Data, Evaluation and Best Practices

Date: 11/4/20

Time: 1-2pm

Location: Meeting URL: https://healthmanagement.zoom.us/j/91271393398?pwd=ZlhQTC9qYnB3aklhU3
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               Meeting ID: 912 7139 3398

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Facilitator: DIANA RODIN

Agenda

- **Welcome and Call to Order**
    - Kathy kicked off the meeting, introducing guest speaker Carlos Romero. Goal of his presentation: what is a data hub? What could we get from it?
    - Attendees: Thowana Weeks, Terri Cook-Fasano, M.J. Scales, Kathy Cannatelli, Carlos Romero, Patches Hill, Laura Rapp, Dana Carr, Chris Kelly, Gloria James, Diana Rodin, Janya Tagat

- **Discussion of Apex Data Hub and Lessons/Best Practices for Delaware**
    - <u>**Guest speaker Carlos Romero**</u>
        - Apex is an evaluation consulting firm
        - The biggest part of their portfolio is SBHC- related projects (specific projects that relate to adolescent health)
        - All evaluation questions come from their logic model, and the answers come from the Apex Data Hub
        - Part 1: Linking Existing Sources
            - EHR extract data is the biggest part of the data hub—detailed patient-level visit data on a monthly basis, including diagnoses and procedure codes

- In CO, they interface with State Immunization Database
- In NY, they interface with Health Information Exchanges
- In NM, they interface with Dept of Ed to get in academic data, starting with attendance.
- Part 2: Collecting New Information
    - Operational plan: online forms
    - Just Health: comprehensive risk screen; individual level risk assessment data. There is a Just Health platform with tools like ACES, Vanderbilt, etc. Any tool they put in the system is available
    - Patient Feedback: anonymous and at both parent and student level
- Part 3: Reporting
    - Data snapshots
        - Table-based
        - Collected data and calculated measures
    - Formatted reports
        - See all data come together, more visual
        - Carlos can send us report for New Mexico. It's broken down by BH, sexual health, etc.
    - Emergent reporting
        - They can dive into data and help people see what it's looking like (e.g., COVID-19)
- Just Health for Telehealth
    - A lot of interest in the data hub is related to Just Health. It pulls together validated tools (e.g. ACES, PHQ-9), collects information quickly, and provides a snapshot
- Network of networks
    - Data Hub is an interoperable platform, so it can work with other evaluators
- **Q&A**
    - Carlos asked where we are at—Kathy explained we are having trouble collecting data, and currently are collecting a limited set of information that is reported to DPH. RAAPS is mostly used for screening, but there are other screening tools that Carlos listed that they use as well. We need better data to explain why SBWCs are important, what they do to support students, communities, and families.
        - DE wouldn't have to stop using RAAPS with the Apex Data Hub
        - Carlos asked about the relationship between SBWCs and health information exchanges. This is DHIN in Delaware. SBWCs participate in DHIN in a limited way because of confidentiality concerns regarding reproductive health care for students
    - Question: There is a cost to data collection. How are you funded and typically, if your organization does ongoing work with different spikes to the HUB what is the cost to that?
        - NM & CO
            - State funding
            - Core budget is about 250K (which is 5% of overall SBWC budget for the state). There is extra funding that goes in for Just Health.
        - NY

- No state funding, so they are entering with the Alliance. The Alliance found a few grants to pilot it, and found other grants to help sustain it
- Network of 260 SBWCs—trying to create economies of scale
- This got the attention of the state, so now the state is looking at collaborating
  - King County in WA is in talks with them—it doesn't need to be at the state level
- Question: Did you find any resistance in pushback with sharing data? (e.g. Dept of Ed)
  - We get questions about collecting PHI from all these sites. We have BAAs and security policies and procedures in place for this.
- Question: With data feedback loop at the school level, how have you seen this data impact work in SBWCs?
  - The sharing of data with school stakeholders goes through the SBWCs. Apex doesn't provide data directly to school. The intent is that the reports help them understand what their needs are, what the response to the needs are, and helps them with their health promotion.
  - Just Health pushes data back to them in a usable format
  - Want low burden and it feels like a lot, but it's actually easier to collect (granular data monthly)
- Question: Do you have instances where there are data elements that are not in your database and how does that work?
  - Apex plays a data intermediary role
  - Bring in school data through partnerships with DOE
  - First part of sharing goes to SBWCs, not school, because HIPAA is more sensitive than FERPA
- Question: Is there work done to ensure consistency in cleaning data (e.g. definitions)? When you provide reports to ensure no outliers, typos, anything to skew the reports?
  - Data snapshots give sites their own data that is usually around quality improvement around coding
    - Bring in clinicians to do that
  - It's a live dataset, including all the errors that go into it. At least we have a way to start looking at it and make the data better over time
  - CO example: We collected data by provider type and looked at data by diagnoses and saw there was a gap. After years of QI these two things now line up so we know providers are coding better
    - We can make the data better over time and get more consistency by using it
  - QA processes that look at cleaning, de-duplication of students, etc.
- Question: How is the data transmitted into the Hub?
  - Operational Plan= annual (hours of operation, whole school demographics)
  - Just Health= ongoing— as soon as patient takes it, it gets synced to system
  - EHR= monthly
  - Patient feedback= site dependent

- **Group discussion of potential recommendations/considerations**
  - Good elements to it, but the issue is funding
  - Is there buy in from the practitioners? Would want to know what the people using it think about it
  - Terri said for ChristianaCare, the lack of EHR is a huge barrier and that piece has to be in place first before they can move to a data hub.
    - With no EHR, what will it integrate with?
      - Out of the 5 sponsors, Thowana thinks 3-4 have an EHR. But Christiana is the biggest one and does not have it.

Adjournment & Next Steps
  - Reconvene next week to further develop recommendations on data