MODERATOR:

Welcome to today's Coffee Break presented by the Applied Research and Evaluation Branch in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

We are fortunate to have Joanna Elmi as today's presenter, she is a Behavioral Scientist on the Evaluation and Program Effectiveness Team.

My name is Ashley Marshall and I am today's moderator. I am in the Applied Research and Evaluation Branch.

Before we begin…

All phones have been placed in SILENT mode.

Issues or questions:
- ❑ **Q & A box on your screen**
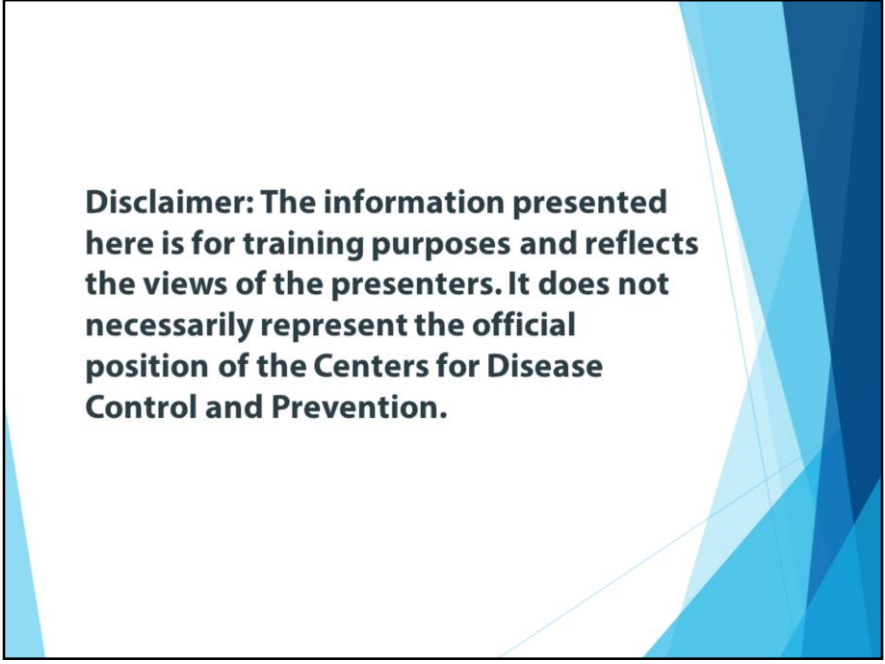- ❑ **AREBheartinfo@cdc.gov**

MODERATOR:

Before we begin we have a few housekeeping items.

All participants have been muted. However, to improve audio quality please mute your phones and microphones.

If you are having issues with audio or seeing the presentation, please message us using the chat box or send us an email at AREBheartinfo@cdc.gov

If you have questions during the presentation, please enter it on the chat box on your screen. We will address your questions at the end of the session.

Since this is a training series on applied research and evaluation, we do hope you will complete the poll and provide us with your feedback.

Disclaimer: The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

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So, without further delay. Let's get started. Joanna the floor is yours.
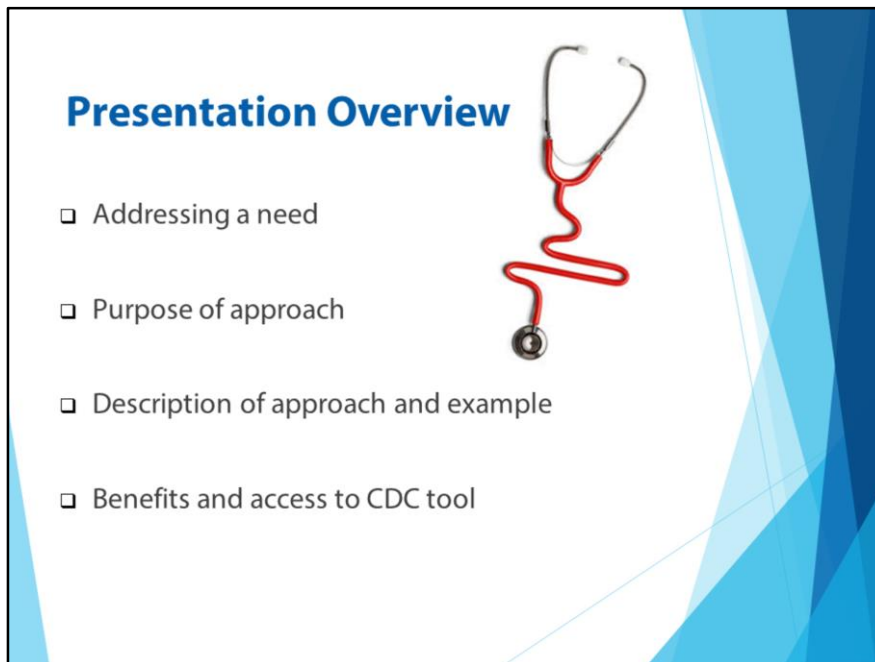
Good afternoon and thank you. Today's presentation will describe a need that arose among CDC-funded health departments to identify and count the total number of health care systems in their jurisdiction and those targeted for intervention.
I'll share a potential approach that CDC developed to address this need, and will provide some examples and discuss its benefits.
Finally, I'll provide information about how you may access a tool CDC developed that can serve as a sample template. For those of you who were funded under 1305 or 1422, this tool was also referred to as the "Health Care Systems Assessment" or "Health Care Systems Identification" inventory tool.
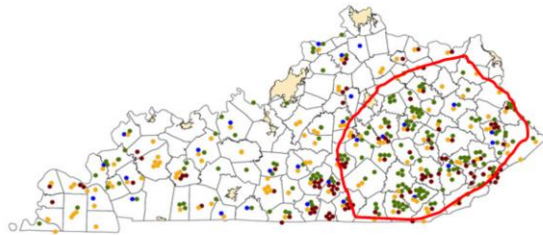
Working with healthcare systems is a key strategy for improving cardiovascular-related health outcomes. As a result, there is an increasing need to understand the landscape of healthcare systems and how to work with them.

The 1305 and 1422 cooperative agreements required recipients to answer questions, such as "Who are the potential partners for us to work with among the existing health care systems in our jurisdiction? How many systems are there total? How should we go about making these relationships? What strategies need to be implemented in targeted systems to improve blood pressure control among patients?"

Additionally, DHDSP-funded health departments wanted to determine what opportunities would ultimately yield the greatest reach and impact.

Addressing a Need
How do we calculate reach of interventions?

❑ <u>Proportion</u> of <u>health care systems</u> with…

Numerator:	# of defined health care systems that use EHRs appropriate for treating patients with high blood pressure	= 10
Denominator:	Total # of health care systems in the state (or at highest level possible)	= ???

Equally important is the need to track and monitor progress, and demonstrate the reach of implemented interventions.

For example, in 1305, DHDSP –funded health departments collected and reported on annual performance measures such as this :
"The proportion of health care systems with electronic health records (EHRs) appropriate for treating patients with high blood pressure".
With the numerator and denominator defined as they are on this slide

Initially, a few health departments made attempts at categorizing the health systems in their state that provide primary care and treatment for adults (ages 18-85) with, or at risk for hypertension. And then developed ways to define "the system", and not just count clinics, facilities or providers separately even though they may part of the same system. There were questions about whether these approaches were correct, how did it compare to how others were calculating the denominator in their jurisdictions, and could CDC provide guidance on a standardized approach?

Purpose of Suggested Approach

- ❑ Communicate planned target activities and reach to funder
- ❑ Promote consistent identification and measurement of health care systems over time
- ❑ Minimize reporting differences across grantees

The purpose of this suggested approach is to provide guidance and a systematic way for recipients to identify and count the health care systems in a defined jurisdiction.

This enables recipients to better communicate their plans for implementation to their funder, report which systems or high burden populations will be targeted, and then demonstrate the reach of those strategies and interventions.

It will also help to promote the consistent measurement of health care systems over time, from year to year. And from a national perspective, it can help minimize reporting differences across recipients and allow CDC to use aggregate data to make broad statements about the reach of an entire national program.

Description of Approach

❑ Developed based on previous efforts, experience, and learnings from the field

❑ Sample template

❑ Customizable
  ▪ Content as a guide
  ▪ Individualized approach

This approach was informed by early efforts by recipients funded by 1305 and 1422. CDC compiled the most successful practices among recipients at the forefront of this work, and held calls with recipients to better understand the steps taken and decisions made along the way. Then CDC developed this content in a sample template TA tool. During this presentation, I'll go over the content of the tool and the approach in a broad sense so that you may take this information and perhaps use it to guide your current efforts or to better refine your existing approach to describing your health care system landscape.

There are four main categories or steps to think through.

First, explore all possible and relevant Health care system "types" (which we'll go into in more depth on the next slide).
And then the Number of health care systems within each of these system types.
The third category is to clarify the number of delivery sites within a system type.
You may also choose to incorporate additional categories to capture data for other CDC health care system related performance measures, such as patient population.

Health Care System Type

- ❏ Indian Health Services
- ❏ Veterans Affairs
- ❏ Federally Qualified Health Centers
- ❏ Community Health Centers
- ❏ Rural Health Centers
- ❏ Hospitals/Hospital Systems
- ❏ Physician Groups/Independent Physicians
- ❏ State and Local Health Departments
- ❏ Other Types of Health Care Systems (e.g. Health Center Controlled Networks)

On this slide, Let's look further into some of the types of health care systems that exist:

- Many of these system types have a website that provides information on the # of systems and/or delivery sites.
- Be aware of the types of delivery sites to include or exclude in your count. For example, for FQHCs, do not include pediatric or school health clinics, or behavioral health clinics because these clinics do not serve the target population of those with, or at risk for, hypertension and high cholesterol (18-85 years old) and don't provide primary care and treatment.
- Also, not all states may have all of these systems. For example IHS does not have clinics in every state. Choose which categories or health care system types to complete as it fits your unique health care system landscape and available data sources. The system types should also match the strategies you are implementing.

Number of Systems & Delivery Sites
Example

HC System Type	# of HC Systems	# of Delivery Sites
VA	1	15
FQHCs	36	145
CHCs	0	0
RHCs	8	75
Hospitals	40	66
Physician Groups	--	--
TOTAL	**85**	

Now let's bring it all together and walk through an example on this slide. Much of this information and data were gathered by doing research on the internet. You can also seek out existing data sources and establish partnerships with other state entities that may have these data available.

So, the first health care system type on the first data row, is Veterans Affairs. The VA is a federal system and is only one health system. In this particular state, the VA has 15 delivery sites.

Next, The HRSA website provides information on FQHCs. However getting to the # of health care systems can take a little bit of time. The HRSA data file lists the delivery sites and does not categorize them by health care system. You have to comb through the data and lists of delivery sites, and group them. Things like a common site name, website, address, or your own knowledge of your community can help you categorize the sites correctly and distinguish what is a system.

HRSA also provides information on Community Health Centers and Rural Health Centers. In this example, all the CHCs were also FQHCs that were already counted in the line above. I entered "0" for CHCs so that there is no double counting.

For Rural Health Centers, I identified 25 of these systems in the HRSA data file, but 17 of them were counted elsewhere (either as a FQHC or a hospital). So I entered "8"

A State Hospital Association can provide information on the hospital systems in a state. Be sure not to count VA hospitals toward this number if they are already accounted for in the VA category above.

In this example, no physician groups were counted because many of the groups in the state were associated with a hospital system or designated as a CHC, RHC or FQHC, and therefore were already represented in previous counts.

Additional Information

❑ Document patient population size for each health care system type
  ▪ To report on patient level performance measures

❑ Collect data for reporting on health care systems implementing interventions or strategies
  ▪ To report performance measure numerator

In addition, you may choose to expand your approach to document patient population size for each health care system type in order to report on patient level performance measures. As well as collect data on systems that are implementing interventions, such as EHRs, team based care, etc. These are still areas of learning within the field and we look forward to hearing about your experiences.

Other Considerations

❑ Aim to identify health care systems that serve majority of patients

❑ May count a collection of health care systems or delivery sites (such as a ACO), but do not double count

❑ Patient population covered by smaller provider groups/ physicians is often minimal
  ▪ Be strategic and focus first on practices/providers that serve the largest patient population

Here are some other considerations that may be helpful.

1. Aim to identify health care systems that serve the majority of patients in your target area. Instead of aiming to account for every system, or 100% of systems. Begin with identifying the largest players first.
2. You may have a situation where it makes the most sense to count a collection of health care sites as a system, such as a managed care organization or accountable care organization. You may choose to count these sites as a "system", just make sure you have documented this clearly so there is no possible double counting.
3. In some situations, the patient population that is covered by smaller provider groups or independent, stand along physicians is minimal. Don't worry too much about getting this accurate count, be strategic and focus your energy on the practices or providers that serve most of the target population.

Helpful Tips

❑ Create a master spreadsheet with name, website, and location information for delivery units

❑ Visit websites to ensure that site provides primary care services to the adult population

❑ Estimated time investment = ~20 hours (maximum)

Here are some tips for the process:
- Create a master spreadsheet with name, website, and location information for delivery units. This will help to group delivery sites into health care systems and to identify redundancy.
- Second, do a little fact finding and verification on the internet to ensure that health care sites provide primary care services and serve the adult population.
- Lastly, the estimated time investment is about 20 hours to complete this work from start to finish. That is if you have no previous work or foundation. However, this is at the maximum limit. If you have started this work then it is less time involved. This estimate will vary by state according to its size, population, and health care infrastructure.

In conclusion, adopting this approach has multiple benefits for you

During the planning phase, when developing work plans, you will be able to better identify potential health systems for intervention and those that serve high burden populations.

During the implementation phase, you will have a good understanding of the health care players, what their strengths and needs are, and what activities are needed for successful intervention.

And for program evaluation and monitoring you will be able to articulate the reach of your sponsored interventions to funders with accurate data.

CDC has put together the steps of this approach in a sample template. If you want to see it, please contact your HDSP evaluation TA provider.

Any Questions?

MODERATOR:

At this time, we'll take an questions but first we'll check to see if any questions have come in through the Q&A box.

1) How can I use the information for 1815 or 1817?
Working with health care systems to improve cardiovascular disease outcomes is still part of the work that lies ahead of us. There will be future guidance and definitions that will provided to all grantees when 1815 and 1817 begin so stay tuned for that guidance. However, this information on the approach of defining health systems is a good spring board for our future work.

2) How often should state and local health departments conduct an assessment of their health systems?
Ideally, state and local health departments should conduct an assessment of their annually to align with reporting of performance measure data. Once the data are collected at baseline, collecting the data in subsequent years will not be as time or resource intensive as collecting the baseline data.

Question from the audience chat box:
1) I'm using an excel spreadsheet to track the adoption of a guideline. Is this the best way to do this or is there another approach that is better?

This sounds like a systematic approach at gathering this information. Other options could be to send out a internet survey to collect this data annually and have the data populate into an excel document from the survey.

Please stay with us for three short evaluation poll questions
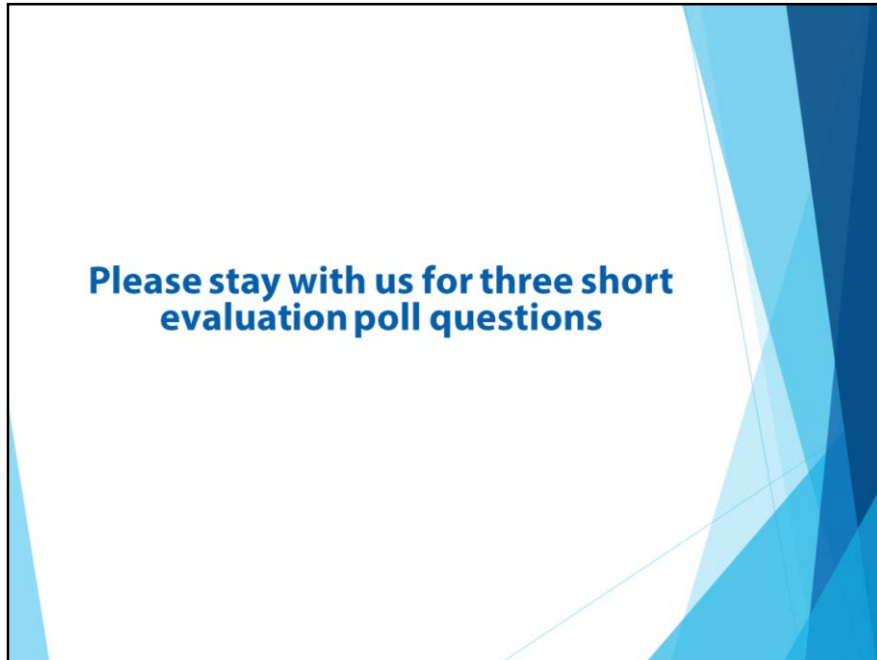
MODERATOR:

Next, please stay with us for three short poll questions.

Please allow a few seconds for the poll to pop up on your screen. We will pause for a few moments after the question is presented to give you time to answer. One moment everyone.

Moderator present poll question. Make sure to read the following after presenting each.

question should be showing, it read **[read question and potential answers]**

Please respond with the appropriate answer at this time.

1.This coffee break was worth while for me (yes, no, unsure)
2. The level on information was (too basic, about right, beyond my needs)
3. Considering that this presentation was brief it was (excellent, good, fair poor)

Thank you for your feedback, that concludes our poll for today

Reminders!

All sessions are archived and
the slides and script can be accessed at:
https://www.cdc.gov/dhdsp/pubs/webcasts.htm

If you have any questions, comments, or topic
ideas send an email to:
AREBheartinfo@cdc.gov

Thank you for your participation!

As a reminder, all sessions are archived and the slides and script can be accessed at our Division website. Today's slides will be available in 2-3 weeks.

If you have any ideas for future topics or questions, please contact us at the listed email address on this slide.

MODERATOR:

Our next Coffee Break is scheduled for Tuesday, October 9th and is entitled Using Implementation Theories to Increase CHW Integration

Thank you for joining us. Have a terrific day everyone. This concludes today's call.