OHS CONNECTICUT Office of Health Strategy

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

SIM connecticut state innovation model

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

Part I

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.

Part II

Measures

Which population and community-wide measures will HECs be accountable

Provisional Statewide Measures

CURRENTLY PROPOSED

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

CURRENTLY PROPOSED

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

Improve Child Well-being

Measures in italics represent ones for which disparities will also be monitored.

Provisional Statewide Measures – Healthy Weight and Physical Fitness - *Proposed*

CURRENTLY PROPOSED

Primary Measures: Adult and Child Obesity Prevalence

Secondary Measures:

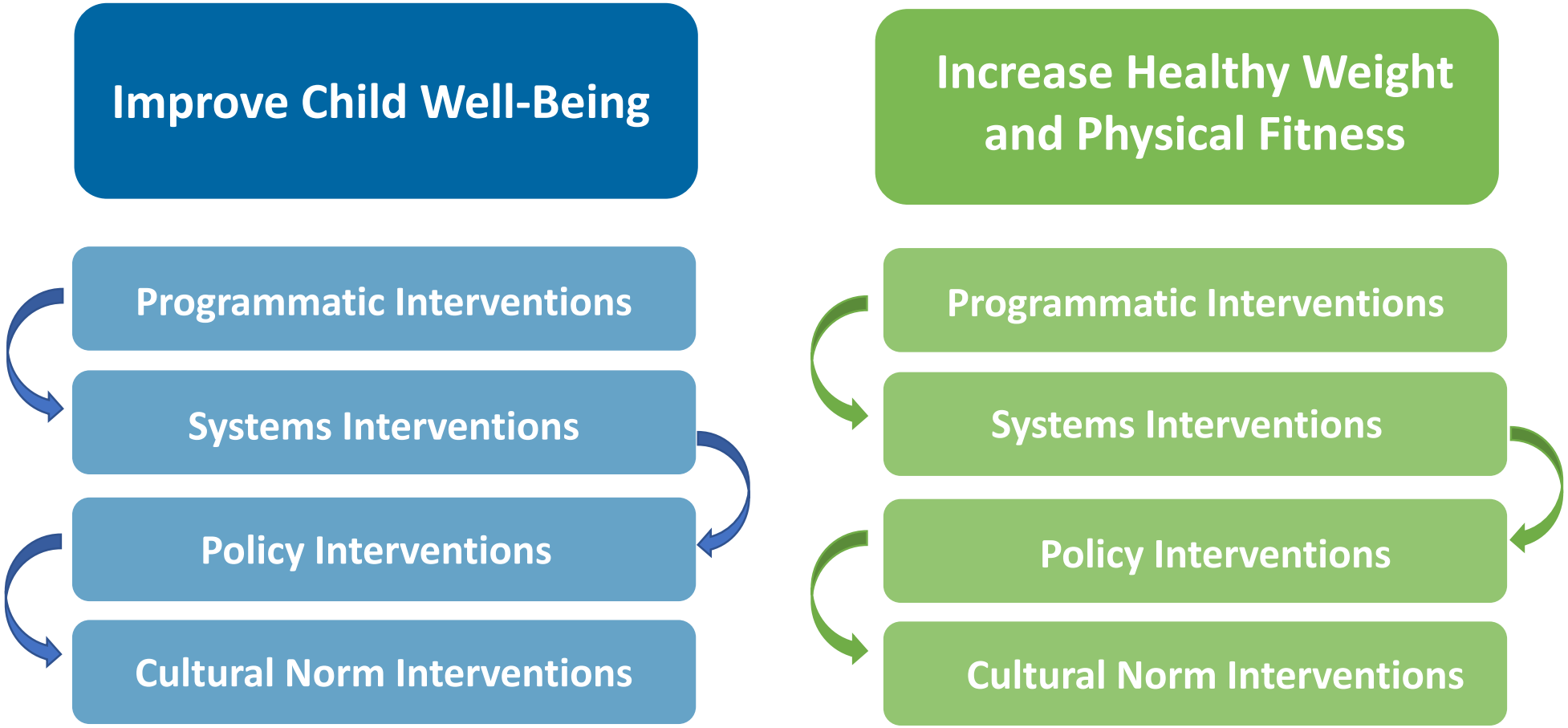
- Students reaching the health standard on the CT
- Physical Fitness Assessment
- Adult hypertension prevalence
- *Age-adjusted diabetes prevalence*
- *Age-adjusted hospital discharge rates for diabetes*
- *Age-adjusted hospital discharges rates for diabetes-related conditions*

Increase Healthy Weight and Physical Fitness

Measures in italics represent ones for which disparities will also be monitored.

What interventions will HECs implement to achieve prevention benchmarks?

CURRENTLY PROPOSED



Complementary statewide consortium for sharing best practices and creating statewide interventions

Local HEC Measures

CURRENTLY PROPOSED

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

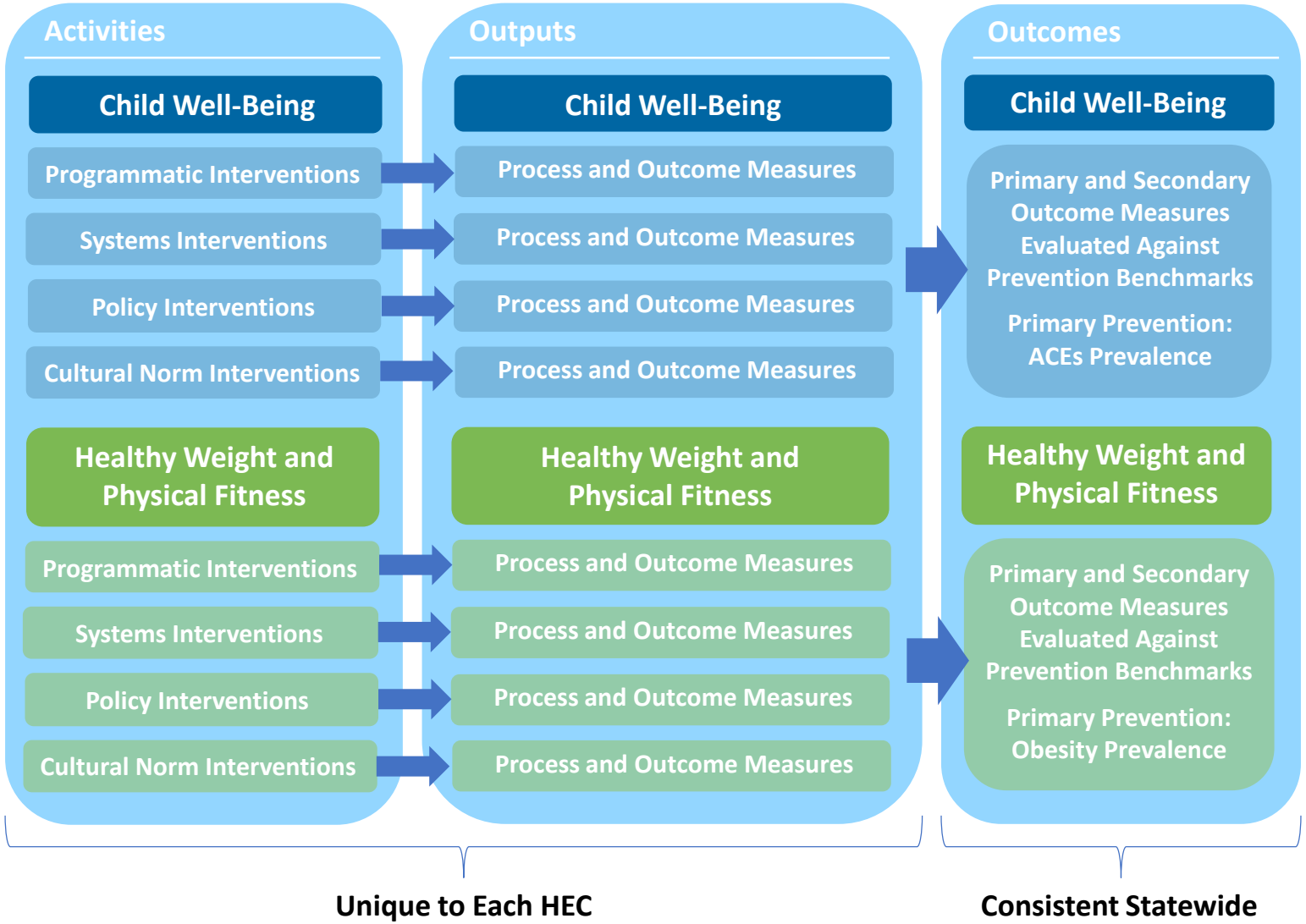
HECs will be accountable to the State for:

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

HECs will propose interventions and corresponding process and outcome measures through the development of a logic model

HEC Logic Model

CURRENTLY PROPOSED



HECs will use a logic model to demonstrate connections between the proposed measures and the prevention benchmarks

Local HEC Measure Examples

CURRENTLY PROPOSED

Programmatic Intervention Examples:

- Reporting on the number of programmatic intervention participants
- Implementation of programmatic interventions by a certain date
- Measuring changes in targeted health behaviors throughout the intervention

Systems Intervention and Development Examples:

- Implementing data use sharing agreements to share data across systems with the same eligibility criteria
- Building a network of community resources to address inequities within the HEC

Policy Intervention Examples:

- 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
- Creating a statewide advocacy group to promote policy changes related to a programmatic intervention or the overall priority areas (e.g., required calorie posting)

Cultural Norm Intervention Examples:

- Using social media to educate the target population on topics related to the priority areas
- 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

Part III

Data, IT, and CDAS

What IT and data infrastructure does each HEC need to support obtaining and sharing of data

CURRENTLY PROPOSED

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?

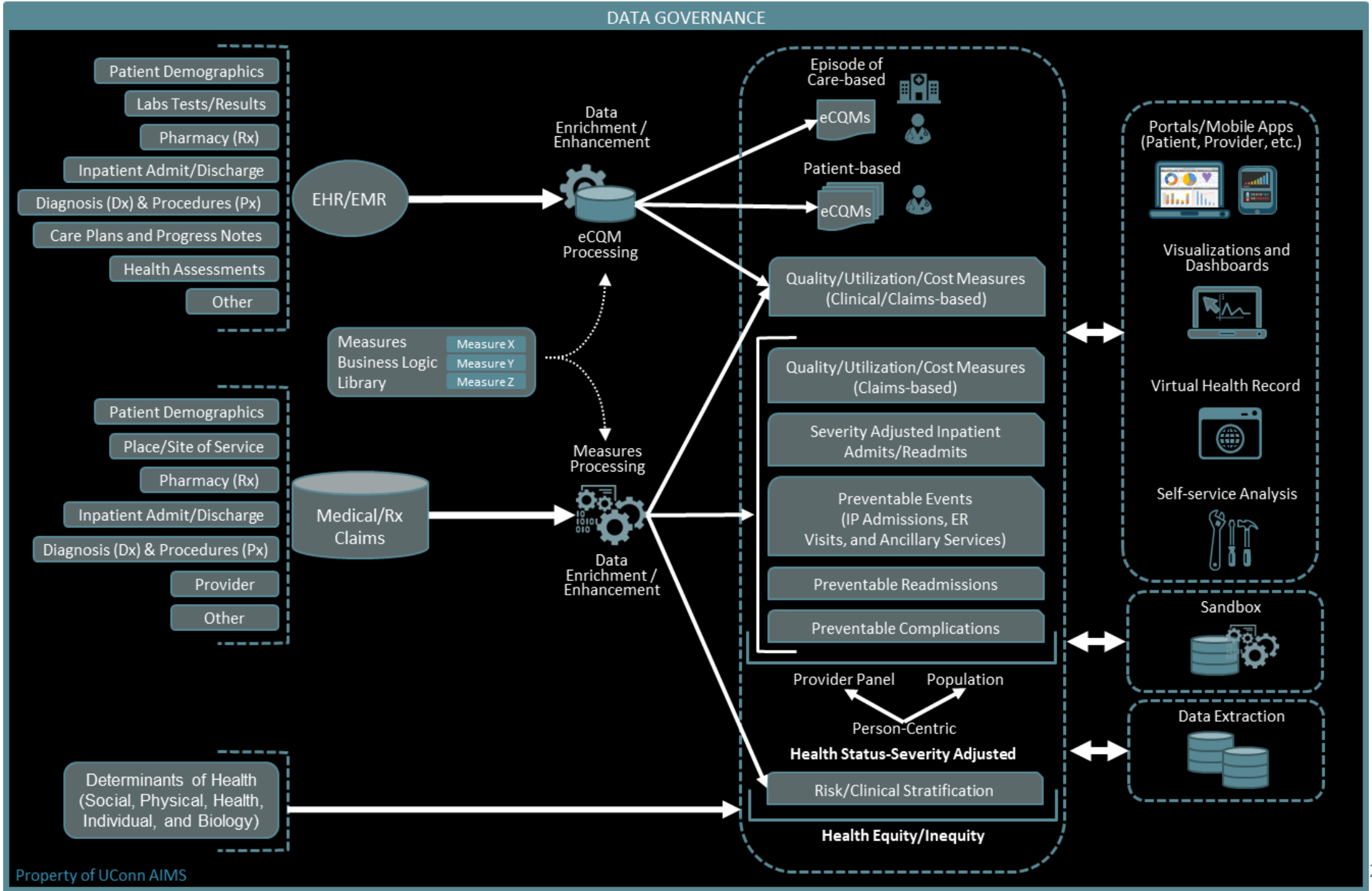
CURRENTLY PROPOSED

- 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”)

How will CDAS support HECs?

CURRENTLY PROPOSED

- 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.


DATA GOVERNANCE
Patient Demographics
Labs Tests/Results
Pharmacy (Rx)
Inpatient Admit/Discharge
Diagnosis (Dx) & Procedures (Px)
Care Plans and Progress Notes
Health Assessments
Other
EHR/EMR
Data Enrichment / Enhancement
eCQM Processing
Measures Business Logic Library
Measure X
Measure Y
Measure Z
Patient Demographics
Place/Site of Service
Pharmacy (Rx)
Inpatient Admit/Discharge
Diagnosis (Dx) & Procedures (Px)
Provider
Other
Medical/Rx Claims
Measures Processing
Data Enrichment / Enhancement
Determinants of Health (Social, Physical, Health, Individual, and Biology)
Episode of Care-based
eCQMs
Patient-based
eCQMs
Quality/Utilization/Cost Measures (Clinical/Claims-based)
Quality/Utilization/Cost Measures (Claims-based)
Severity Adjusted Inpatient Admits/Readmits
Preventable Events (IP Admissions, ER Visits, and Ancillary Services)
Preventable Readmissions
Preventable Complications
Provider Panel
Population
Person-Centric
Health Status-Severity Adjusted
Risk/Clinical Stratification
Health Equity/Inequity
Portals/Mobile Apps (Patient, Provider, etc.)
Visualizations and Dashboards
Virtual Health Record
Self-service Analysis
Sandbox
Data Extraction
Property of UConn AIMS
SECURITY

How will CDAS support HECs?

CURRENTLY PROPOSED

- 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

CURRENTLY PROPOSED

- 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!