Data, Evaluation and Best Practices

Date: 11/10/20

Time: 1-2pm

Location: Meeting URL: https://healthmanagement.zoom.us/j/91271393398?pwd=ZlhQTC9qYnB3aklhU3NWZWFVTjFJQT09

Meeting ID: 912 7139 3398

Passcode: 894728

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Agenda

- **Welcome and Call to Order**
- **Discussion of Data Recommendations**
  - Ideal future state:
    - Data visualization that demonstrates value of SBWCs and enables DPH, SBWCs, and schools to evaluate needs, utilization and outcomes – what does that look like?
      - Khaleel – aWhen we had a centralized database, visualization was one of the key components; we did have a system so that we could populate and send to stakeholders – providers will have a huge emphasis on this. Looking during the school year to see what needs are and what staff capacity is. In terms of outcomes, have to look at outcomes from a more critical perspective. We have short-term outputs, have the intermediate outcomes and then the long-term outcomes. When we define outcomes, have to be really specific – those that fall into utilization and output buckets, vs. really looking at behavior change like reduction in ER visits, education improvements; or if looking at improvement in seat time; all those would be staggered. In terms in visualization, critical to

use tools to look at utilization, assessment, not just state-level but distribution, it would be very very helpful from that perspective.

- Laura - Data dashboard would be very helpful – what data sources are we using, is there access to Tableau, what feeds into it?
- Chris – something along the lines of an annual report to present to joint finance committee, nice package of quantitative and qualitative data with personal narratives to support the value of SBWCs. That usually resonates well with them.
- Khaleel – one-pager infographic for a school; MJ et al create really phenomenal ones for schools; each medical sponsor/school should be able to have that quick infographic. Depending on the audience, important for the visualization to include the appropriate information. HIT connection, satisfaction survey; some built-in mechanism for measuring satisfaction. Could be very simple, such as a star rating.
- Thowana – Something that would enable centers to run their own reports would be valuable. Each school used to create queries of reports individualized to each site, and if principals needed to run their own reports they could. That was one of the big complaints – anytime they wanted a report they had to rely on DPH to run it. Something where they can run that data for themselves is important – they can get what they need on top of whatever DPH is doing.
- Terri – An EHR will be a step up for us – that will encapsulate al lthe things we need. Continuity of care, access to other providers' records, tracking of health longitudinally.

▪ Reporting – state, federal – and working with partners (e.g., UDel) to look at measures of success across the state – what is important to include?

- Thinking about this in the context of SBWCs potentially seeking to diversify funding sources/seek grants
- Thowana – will need capability to pull data that Title X providers need. Already looking at current monthly report to see what could shift to annually. Also looking at nationally mandated report.
- Kristin – What public health statistics are required by law – e.g., for mandated vaccinations, would be good to be able to identify what percentage happened at an SBWC. What other mandatorily reported services could be identified as coming from a SBWC?
- MJ – YRBS – variety of partners are involved in administering it, including SBWCs which promote it. Surveys are administered in the classrooms; surveys do ask about SBWC use.
- Khaleel – 2019 was the first year that we advocated for SBWCs at the national level (to be in YRBS?). Will be looking with Rochelle and her team to look at the responses and put a profile together. But re: using YRBS at school level – the challenge is that it's a statewide survey. Often you can't analyze at the more local level. Data are weighted. Delaware school survey has a lot of data but isn't necessarily representative, because of the differences in how the data are weighted. Could have caveats that the survey isn't generalizable; might work annually for incorporating into visualizations or report.

- MJ – DE School Survey is a sample of students in school on that day.
- Laura - 5th, 8th and 11th grade public school students. Availability on that day only.
- Khaleel – what are the federally and DPH-mandated reports – one thing we've always been required to report is contraceptive use and reproductive health services for title X. DE has high immunization rates. May be difficult to see a difference but can we track immunizations happening at SBWCs, but don't know if that will be duplicative with immunization registry. It's tracked for admission purposes now.
- Laura – Involved in a number of SAMHSA projects, and it could be a viable funding source for SUD and BH services; expectations for reporting can vary. It could be simple for some but for others could require multiple forms collected at different times for different services

- Standardization of practices and requirements
    - Outcomes, metrics and desired analyses
        - Terri – centralized set of screening tools for apples to apples comparison; if it varies by center and clinician in preferred screening tools, for example a mild result on one screening tool isn't a mild result on another.
        - Kathy – that is critical so that we can present the state as a whole.
        - Khaleel – important to have a standardized screening tool; at least from a clinical aspect, is there a way to identify tools that are acceptable for Medicaid or private insurer, to marry this and make sure tools are validated and agreed upon. That way people cannot use that as an opt-out mechanism, eg also doing this for SBWC – frustration about multiple screenings.
        - Gloria – one of the things Terri brought up last week was the importance of each medical sponsor being connected to an EHR. There's still concrn about duplication in monthly reporting. Reporting for example demographics for billing and then duplicating in monthly reports. To marry certain elements within the EHRs that the different sponsors have access to and be on the same page about measurement would be helpful. We have demographic information that's not necessarily in EHRs that public health requires. Suppose in opening elementary SBWCs, specific principals want to look at things that help them identify needs etc, it's different from some of what's in EHRs. One of the things Khaleel mentioned was that there are different manuals with different billing codes, not sure all centers measure them the same way.
        - Thowana – what Gloria's referring to is struggle for SBWCs without EHRs to account for data needed for monthly report. Some sites may say no, don't want to

use RAAPs but another tool. That all has financial impact, everyone is choosing what they want to use. It's just not consistent because it's based on what they have available to them. Some sites are hand-counting. Even for Title X, some centers are hand-counting. Currently there are 14 tables but OPA is going through a change, so we don't know what data specs are going to look like. Why in this day and age do we still not have the capability for electronic reporting in some cases?

- Chris – clearly there are different methods being used to tally the data; some submitting tables, others narrative that data has to be pulled out of. There's a lot to be done on consistency, definitions for different purposes the data is being used for.

- EHR-related recommendations
- Data hub?
  - Examine feasibility of contracting with Apex?

- Timeline: what falls into short, medium, and long-term buckets?
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- **Adjournment & Next Steps**