



State of California—Health and Human Services Agency
Department of Health Care Services



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GOVERNOR

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To: Medical Directors of California Children's Services (CCS) High Risk Infant Follow-up (HRIF) Programs and Staff

Subsequent to the first of a planned series of CCS/CPQCC HRIF Quality of Care Initiative (QCI) Work Group conference calls, several issues have been raised that require clarification.

- 1) Standard Visits: In restructuring the HRIF Programs, the Children's Medical Services (CMS)/CCS Program provided for three Standard Visits through the first three years, as well as additional visits during this period as determined to be necessary by the HRIF Program. It was the intention of CCS and CPQCC that all three standard visits occur, *particularly for those children identified with impairments or to be at high-risk, even if the child has been referred to services and other resources*. The objectives in this follow-up goal are to provide opportunities to identify new or emerging problems and make appropriate referrals, and to assure that services expected are being provided.
- 2) Purpose of the HRIF QCI Reporting System: The CCS/CPQCC HRIF QCI web-based reporting system is *meant to be primarily a population-based, quality of care improvement resource and dataset in California*. It was and is not intended to replace the medical record, thus the level of detail captured in this dataset is not meant to be as comprehensive as clinical visit documentation. It was also not intended to be primarily a research dataset. However, it is important for us to look toward sharing our experience, and therefore to have evidence-based definitions so that our findings can be compared with other reports in the literature.
- 3) Definitions: Consistent with above point, it should be clarified that the specific definitions used for eligibility and referral to the CCS Medical Therapy Program (MTP), and for data collection for the CCS/CPQCC HRIF QCI dataset, were *not envisioned to be identical*. The purposes of these programs and the application of these definitions are quite different.
- 4) Challenges to HRIF Program Reporting System (dataset) development and modifications: The CCS/CPQCC HRIF QCI Reporting System (data) collection

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- 4) Challenges to HRIF Program Reporting System (dataset) development and modifications: The CCS/CPQCC HRIF QCI Reporting System (data) collection instruments were developed with multiple levels of input to be as comprehensive as possible, within a streamlined framework. Although definite gaps must be identified and addressed, it is important to recognize that the usefulness and validity of the HRIF QCI dataset will be jeopardized if the reporting system/data collection or definitions are significantly modified. Furthermore, funding limitations and challenges preclude substantial expansion or modifications to the dataset, or expansion of the CCS HRIF medical eligibility criteria.

We thank the HRIF Program coordinators and medical directors, and the participants and leaders of the CCS HRIF Medical Eligibility Criteria Clarification and Cerebral Palsy Capture Work Groups for your ongoing and extremely hard work and dedication to the CCS/CPQCC HRIF QCI!

If you have any questions regarding this memo, please contact Erika Gray, B.A., Project Manager, CPQCC HRIF QCI at (650) 723-5763 or by email at eegray22@stanford.edu and/or Kimie Kagawa, M.D., Medical Consultant, CMS at (916) 327-2665 or kimie.kagawa@dhcs.ca.gov or hrif@dhcs.ca.gov.

Sincerely,



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