

Assessing Root Causes Prioritization



Reprioritizing Root Causes

Instructions:

Review and discuss the following prompts and use the team's answers to identify next steps.

The feasibility and importance of addressing specific root causes might change over time (e.g., shifting resources, new contract deliverables, revised requirements for internal or external quality improvement benchmarks, etc.).

Consider the entire implementation timeframe for your initiative or the potential of extending it while discussing the following questions:

- Can the team identify different root causes for immediate, mid-, and long-term attention?
- Can the team now turn to working on root causes that were initially deemed lower priority?
- Does the team have access to new or additional resources that can shift a root cause previously considered “unfeasible” to the “feasible” category?
- Should the team create new or revised immediate, mid-, and long-term goals to address root causes based on care or payment intervention experiences to date, new contextual information (e.g., an updated community needs assessment), shifting resources, or organization-level obligations?
- Were any identified root causes tied to forms of oppression and/or discrimination?
 - Did the team flag those root causes for intervention?
 - If yes, where did those root causes land in the priority matrix?
 - If not, why not?

Improving Participation in Root Cause Prioritization

Instructions:

Review and discuss the following prompts and use the team's responses to identify next steps.

Consider if any of the following key stakeholders were left out of the root cause prioritization process or had less influence than others. First, describe the level and manner of participation for each group. Then, identify ways that stakeholder groups with comparatively lower involvement could provide their feedback and expertise to review and provide feedback on the priority matrix.

Patients and Community Based Organizations

- Patients living with the health equity focus
- Representatives from community-based organizations serving patients living with the health equity focus

Healthcare Provider Organizations

- Care team members serving patients living with the health equity focus; including, but not limited to: behavioral health specialists, care/case managers, community health workers, medical assistants, nurses/population health nurses, patient service representatives, call center staff pharmacists, and social workers.
- Quality improvement specialists
- Administrative staff including finance, coding, and billing team members.

Health Plans / Medicaid Managed Care Organizations

- Population Health
- Finance
- Contracting
- Health Equity and/or Social Drivers of Health
- Underwriting/actuarial/compliance
- Provider/Hospital Network Management
- Senior Leadership (e.g., medical director)
- Data analytics

State/District Medicaid Agency

- Value-based payment division
- Data Analytics
- Managed Care Contracting and Oversight
- Quality Improvement
- Population Health
- Health Equity and/or Social Drivers of Health
- Teams focused on applicable health conditions or issues
- 1115 waiver/SPA/other waiver teams
- Senior Leaders (e.g., medical director)