

Recommendation 5: Develop data collection and analysis infrastructure that meets the needs of SBWCs and stakeholders by:

- *Standardizing data collection and reporting across SBWCs*
- *Information technology departments need to be at the table as part of this process*
- *Encouraging SBWCs to adopt electronic health records (EHRs)*
- *Developing the ability for DPH, and possibly SBWCs themselves, to generate annual reports showing a dashboard of metrics, including but not limited to:*
 - *Utilization and performance measures, payer mix, financials*
 - *Qualitative input from users of SBWCs that convey the value of SBWC services to the legislature and other stakeholders, and to support grant-seeking by SBWCs*

Ensure that data collection and reporting tools are able to capture and track data recommended by oversight body as outlined under recommendation 1.

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Standardizing data collection and reporting across SBWCs	Within 1 year	DPH, providers, IT, SBHCs, DOE, school districts	<ul style="list-style-type: none"> - Confirm that recommended data/best practice workgroup measures are the desired measures - Define and understand all the various data sources and what is minimally necessary and feasible - Define the role that EHRs can/should play 		
Developing the ability for DPH, and possibly SBWCs themselves, to	Within 1 year	State IT, DPH, and school district staff, providers;	<ul style="list-style-type: none"> - Examine whether participating in a data hub to enable SBHCs to gather and share this data 		

generate annual reports showing a dashboard of metrics, including but not limited to: <ul style="list-style-type: none"> o Utilization and performance measures, payer mix, financials o Qualitative input from users of SBWCs that convey the value of SBWC services to the legislature and other stakeholders, and to support grant-seeking by SBWCs 		oversight entity convenes	without adding substantial cost for individual SBHCs; also UD may have capacity to support data analysis <ul style="list-style-type: none"> - Define staffing needs, including IT staff and data analysts - There are currently annual parent satisfaction surveys, done in person and online; this should be centralized and analyzed independently 		
Encouraging SBWCs to adopt electronic health records (EHRs)	Within 1 year	State IT, DPH, and school district staff, providers; oversight entity convenes	<ul style="list-style-type: none"> - Within a year, convene stakeholders to specifically examine how to do this - Tied to data collection capacity decisions above 		
Oversight committee role and scope – to make decisions on siting of new SBHCs and also on	Within 1 year	Oversight Committee	<ul style="list-style-type: none"> - Needs to have access to all relevant data to support decisionmaking around operational and performance needs 		

Commented [DR1]: Gloria will look for data dictionary and John will look for model data sharing agreement

evaluating performance and appropriate use of public dollars			<ul style="list-style-type: none"> - Need to have members who are well-versed in IT requirements - Review satisfaction surveys (parent, student, staff) to determine whether that data is on target - During the course of the year, KidsCount should be included in some form, in decisionmaking/factfinding to ensure data collection is aligned/leverages KidsCount where it should - Determine what data the various entities want/get 		
<p>Resources Needed:</p> <ul style="list-style-type: none"> • Centers that don't go through the DPH process aren't obligated to capture the same information – in order to sufficiently understand their performance, they should be. Need to consider how that could be done – potentially as part of certification processes? • Need positions (not necessarily at each provider) for data/IT staff capacity to really integrate the data, because right now, that's not the case 					
<p>Foreseen Challenges:</p> <ul style="list-style-type: none"> • Want to ensure that all stakeholders recognize how challenging it is to collect and report this data • Medical sponsor data collection needs/capacity may change over time 					

- There will be one-time or urgent needs that pop up; it's hard to get enough of that data if it's only requested in a flat file once a year (monthly enables that type of analysis)

Implementation Considerations

- DPH needs to co-chair the part(s) of this entity that deal with data because of their level of expertise (Recommendation: Dr. Hussein, but he's on assignment from CDC, but he has the key qualifications (data systems, Medicaid, public health understanding))
- Determine how to collect and use the data – macro and more granular questions
- If this over-site group is going to receive aggregate data, it is in a strategic position to guide policy and make SBHC changes, including making decisions on who receives high needs school support but also to advocate for resources, publish results and assist SBHC in sustainability issues. The more data an entity receives the more their role change or could change.
- Oversight committee role and scope – to make decisions on siting of new SBHCs and also on evaluating performance and appropriate use of public dollars
 - Needs to have access to all relevant data to support decisionmaking around operational and performance needs
 - Need to have members who are well-versed in IT requirements
 - Review satisfaction surveys (parent, student, staff) to determine whether that data is on target
 - During the course of the year, KidsCount should be included in some form, in decisionmaking/factfinding to ensure data collection is aligned/leverages KidsCount where it should
- Need for data collection and analysis capacity
- Should we generate sample data use agreements that include all the requirements and are available on the certification site, help to standardize the process
- Changing the measures collected to adapt to new needs (eg for federal grant to respond to vaping); need mechanism to adapt data collection for future data needs. Getting consensus on data dictionary updates, for example.
 - Periodically reviewing and updating data dictionary (5-10 year cycle? Needs to accommodate long-term collection of shared measures but also respond to new needs)
- From a medical sponsor operational point of view, monthly reports are helpful
- From an SHBC perspective, most data comes from EHR and practice management software, which have to develop components to capture data elements; sometimes need to build data collection elements alongside when that's not possible, which is where double entry comes up. Then we need someone to maintain that. Had to develop an ad hoc program to collect data separately from the EHR. May be wise to have a centralized place that could do that and help providers share that information; cost can be very substantial in the EHR. Some EHRs/HIEs are adding community/SDOH data collection capacity. DHIN potential role (depending on cost – this was previously explored)? Medical sponsors may have concerns about data sharing, particularly around repro health

- Potentially incentivize EHR adoption or include requirements in the new RFP to be established in elementary schools
- EHR elements may differ from key measures DPH needs; double entry at times, and situations where there needs to be a count of SBHC-registered students independent of the EHR, for example
- Resources that include staffing, for example technical assistance provider focused on data; there may be specific needs downstate.
- Standardized database development requires resources and technical support.
- Ensure Continuous Quality Improvement for data accuracy.
- Include qualitative interviews and focus groups with individuals who receive services (e.g., students, parents) to ensure the story of SBWC is captured.