DELAWARE'S CHILDREN WITH MEDICAL COMPLEXITY ADVISORY COMMITTEE

July 17, 2019
9:00 -11:00

Meeting Notes

Welcome and Roll Call	• DMMA Director and CMCAC Chair, Stephen Groff welcomed CMCAC members and all had a chance to introduce themselves.
Review notes from April 17th meeting	• Kimberly Xavier reviewed the meeting notes.
Updates	• DMMA's Policy Unit – Glyne Williams, Chief Policy Administrator, Kimberly Xavier, Senior Policy Administrator, and Yalanda Thomas, Policy Administrator presented at the National Academy of Health Policy's (NASHP) EPSDT Coordinators Call, about Delaware's Children with Medical Complexity project. • Kimberly Xavier will also present at the Eastern Medicaid Pharmacy Administrators Association (EMPAA) conference in August 2019, to discuss what Delaware is doing with our CMC project. • DMMA posted the CMCAC Charter, Guiding Principles, the CMC Plan, meeting agendas and minutes to its website under the Children with Medical Complexity link. ○ Maria Olivere commented about listing family involvement on the website so that other families can see that families are involved with the Committee. ○ Pat Redmond recommends posting presentation to the website. ○ Kimberly to check the website links, and will begin working on incorporating the changes per the recommendations.
Skilled Home Health Quarterly Report	• Kimberly gave a high level overview of the Skilled Home Health Workgroup's activities in the second quarter of 2019: ○ The group continues to meet biweekly. ○ Compiled background research, references and information related to the changes of the PDN workforce. ○ Design framework and questions for the Work Force Study Survey. ○ Kimberly and Olga met with University of Delaware's Center for Disabilities Studies to discuss helping the Workgroup with the Survey. ○ The Center of Disabilities Studies offered Olga Zapata a position as a family mentor to families in the program. ○ Group drafted a definition for parent/caregiver emergencies and a process for responding to emergencies (still in draft form).

Data Workgroup Quarterly Report	• Dr. Mpasi discussed: ○ Groups continues to meet biweekly ○ Initiated discussion around the PDN Gaps in Care Analysis report; both MCOs have completed an initial analysis, and will be reviewed later. ○ The groups continues to review 2014 – 2017 data for in-patient hospital admissions, and emergency department visits. ○ The group's key focus is to link hospital admissions length of stay impact upon private duty nursing care. ○ Groups is working on a provider and family Satisfaction of Care Survey, still in its preliminary stages. • Kimberly invited interested members to join the Data Workgroup.
Data Workgroup Presentation – Hospital Utilization (CY 2017)	• Dr. Mpasi discussed: ○ For this presentation, Children with Medical Complexity were identified using a Clinical Risk Group (CRG) algorithm was used to separate the children out into separate categories, 1 - 9. ○ Children with Medical Complexity fall into categories 5 – 9, and category 5 is broken down into subcategories – 5a and 5b (5b falls under medical complexity). Group 9 is the most complex. ○ The Children's Hospital Association breaks out Children with Medical Complexity into 3 general categories- category 5b single chronic, categories 6-7-9 dominant/lifelong chronic and category 8 malignancies ○ This report focuses specifically on the 5b, 6, 7, 9 and 8 categories. Note the total pediatric population is 1-9 categories. ○ For 2017, all children (individuals 0 to 21) enrolled in Medicaid/CHIP = ~112,000, CMC population = ~4,300 (3.85%). ○ The greatest percentage of Children with Medical Complexity in Delaware fall in categories 5b and 6, with the greatest percentage being in category 6 = 60%. ○ Category 7 = 12.14%, category 9 = 11.8% ▪ Maria Olivere requested that a description of each category's grouping criteria be provided for reference during data presentations. ▪ When the Data Workgroup presents again, Kimberly will have printouts of a reference list of each category for attendees. ○ Utilization data was reviewed for the total pediatric population. This was subsequently broken out into the general pediatric population and children with medical complexity population for comparison in the following areas: ▪ Total number of hospital admissions ▪ Number of hospital admissions per child ▪ Length of stay (days) by hospital admission ▪ Total number of emergency department visits ▪ Number of emergency department visits per child ○ The total number of admissions per child has an impact of their severity rating, as the number of admissions increase, so does their level of complexity.

	▪ Maria Olivere commented that the data are skewed for their children because they can do most things at home themselves, and often wait until the condition is very severe before they take their children to the emergency department. ○ Length of stay (LOS) was also reviewed. LOS is a marker of efficiency- we can look at the LOS data to determine how efficiently or effectively patients admitted to hospital are discharged. Some questions to consider: 1. Did we correctly diagnose the child upon admission? 2. Did they receive appropriate treatment? 3. Are they safe to go home in a certain timeframe? 4. Do they have support to continue care at home? ○ This leads to staffing models – number of beds in the hospital, the number of people that can be admitted at one time, availability of appropriate staff, and revenue/cost. ○ This also brings the importance of discharge planning and care coordination- sometimes children, especially children with medical complexity stay have longer LOS (days) because it takes long to coordinate home health nursing, pharmacy and other home care aspects ○ Dr. Mpasi to look into if whether or not delay of discharge data can be captured. ○ Future considerations are to navigate the reasons why the average LOS and why ED visits are higher for the CMC populations. Are there specific conditions that are seen more in the ED than other conditions.
Private Duty Nursing Gaps in Care Analysis Update	• Kimberly gave a brief overview on the status of the Gaps in Care Analysis Reports: ○ Met with the MCOs to discuss the analysis, instructions, and came to agreement on what data we will look at now. ○ A review of children enrolled in the MCOs, that received private duty nursing services, for 2018 to do a month by month of hours authorized, hours received, and reasons for any gaps in between those hours. ○ MCOs are working with the various PDN providers (agencies), to obtain data. Many of the children have multiple agencies which is making the process move somewhat slowly. ○ Will make comparison to geographical areas, and the distributions of nursing agencies. ○ Next steps – We will continue to review the Gaps in Care reports for determine if there are more ways to analyze the report.
Public Comment	No public comments were received.

Future Meeting Dates:

January 15, 2020 9:00 AM – 11:00 AM	July 15, 2020 9:00 AM – 11:00 AM
April 15, 2020 9:00 AM – 11:00 AM	October 21, 2020 9:00 AM – 11:00 AM

- All CMCAC meetings are held at the DHSS Chapel, located in the Herman Holloway Campus at 1901 N DuPont Hwy / New Castle DE 19720.