numeric scale is developed for each criterion with an explicit definition for each value.

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

- Problem does **NOT** result in significant cost
- **Some cost** to child/family **OR** program
- **High cost** to child/family **OR** program
- **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

<table>
<thead>
<tr>
<th>PROBLEM/ISSUE</th>
<th>CRITERIA (Score x Weight)</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Severity of Consequences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of provider knowledge about</td>
<td>4 x 2 = 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>eligibility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of a medical home</td>
<td>5 x 2 = 10</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Problem is Increasing</td>
<td>4 x 3 = 12</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>2 x 3 = 6</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>
Scores are Summed to Produce Group Ranking

<table>
<thead>
<tr>
<th>PROBLEM/ISSUE</th>
<th># of PARTICIPANTS</th>
<th></th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of services for transition to adulthood</td>
<td>9</td>
<td>12</td>
<td>9</td>
<td>6</td>
<td>36</td>
</tr>
<tr>
<td>Lack of a medical home</td>
<td>16</td>
<td>12</td>
<td>6</td>
<td>12</td>
<td>46</td>
</tr>
<tr>
<td>Access to medical equipment</td>
<td>4</td>
<td>6</td>
<td>12</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Providers lack knowledge about eligibility</td>
<td>20</td>
<td>15</td>
<td>15</td>
<td>6</td>
<td>66</td>
</tr>
<tr>
<td>Issue</td>
<td>Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providers lack of knowledge about eligibility</td>
<td>66</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Lack of medical home</td>
<td>46</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of services for transition to adulthood</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family access to medical equipment</td>
<td>30</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
6 Prioritization Criteria from 2009-2010 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 the clients’ relationships with providers?
6. There is a likelihood of success. Issue is amenable to prevention or intervention, and/or there is political will to address it
Prioritization Criteria #1

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

Weight: 3

Definition/Concepts: Addressing the issue would increase satisfaction for one or more of these groups. For example, improving access to specialists would increase satisfaction for families; reducing paper work burdens would make providers happier.
Prioritization Criteria #1 Rating Scale

1 = Addressing issue does **NOT** positively affect any group (families, providers or the program)

2 = Addressing the issue would positively affect only **ONE** of the groups (families **OR** providers **OR** the program)

3 = Addressing the issue would positively affect only the providers **AND** the program

4 = Addressing the issue would positively impact only the families **AND** one other group (providers **OR** the program)

5 = Addressing the issue would positively affect **ALL THREE** of the groups (families, providers, and the program)
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 and that addressing the problem would reduce unequal impacts.
**Prioritization Criteria #2 Rating Scale**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = <strong>NO</strong></td>
<td>group is disproportionately affected by the issue</td>
</tr>
<tr>
<td>2 = <strong>one or more</strong></td>
<td>group(s) is disproportionately affected by the problem, but the differences are <strong>NOT statistically significant</strong>.</td>
</tr>
<tr>
<td>3 = <strong>Statistically significant</strong></td>
<td>differences exist in <strong>one</strong> group</td>
</tr>
<tr>
<td>4 = <strong>Statistically significant</strong></td>
<td>differences exist in <strong>2 or more</strong> groups</td>
</tr>
<tr>
<td>5 = <strong>Statistically significant</strong></td>
<td>differences exist in <strong>one or more</strong> groups <strong>AND</strong> impacts a large portion of the affected population</td>
</tr>
</tbody>
</table>
Prioritization Criteria #3

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

Weight: 3

Definition/Concepts: Enhanced continuity and coordination of care could mean improving access to a regular provider for CCS children; improved coordination of referrals among needed providers; streamlined access and sharing of a child’s health record, facilitating authorization, and reauthorization of services among providers; and provide resources to help coordinate care and referrals.
1 = Addressing the issue does NOT enhance continuity and coordination of care
2 = Addressing the issue provides SOME enhancement to continuity and coordination of care
3 = Addressing the issue enhances continuity and the coordination of care for a small part of the population
4 = Addressing the issue enhances continuity and the coordination of care for a large part of the population
5 = Addressing the issues assures continuity and coordination of care for most if not all of the population
Prioritization Criteria #4

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

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 #4 Rating Scale

1 = Addressing the issue does **NOT** enhance the systematic efficiency of the program

2 = Addressing the issue makes the system more efficient for **ONE** of the groups (families **OR** providers **OR** the program)

3 = Addressing the issue makes the system more efficient for providers **AND** the program

4 = Addressing the issue makes the system more efficient for families **AND** one other group (providers **OR** the program)

5 = Addressing the issue makes the system more efficient for **ALL THREE** of the groups (families, providers, and the program)
Prioritization Criteria #5

Does addressing the issue enhance the clients’ relationships with providers?

Weight: **2**

**Definition/Concepts:** This means that addressing the issues improves things like access to providers, communication between providers and families, families expressed satisfaction with their provider(s)
Prioritization Criteria #5 Rating Scale

1 = Addressing the issue does **NOT** enhance clients’ relationships with providers

2 = Addressing the issue **enhances** to the clients’ relationships with providers in **ONLY minor ways**

3 = Addressing the issue **enhances** the clients’ access to providers

4 = Addressing the issue **enhances** the clients’ relationships with providers in **at least two areas** i.e. access and communications

5 = Addressing the issue provides **major improvements** to the clients’ relationships in **more than two areas**
Prioritization Criteria #6

There is a likelihood of success. Issue is amenable to prevention or intervention, and/or there is political will to address it.

Weight: 2

Definition/Concepts: Meaning there is a good chance that strategies used to intervene in the identified problem will result in an improvement in outcomes. The intervention strategies are shown in research literature, by experts or by National, State or program experience to be effective or promising. Political will indicates that there is support at the state or federal level for administrative changes or providing funding.
Prioritization Criteria #6 Rating Scale

1 = NO proven or promising intervention available
2 = Promising or proven intervention with limited impact (not effecting a large promotion of the CSHCN population), little political will
3 = Proven intervention with limited impact and moderate political will
4 = Promising or proven intervention with broad impact and moderate political will
5 = Proven intervention with broad impact and strong political will