



Strategies for Problem/issue prioritization

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Overview and Objectives

- Discuss benefits of engaging in a more formal problem prioritization process (Reminder – this is an optional process, not a requirement)
- Identify and outline 3 strategies for prioritizing problems, from least to more complex strategies
- Discuss pros/cons of each strategy
- Review 2 case studies of prioritization processes



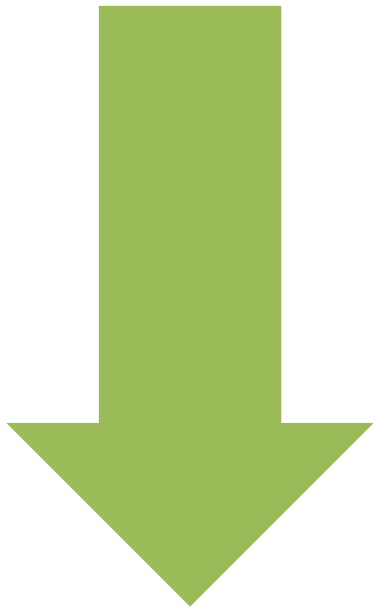
Benefits of a more Formal Problem Prioritization Process

- 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 problems are prioritized to achieve the greatest impact on MCAH populations
- Identifies a manageable number of priorities
- Can increase stakeholder involvement and commitment to partnering to solve problems



Strategies for prioritizing problems

Simpler



More Complex

1. Blue dot method
2. Pre-established criteria and ranking of each problem on each criteria
3. Establish criteria and rating scales with stakeholders and weights for each criteria
4. Combination of the above



Blue Dot Method

- Simplest method

Process:

1. Stakeholders each given a sheet with the same number of sticky blue dots (e.g., 10 dots)
2. Problems/issues for prioritization are listed on a large sheet of paper attached to the wall
3. Stakeholders walk around the room and place dots on the problems they want to prioritize (can put more than one dot on a problem)
4. Problems prioritized based on number of dots received



Pros/Cons of Blue Dot Method

Pros

- Easy to explain to stakeholders and easy to do
- Can be done quickly
- Can do as part of another meeting
- Can have multiple groups of stakeholders prioritizing problems (or a subset of problems based on stakeholder expertise)

Cons

- Easy for stakeholders to vote for problems they are most interested in
- Doesn't involve the consideration of other issues (e.g. cost of the problem, number of people impacted)
- Doesn't involve a discussion/consideration of values



Pre-established Criteria and Ranking

- More complex method

Process:

1. MCAH staff identify and define a small number of criteria for consideration (e.g., impact, severity)
2. Stakeholders given sheet of paper listing criteria and definition, and all the problems to be prioritized
3. Within each criteria, stakeholders prioritize problems by assigning a number rank to each problem (e.g., 1-10 if prioritizing problems) with 10 being most important and 1 being least important. Within each criteria, can only use each number once.
4. Staff collect sheets and tally ranking results



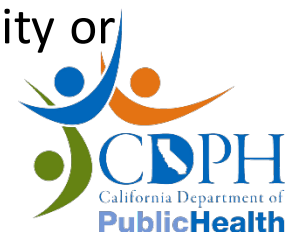
Pros/Cons of Pre-established Criteria and Ranking

Pros

- Fairly easy to explain and for stakeholders to do
- Ranking each problem within each criteria forces stakeholders to consider each criteria and evaluate and rank each problem based on that criteria
- Including criteria brings a values component into the problem prioritization
- MCAH staff can bring their values into the process by identifying and defining the criteria, and weighting criteria

Cons

- Stakeholders can get frustrated by being forced to rank the problems
- Stakeholders may feel that they lack the knowledge to evaluate every problem on each criteria (e.g., might not understand the severity or impact of some problems)



Case Study: Healthy Marin Partnership's Community Health Assessment (CHA)

- Healthy Marin Partnership (HMP) – includes representatives from Marin's 3 local hospitals and the county health department
- HMP contracted with Harder+Company to conduct the CHA
- 3 criteria selected and defined by HMP and Harder+Company
- HMP and Community stakeholders (approx. 50) brought in for 3 ½ hour meeting to review data on 10 problems and then prioritize the problems by ranking on each of the criteria
- Harder+Company to tally results and HMP to report results to stakeholders



HMP Criteria and Definitions

- Severity – Severity of need demonstrated in data and interviews. Potential to cause death or extreme/lasting harm. County data significantly varies from state benchmarks or county goals.
- Disparities: Health need disproportionately impacts specific geographic, age, or race/ethnic subpopulations.
- Impact: The ability to create positive change around this issue including – potential for prevention, addressing existing health problems, mobilizing community resources, and the ability to affect several health issues simultaneously.

Weighting: Ranks for severity and impact will be multiplied by 1 for equal weighting, disparities rankings will be multiplied by 1.5 since HMP is emphasizing equity in implementation strategy.



HMP Prioritization Ballot Instructions

- Instructions: For each health criteria (Severity, Disparities, Impact) rank the health needs along this measure. Place numbers 1 through 10 in the column below the criteria, ensuring no repeat numbers. 10 represents the GREATEST need or ability to impact; 1 represents the least. Reflect on your small group discussion and what you learned from the large-group share-back in making your choices.



HMP Prioritization Ballot

NOTE: Choose the order of numbers for each of 3 criteria. (i.e., rank the health need along this measure) but NO repeat numbers in any column.

Assign a number 1-10 in each box of this column



Assign a number 1-10 in each box of this column



Assign a number 1-10 in each box of this column



Health Need	Severity	Disparities	Impact
Access to care			
Economic Security			
Education			
Healthy Eating Active Living; Obesity, Diabetes, CVD, Stroke, and Cancer			
Housing/Homelessness			
Maternal and Infant Health			
Mental Health and Substance Use			
Oral Health			
Social Connection			
Violence/Injury Prevention			



Establishing Criteria, Scoring and Weighting with Stakeholders

- Complex method

Process:

1. Stakeholders select and define criteria
2. Stakeholders engage in a thorough discussion of criteria
3. Stakeholders select manageable number of criteria
4. Stakeholders “Buy into” the process of criteria selection
5. Stakeholders develop criterion scoring scales
6. Stakeholders weight the criteria
7. Stakeholders complete prioritization worksheet
8. Staff tally results



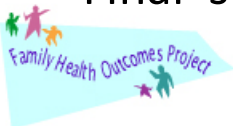
Pros/Cons of Establishing criteria, scoring, and weighting with Stakeholders

Pros:

- High level of stakeholder engagement and promotes buy-in and stakeholder “ownership” of the process
- Opportunity to discuss and incorporate stakeholder values (e.g., equity)
- Forces stakeholders to step back and look outside of their silos and consider different issues and perspectives (e.g., impacts of problems, disparities)
- Harder to select priorities based on stakeholder self-interest

Cons:

- Complex process that can be challenging to explain to stakeholders and for stakeholders to understand = Need for skilled facilitator
- More time consuming so bigger commitment from stakeholders is required
- Should be ideally done in advance of reviewing data and prioritizing problems = More meetings
- Final ‘scores’ for prioritized problems can be very close together



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 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

0 = Problem does NOT result in significant cost

1 = Some cost to child/family OR program

2 = High cost to child/family OR program

3 = 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	$4 \times 2 = 8$	$4 \times 3 = 12$	20
Lack of a medical home	$5 \times 2 = 10$	$2 \times 3 = 6$	16

Scores are Summed to Produce Group Ranking

PROBLEM/ISSUE	PARTICIPANT #				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

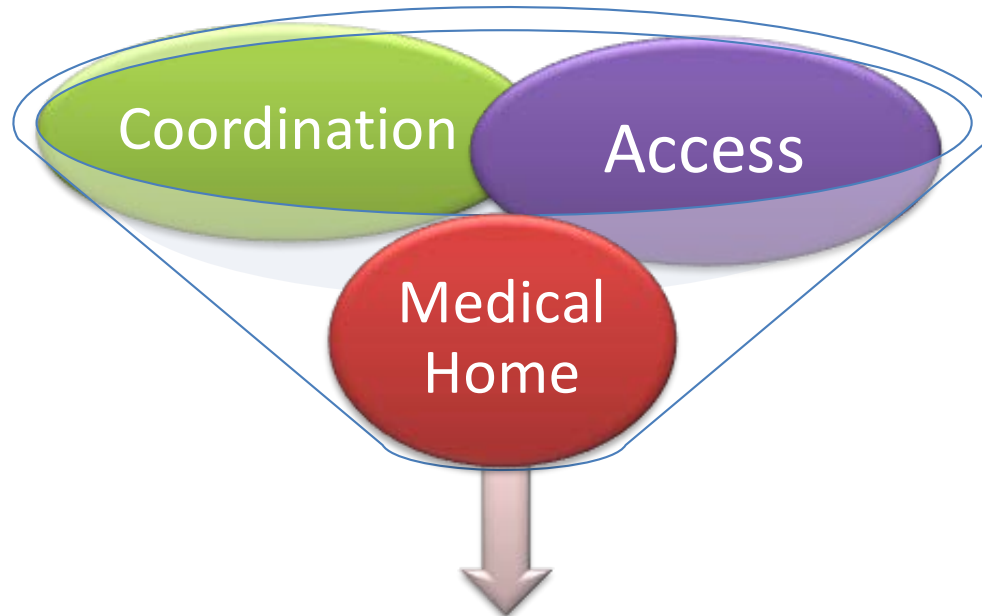
Highest Score = Top Ranked Issue

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

Case Study: Problem prioritization for the Title V CCS Needs Assessment in 2014

Problem Prioritization Process to Target CYSHCN System Goals



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

Prioritization Criteria from CCS Needs Assessment in 2014

1. Does addressing the issue positively affect families, providers, and the program?
2. Does addressing the issue reduce disparities in health outcomes ?
3. Does addressing the issue enhance the continuity and coordination of care?



Prioritization Criteria from CCS Needs Assessment in 2014 (cont.)

4. Does addressing the issue increase the administrative timeliness and efficiency of providing care to CCS families to promote the quality of care and adherence to CCS standards ?
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

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 – families, providers, and programs. For example, improving access to specialists would increase satisfaction for families; reducing paper work burdens would improve providers work satisfaction; improving wrap-around services would increase program satisfaction

Prioritization Criteria #1 Rating Scale

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

1 = Addressing the issue would positively affect **ONE group** (families OR providers OR the program)

2 = Addressing the issue would positively affect **providers AND the program**

3 = Addressing the issue would positively affect **families AND one other group** (providers OR the program)

4 = Addressing the issue would positively affect **ALL THREE groups**



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

- 0 = **No group** is disproportionately affected by the issue
- 1 = **One or more** groups is disproportionately affected by the problem, but the differences are not statistically different.
- 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 #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 #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 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 #4

Does addressing the issue increase the administrative timeliness and efficiency of providing care to CCS families to promote the quality of care and adherence to CCS standards ?

Weight: 1

Definition/Concepts: Increasing timeliness and efficiency can mean many things, including reducing the cost of care, more effectively deploying staff and other resources to save money and/or increase productivity, making it easier for families to navigate the system across counties and payers; and making it easier to administer the program.

Prioritization Criteria #4 Rating Scale

0 = Addressing the issue will **NOT** improve the timeliness and efficiency of providing care

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

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

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

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

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



Prioritization Criteria #5 Rating Scale

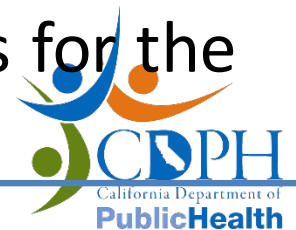
0 = Addressing the issue does **NOT** enhance family-centered care.

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

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



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.



Prioritization Criteria #6 Rating Scale

0 = There are **NO** evidence-based/best practices available.

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

2 = There is/are **evidence-based** intervention(s) that has/have a **limited impact**

3 = There is/are **best practices** that has/have a **broad impact**.

4 = There is/are **evidence-based** intervention(s) that have a **broad impact**

Take home points

- These are strategies for problem prioritization – you are not required to use them
- Strategies can be combined (e.g., could have forced ranking instead of scoring with stakeholders establishing criteria and weights)
- Pick the strategy or combination of strategies that will work best with your stakeholders and process
- You can also develop your own strategy
- Involving stakeholders in prioritizing problems can increase likelihood that stakeholders will work with you on address the prioritized problems



Questions?



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