Health Enhancement Community Initiative

Measures, Data, and IT

Reference Community Webinar
Aug 30, 2018
2:30 – 3:30 PM
Today’s Objectives

1. Provide overview of current design of HEC as it relates to measures, data, and IT

2. Obtain feedback from Reference Communities regarding current design, including implications and feasibility

3. Provide sufficient background information so Reference Communities can provide recommendations in their final reports
Agenda

1. Introduction
2. Measures
3. Data and IT
4. Discussion
5. Next Steps
Introduction
Overview of Health Enhancement Community Initiative
What prevention aims will HECs seek to achieve?

Primary Aims Across All HECs

- Improve Child Well-being
- Increase Healthy Weight and Physical Fitness

While these two will be the focus of all HECs, HECs may also select additional priorities.
What prevention aims will HECs seek to achieve?

Child Well-Being Definition: Assuring safe, stable, nurturing relationships and environments (Source: CDC Essentials for Childhood)

Interventions targeting

- Physical abuse
- Sexual abuse
- Emotional abuse
- Mental illness of a household member
- Problematic drinking or alcoholism of a household member
- Illegal street or prescription drug use by a household member
- Divorce or separation of a parent
- Domestic violence towards a parent
- Incarceration of a household member

- Allow for HECs to include other types of trauma or distress such as food insecurity or housing instability or housing quality

- Interventions can also increase the number of children with protective factors in place to mitigate the effects of potential toxic stressors – building resilience.
How Will Health Equity Be Core to the HEC Initiative?

Propose Embedding Health Equity Throughout HEC Initiative

- Stratified Data
- Interventions
- Measures
- Logic Models
- Supports (e.g., framework, TA, training, etc.)
- Structure (e.g., Statewide HEC Consortium)

**HEALTH EQUITY DEFINITION**

Providing all people with fair opportunities to achieve optimal health and attain their full potential.
Measures
Which population and community-wide measures will HECs be accountable
Provisional Statewide Measures

For each priority goal, there will be primary and secondary measures

• Primary measures will carry more weight in HEC evaluation than secondary

Each measure will be evaluated against a **prevention benchmark** goal based on:

• Progress to the prevention benchmark if HEC’s current status is below
• Maintenance of prevention benchmark level if HEC’s current status is at or above

The State will be responsible for identifying data sources and ensuring the data is incorporated into dashboards to which the HECs have access

Additional health equity measures may be identified and added
Provisional Statewide Measures – Child Well-Being

**Primary Measure:** Prevalence of ACEs among children

**Secondary Measures:**

- Related to Parents and/or Prospective Parents
  - Mother smoked during pregnancy
  - Mother has not completed high school
  - Child born with low birthweight
  - 4-year cohort high school graduation rate

- Related to Children
  - Hospital emergency department visit rates for children with injuries
  - Children in placement with DCF
  - Children committed delinquent
  - Children with at least one substantiated allegation of abuse or neglect

Measures in italics represent ones for which disparities will also be monitored.
Provisional Statewide Measures – Healthy Weight and Physical Fitness - *Proposed*

**Primary Measures:** Adult and Child Obesity Prevalence

**Secondary Measures:**
- Students reaching the health standard on the CT
- Physical Fitness Assessment
- Adult hypertension prevalence
- *Age-adjusted diabetes prevalence*
- *Age-adjusted hospital discharge rates for diabetes*
- *Age-adjusted hospital discharges rates for diabetes-related conditions*

Measures in italics represent ones for which disparities will also be monitored.
What interventions will HECs implement to achieve prevention benchmarks?

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<thead>
<tr>
<th>Improve Child Well-Being</th>
<th>Increase Healthy Weight and Physical Fitness</th>
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<tbody>
<tr>
<td>Programmatic Interventions</td>
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<td>Systems Interventions</td>
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<td>Policy Interventions</td>
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<td>Cultural Norm Interventions</td>
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Complementary statewide consortium for sharing best practices and creating statewide interventions
Local HEC Measures

HECs will report on process and outcome measures related to chosen interventions

- These measures will be unique to each HEC
- Measures will serve to advance the objective of meeting the prevention benchmarks

HECs will be accountable to the State for:

- **Completing** process measures
- **Reporting on** outcome measures

HECs will propose interventions and corresponding process and outcome measures through the development of a logic model
HECs will use a logic model to demonstrate connections between the proposed measures and the prevention benchmarks.
### Local HEC Measure Examples

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<tr>
<th><strong>Programmatic Intervention</strong> Examples:</th>
<th><strong>Systems Intervention and Development</strong> Examples:</th>
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<tbody>
<tr>
<td>• Reporting on the number of programmatic intervention participants</td>
<td>• Implementing data use sharing agreements to share data across systems with the same eligibility criteria</td>
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<td>• Implementation of programmatic interventions by a certain date</td>
<td>• Building a network of community resources to address inequities within the HEC</td>
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<td>• Measuring changes in targeted health behaviors throughout the intervention</td>
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<th><strong>Policy Intervention</strong> Examples:</th>
<th><strong>Cultural Norm Intervention</strong> Examples:</th>
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<td>• For a community garden intervention, working with a school district to create new policies to allow access to school grounds after hours and during the summer</td>
<td>• Using social media to educate the target population on topics related to the priority areas</td>
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<td>• Creating a statewide advocacy group to promote policy changes related to a programmatic intervention or the overall priority areas (e.g., required calorie posting)</td>
<td>• Measuring changes in attitudes, knowledge, perception/self-efficacy, exposure, liking, and willingness related to fruit and vegetable consumption among participants using a validated individual questionnaire</td>
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Data, IT, and CDAS

What IT and data infrastructure does each HEC need to support obtaining and sharing of data
How will HECs maintain data?

- Data management protocols in place prior to HEC launch
- HECs will need ample training on data collection, management, and reporting
- State will need to negotiate measures with each payer
- Ensure HECs are not overly burdened yet accountable
- State/UCONN will create a dashboard focused on outcomes
- HECs will focus on outputs, process, and outcomes that tie to states’ desired outcomes
What is CDAS?

• The University of Connecticut (UConn) Analytics and Information Management Solutions (AIMS) group is focused on:
  • the design and development of advanced innovative person-centered analytics and information management solutions to support the accountability to promote healthier people, smarter spending, and health equity

• **Core Data Analytics Solution (CDAS) Goal:** create an innovative open architecture solution that will open the lines of communications across the State between people, communities, consumers, providers, payers, and employee groups (all-inclusively labeled “Stakeholders”)

CURRENTLY PROPOSED
How will CDAS support HECs?

- CDAS will acquire and create a sizable foundation of the state’s health data, such as the All-Payers Claims Database (APCD), clinical data, medical and pharmacy claims data, and social determinates of health.
- The data within the CDAS will be used to create advanced innovative analytics to provide information and insight to guide and support interventions.
- It will provide information to stakeholders, like HECs, so that they can proactively monitor and manage programs and interventions to outcomes.
- Advanced analytics will be important to quantify the potential return on investment in populations in support of value-based, multi-payer strategies.
How will CDAS support HECs?

• Create cost-efficiencies for implementation across the HEC such that they reduce the analytics burden on the HEC.

• Ensure flexibility to include data elements such as social determinants of health, family history, medical and surgical history.

• Accept data formats from most sources (i.e. excel, access dbase) to accommodate most HEC providers (including those who don’t currently have robust HIT in their settings).

• Allow for the segmentation of all of its reports, metrics, and analytic tools by any number of markers or factors.
CDAS HEC Example

• HECs could utilize CDAS to do the following:
  • Access baseline data to identify hot spots of need within the local HEC geography to better target interventions
  • Upload HEC intervention outputs to meet reporting requirements and track activities
  • Monitor local HEC progress toward statewide prevention benchmarks
Part IV

Feedback from Reference Communities
Questions

• How do you see HECs implementing this approach in your communities?
• What challenges do you anticipate regarding reporting and monitoring outputs and measures?
• What types of resources and trainings would you need to be able to meet these requirements?
• Any other feedback?
Part V

Next Steps
Next Steps

• Recording of this webinar and slides will be sent to Reference Community leads for distribution

• Next webinar: HEC Financing
  • Wednesday, September 5 10:00 am – 11:00 am
  • https://hlthmgt.webex.com/hlthmgt/j.php?MTID=ma2de0e3c0cc31706e44e8dd9aae735b9
  • 1-877-668-4493, Meeting number: 739 341 310

• Community engagement activities
  • Check-in call to be scheduled week of September 17
  • Other potential events to be scheduled

• Reference Community recommendations due October 19
Thank you!