

CDC Health Systems Scorecard Version 2.0

Technical Assistance & Resource Guide for Public Health Departments



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U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division for Heart Disease and Stroke Prevention

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Introduction to the CDC Health Systems Scorecard

The majority (86%) of the nation's health care dollars are dedicated to treating people with one or more chronic diseases.¹ Still, no standard approach exists to assess the policies and strategies that health systems use to provide primary care to U.S. adults with preventable risk factors including high blood pressure, high cholesterol, prediabetes or diabetes, obesity, chronic obstructive pulmonary disease (COPD), cancer, or who smoke. The result is a lack of comparable data to assess the impact of health care policies and strategies on health outcomes. The Centers for Disease Control and Prevention (CDC) developed a quality improvement assessment tool called the Health Systems Scorecard (HSSC) v2.0 to address this gap in the evidence. State and local public health programs use the HSSC v2.0 to identify which policies are in place in primary care health systems to identify possible gaps in their use of evidence-based strategies to manage chronic conditions.

Purpose of the Scorecard

By providing a resource that will be useful to both public health agencies and their health system partners, the HSSC version 2.0 (v2.0) can (1) help establish relationships between local and state health departments and health systems and (2) provide standards for assessing primary care policies and strategies.

The HSSC v2.0 consists of approximately 85 questions about evidence-based strategies that can be used to prevent and manage chronic conditions among U.S. adults. The questions address the use of multidisciplinary care teams; clinical guidelines; health information technology and other tools to manage patient health and follow-up; clinical decision supports; patient education and self-management; tobacco use and dependence cessation; and screening for breast, cervical, and colorectal cancer. The tool was pretested with practice managers from small- (0–44,999 patients) to medium-sized (45,000–49,999 patients) primary care health systems.

The HSSC v2.0 provides an overall rating that reflects a health system's relative strengths and weaknesses and can be used for prioritizing a health care system's quality improvement efforts. Health systems can also potentially use their rating when they apply to recognition or certification programs. In addition, the scorecard could be modified and used as a survey to collect and report regional, state, or local data on health care policies and practices.

The HSSC v2.0 modules focus on the following strategies:

- Multidisciplinary teams for care management approach (Module A).
- Clinical guidelines (Module B).
- Electronic health record (EHR) systems and patient tracking systems (Module C).
- Clinical decision support and protocols (Module D).

¹ Gerteis J, Izrael D, Deitz D, LeRoy L, Ricciardi R, Miller T, Basu J. *Multiple Chronic Conditions Chartbook*. AHRQ Publication No. Q14-0038. Rockville, MD: Agency for Healthcare Research and Quality; 2014. Accessed November 18, 2014.

- Patient education (Module E).
- Self-management and care management (Module F).
- Tobacco use and dependence cessation (Module G).
- Guidelines for screening for breast, cervical, and colorectal cancer (Module H).

How to Use the Scorecard and Resource Guide

CDC encourages state and local health departments to share the HSSC v2.0 with their health system partners. This assessment tool is geared toward small- to medium-sized health systems that primarily provide ambulatory care to adults. It is designed to be completed by staff who are most familiar with current policies and protocols in a specific health system. We hope this quality improvement tool will stimulate clinical–public health partnerships at local and state levels.

The following sections are included in this Technical Assistance & Resource Guide:

- [Section 1. Deciding Whether to Use the HSSC v2.0.](#)
- [Section 2. Gaining Access to the HSSC v2.0 in Formsite®.](#)
- [Section 3. Recruiting Health Systems to Complete the HSSC v2.0.](#)
- [Section 4. Managing and Using HSSC v2.0 Data.](#)



See [Appendix A](#) for tips to implement the HSSC. This tip sheet resulted from findings from the 2018 HSSC evaluation.

Much of the content of this resource guide was informed by CDC’s formative evaluation of the HSSC v1.0 (see [Appendix B](#) for the HSSC v1.0 evaluation summary). CDC would also like to thank the members of the HSSC Improvement Workgroup from the state health departments listed below who provided valuable input as the new HSSC and accompanying materials were updated.

- Illinois Department of Public Health
- Minnesota Department of Health
- New York City Department of Health and Mental Hygiene
- South Carolina Department of Health and Environmental Control
- Virginia Department of Health
- Wisconsin Department of Health Services

Section 1. Deciding Whether to Use the HSSC v2.0

There are few health care system assessment instruments for small- to medium-sized health systems to identify and prioritize areas to focus quality improvement efforts. When exploring whether to use the HSSC v2.0, consider the following:

1. How well do the core areas assessed by the HSSC v2.0 align with efforts being implemented by the partner health system(s)? Consider whether the participating health systems will have the data needed to address the questions within each core area.

2. To what degree does the data provided by the HSSC v2.0 meet the needs of the public health department? For example, do responses to HSSC v2.0 questions and supplemental HSSC v2.0 resources help the health department to identify and address technical assistance needs of the participating health systems, given the public health department's internal capacity?
3. Does the health department already have a health system assessment in place or other data sources to capture information needed from partner health systems? If yes, what, if any, questions, references, or resources might be adopted from the HSSC v2.0 to add to the existing health system assessment?
4. Is the health department primarily interested in gathering quantitative data, for example, to monitor health system performance? Or is the health department seeking an assessment to guide quality improvement approaches? The HSSC v2.0 can guide quality improvement efforts, but users also have the ability to add items to achieve multiple goals.

As a first step, review the document named "REVISED CDC HSSC Assessment Tool version 2.0 (replication of electronic version)" for a description of each module. This document can be found at https://www.cdc.gov/dhdsp/evaluation_resources/guides/index.htm. Then review the wording of each question, its response options, and the scores generated in the score report that is provided to each participating health system. You may also want to review the evidence reference list supporting each question and the resources that are selectively provided in each score report upon completion of the HSSC v2.0.



Consider starting with a free or trial-period account to preview Formsite® before deciding to purchase an account. (Note: You can only access the HSSC with a paid Formsite® account.)

As noted above, the primary purpose of the HSSC v2.0 is to serve as a quality improvement tool for health systems and health departments. More specifically, it can be used to identify strengths in health care delivery as well as opportunities for improvement—for example, through the implementation of new evidence-based chronic disease management strategies. Moreover, such quality improvement tools can be useful for drawing comparisons between health systems located in different geographical locations within your jurisdiction or longitudinally from the same health system.

Some CDC-funded health departments have opted to use the HSSC v2.0 as both a quality improvement tool and a means for gathering information to calculate data to report on CDC-required performance measures. While the HSSC v2.0 was not developed with the reporting for any specific funding opportunity in mind, items can be added for this and other purposes. In addition, public health systems are welcome to adopt elements of the HSSC v2.0 into an existing health systems assessment or explore another suitable and validated health system data collection tool.

Section 2. Gaining Access to the HSSC v2.0 in Formsite® *

A public health department can have access to the HSSC v2.0 by taking two steps:

1. Purchase and create a Formsite® account.
2. Contact CDC for access to the HSSC v2.0.

Once these steps have been completed, a public health department can modify the HSSC v2.0 (add customized questions that will not be scored) and send the link out to partner health systems to complete the assessment. The public health department is the primary holder of their instance of the HSSC v2.0 in Formsite®. The health department is the only entity that can view and manage data entered and submitted by partner health systems.

Below are detailed instructions for public health departments to follow in order to purchase a Formsite® account and request access to the HSSC v2.0.

Instructions for Creating a Formsite® Account

1. Navigate to <https://www.formsite.com/> using any web browser.
2. Click the “Sign up free” button on the Formsite® homepage.
3. Create a “Free” or “Pro trial” account by entering the username you wish to have associated with this account, a password, and the e-mail you would like to use for this account.
 - a. Write down and store your Formsite® account username, as you will need to send this to CDC to receive access to the assessment.
 - b. Please note that you can only access the HSSC with a paid Formsite® account.
4. After creating an account, you are brought to the Formsite® account personal page. If you are not automatically brought to this page, return to the



The price for a Formsite® account is relatively minimal; however, health department procurement policies can pose a challenge. Plan ahead and consider how to embed the purchase of Formsite® within a larger contract with an external evaluator/data analyst, university, or information technology vendor.

*Disclaimer: Formsite® is an independent software company, and CDC has no control over Formsite® policy.

Formsite[®] homepage (<https://www.formsite.com/>), log in by clicking the “Log in” button on the top right side of the page, and enter the log-in information you created in step 3.

5. On your Formsite[®] account page, click the green “Upgrade” button on the right side of the screen (a paid account is required to receive and implement the HSSC v2.0).
6. Select the desired account level. Pricing varies by level; the “Deluxe” (\$24.95/month), “Pro 1” (\$39.95/month), or “Pro 2” (\$69.95/month) levels are recommended. A “Pro 3” (\$99.95/month) and “Enterprise 1” option (\$249.95/month) are also available. These are the prices if the monthly payment plan is chosen.
 - a. When choosing the account level, pay attention to the “Results per form,” which refers to an upper limit on the number of times your copy of the HSSC v2.0 may be completed by an end user (health system). Once this limit is reached, your copy of the HSSC v2.0 will not be usable until either the account level is raised (to increase the “Results per form” limit) or the results data are deleted (see “Managing HSSC v2.0 Data in Formsite[®]” in section 4 for more details on results data). If you plan to utilize the data that are automatically collected in Formsite[®] when a user completes the HSSC v2.0, an account with a higher “Results per form” limit may be desirable. If you do not plan to utilize this data, an account with a lower limit may be sufficient, provided you periodically check the results data to ensure the account is not full.
 - i. Deluxe includes 500 results per form; Pro 1, 1,000; Pro 2, 2,500; Pro 3, 10,000; and Enterprise 1, 50,000.
 - b. If you choose a monthly payment plan, the account level can be changed as needed on a monthly basis.
7. Follow the “Billing information” instructions to order and pay for the account.
8. Once a paid account is created, proceed to the “Requesting Access to the HSSC v2.0 from CDC” section below.

Requesting Access to the HSSC v2.0 from CDC

1. Send an e-mail requesting access to the HSSC v2.0 to HSSC@cdc.gov.
 - a. Include “HSSC v2.0 access request” in the subject line of the e-mail.
 - b. In the body of the e-mail, please include:
 - i. The username you created for your Formsite[®] account exactly as it is written; you can view your username in the top right corner of your Formsite[®] account page.
 - ii. The name of your health department.
2. CDC will send the HSSC v2.0 directly to your Formsite[®] account. You will then receive an e-mail response confirming the HSSC v2.0 has been sent to your Formsite[®] account. If you do not receive a confirmation response within 5 business days, please resend your HSSC v2.0 access request e-mail.
3. Once CDC has sent it to your Formsite[®] account, the HSSC v2.0 will be visible on your Formsite[®] account page under “My Forms.”
4. See “Using and Sharing the HSSC v2.0 in Formsite[®]” in section 3 for instructions on how to send the HSSC v2.0 to your health system partners.

Section 3. Recruiting Health Systems to Complete the HSSC v2.0

When recruiting health systems to complete the HSSC v2.0, consider the following:

1. Identify and reach out to the health systems you are partnering with or plan to partner with. If you are planning to use the HSSC v2.0 to gather information for purposes of reporting requirements linked to CDC funding, consider reaching out to all of the health systems that you anticipate engaging within the reporting period.
2. The HSSC v2.0 may be more suitable for small- to medium-sized health systems.



Create a visually appealing one-page information sheet describing the CDC HSSC v2.0 as a standardized quality improvement resource. Explain the content of the tool, who should use the Scorecard, and how data will be used. Include a link for participating health systems to access the HSSC v2.0 and designate the required modules to complete.

There are a variety of strategies for recruiting health systems to complete the HSSC v2.0. For example, consider hosting a presentation to provide an overview of the HSSC v2.0 and your purpose in administering the tool. Or consider e-mailing a letter to points of contact at partnering health systems, using the sample e-mail template below. Finally, you might collaborate with your primary care association, hospital association, or state quality improvement organization to reach out to health systems. Emphasize the value and benefit of completing the HSSC v2.0. Regardless of the approach selected, emphasize that the HSSC v2.0 provides an immediate and tailored user score report with implementation resources that can be used to:

- Better understand implementation of evidence-based strategies in health systems.
- Address comprehensive chronic disease focus areas supported by current evidence.
- Assess and identify possible gaps and prioritize strategies with highest impact.
- Inform quality improvement and evaluation efforts.

Sample E-Mail Template Introducing the HSSC v2.0 to Health System Partners

*In the following e-mail, please note that any place where there is text that appears in **[brackets]** is text that you will need to add to the e-mail template.*

Dear **[Health System Partner]**,

The majority (86%) of the nation's health care dollars are dedicated to treating people with one or more chronic diseases. Still, no standard approach exists to assess the policies and strategies that health systems use to provide primary care to U.S. adults with preventable risk factors including high blood pressure, high cholesterol, prediabetes or diabetes, obesity, chronic obstructive pulmonary disease (COPD), cancer, or who smoke. The result is a lack of comparable data to assess the impact of health care policies and strategies on health outcomes. The Centers for Disease Control and Prevention (CDC) developed and recently updated a quality improvement assessment tool called the Health Systems Scorecard (HSSC) version 2.0 to address this gap in the evidence.

Information collected by the HSSC v2.0 will help your health system determine steps they can take to strengthen implementation of evidence-based policies and systems that, in turn, can improve care for patients with chronic conditions. More specifically, the HSSC v2.0 will help **[state health department name]** identify what evidence-based strategies are currently being used and the extent to which you are delivering care in ways that have been shown to improve health outcomes.

Steps for Using the Health Systems Scorecard v2.0

1. Access the **[state health department name]** HSSC v2.0 at **[insert weblink here. Please see bullet #4 in the section immediately following this e-mail template, where we describe how to locate the weblink]** and complete the HSSC v2.0 using the instructions provided on the landing page.
2. Complete the following modules **[indicate which modules the health system is being asked to complete]**.
3. Save and/or print the score report with scores and resources by module (please note that, once you close the report, it will be gone, so it is important to save or print it before exiting).
4. Review your HSSC v2.0 scores and use them as a planning tool. Your scores are intended to help you set priorities to support shorter- and longer-term goals and develop a comprehensive plan for using effective health care promotion, disease prevention, and overall wellness strategies. Review your scores to identify potential gaps in your system's health care plan—that is, topic areas where your system currently has few strategies in place.
5. Communicate with **[contact at state health department chronic disease office]** for resources to help you strengthen areas that need improvement.

*Please note: Data entered into the Formsite® account will only be shared with the **[state health department name]**.

Instructions for Completing the HSSC v2.0

1. We recommend that the person who completes the HSSC v2.0 work at the health system level. This person should be knowledgeable about or familiar with your health system's policies and protocols related to treatment of patients with chronic conditions.
2. Answer "yes" or "no" for each question in the module. Consult the glossary to better understand terms used in the questions. All questions should be answered consistently according to the policies and protocols currently in place in your health system or established within the last 12 months.
3. For most questions, you are asked to provide a response based on a typical patient in your health system who has or is at risk of developing one or more chronic conditions.
4. The HSCC v2.0 has eight modules. You may complete modules at any time and in any order. Module-specific scores will be calculated upon completion of each module. A combined total score for the HSSC v2.0 is calculated once all sections are completed. Completing the entire tool will take about 30 minutes.
5. Visually scan each module before attempting to respond. If you do not know the answer to a question, leave the box empty, and ask staff members in your health system who are more knowledgeable about that particular policy or protocol to help answer the question. A team-based approach will allow for more accurate responses, increase ownership and involvement among your team, and decrease the workload for any single team member.

It is our hope that this quality improvement tool will help stimulate clinical–public health partnerships so that we can work together to improve health outcomes across our state.

If you have any questions, please contact **[Name]** at **[e-mail]**. Thank you.

Using and Sharing the HSSC v2.0 in Formsite® with Health Systems

1. On your Formsite® account page, under “My Forms” there is a table of the forms available to your account. In the “Form Name” column of the table, you will see “Health Systems Scorecard [*health department name*].” If this is your first time using Formsite®, the HSSC v2.0 will be the only form available here.
2. Hover over the HSSC v2.0 and you will see buttons for “Edit,” “Settings,” “Share,” and “Results” directly under the name “Health Systems Scorecard [*health department name*].”
 - a. Please do not use the “Edit” or “Settings” buttons.
3. Select “Share” to be brought to the “Links” page.
4. On the “Links” page, there are two link options: “Form Link,” and “Pre-populate link.” The “Form Link” option is the link to the HSSC v2.0 unique to your Formsite® account and can be clicked on by any user to complete the HSSC v2.0 at no cost.
 - a. This link can be copied and pasted into the e-mail template provided above to send to your health system partners. Clicking on this link will bring them directly to the HSSC v2.0.
5. Whenever this link is used, a result will be created in your Formsite® account, which houses the user’s responses to the HSSC v2.0 questions. For more information on the results data collected from the HSSC v2.0, see “Managing HSSC v2.0 Data in Formsite®” in section 4.

Utilizing the Save and Return Feature

1. On your Health Systems Scorecard form’s page, under “Form Settings” you will see the option to enable the “Save and Return” feature. If you choose to enable this, your partner health systems will be able to log in and save their work and return to complete at a later time.
 - a. If you enable this feature, be sure to also embed the “Save and Return” button on the Form Editor.
2. In your settings, you can select whether you would like them to only use the username and password set by you within your account or instead a username and password of their choice. Either way, they will be able to return to where they left off and will be able to view their responses and completion status.
3. A unique link for Save and Return is located in the Form Settings tab and under the Share tab, if Save and Return is enabled.

Section 4. Managing and Using HSSC v2.0 Data

Interpreting the Score Report Score to Inform Quality Improvement

The score report is automatically generated each time the HSSC v2.0 is filled out. In addition to an overall score, scores are provided for each completed module. The score for a module is calculated, based on the answers provided, as a percentage of all completed questions within that module, and the overall score is calculated based on all completed questions in all selected modules. In all cases, scores are calculated as a percentage of the maximum total points the user could achieve. Health departments should strongly encourage their health systems to save the score report and share it with the health department to facilitate dialogue about opportunities for quality improvement.

Managing HSSC v2.0 Data in Formsite®

Whenever your unique HSSC v2.0 link is used to access the HSSC v2.0, data will be collected in the form of a result in your Formsite® account. This data includes the answers entered by the user each time the HSSC v2.0 is accessed through your link, as well as the calculated scores corresponding to those answers. This data will be held in the “Results” page of your Formsite® account.

To access the “Results” page,

1. Start on your Formsite® account home page. Under “My Forms,” hover over the HSSC v2.0.
2. Select “Results.”

The “Results” page shows your results table for the HSSC v2.0. Each row of data in this table corresponds to one use of the HSSC v2.0 through your unique HSSC v2.0 link (i.e., each time your link to the HSSC v2.0 is clicked on, a new row of results data is created). Each row of data contains the answers selected by the user and the scores calculated from those answers. Note that a row of results data will be created each time the link is clicked, whether the user fully completes the scorecard or not; the “Status” column of the results table shows whether each result was fully completed or not.

The “Results per form” limit associated with the account level you pay for refers to the number of rows of results data in this table (Deluxe “Results per form” limit is 500; for Pro 1, 1,000; for Pro 2, 2,500). Once this limit is reached in your results table, the HSSC v2.0 will no longer be usable until results data are deleted to create more room or the account level is changed to increase the limit. To change your account level and increase this limit, follow steps 5–7 of the “Creating a Formsite® Account” section above. To delete results to create more room:

1. In the results table, check the box next to each row you wish to delete. Alternatively, select the check box in the header of the table to select all rows on the page.
2. Click the “Delete” trashcan-shaped button at the top left of the table.

Note that Formsite® will not automatically delete results data when the “Results per form” limit is reached. The only way to delete results and create more room is by following the above steps to delete the data manually.



Send email requests for the HSSC v2.0 codebook to HSSC@cdc.gov or send a TA request through AMP.

This data can be exported to an Excel file. CDC recommends exporting any data to an Excel file prior to deleting results data. To export data,

1. On the results page, on the right side of the page, select “Export” from the list of options.
2. On the “Export” page,
 - a. Under “Results format,” choose “Summary.”
 - b. Under “Data delimiter,” choose whether you would like the file to be a standard Excel file or a CSV file.
 - c. Under “Results view,” select “Detailed Results” from the drop-down menu.
3. Click the “Export” button at the bottom of the page to download the results file.

Data Sources

Early in the assessment process, consider working with participating health systems to identify alternate data sources for completing the questions in the HSSC v2.0 in the event that the one or more of the data sources that you would typically use to address the questions is unavailable. If it is not feasible to work with all participating health systems in this way, you may be able to work with a subgroup to identify potential alternative data sources and then share those with the other participating health systems.

Check at least semi-annually to ensure that anticipated data sources will be available. This will allow time to secure an alternative data source, if needed.

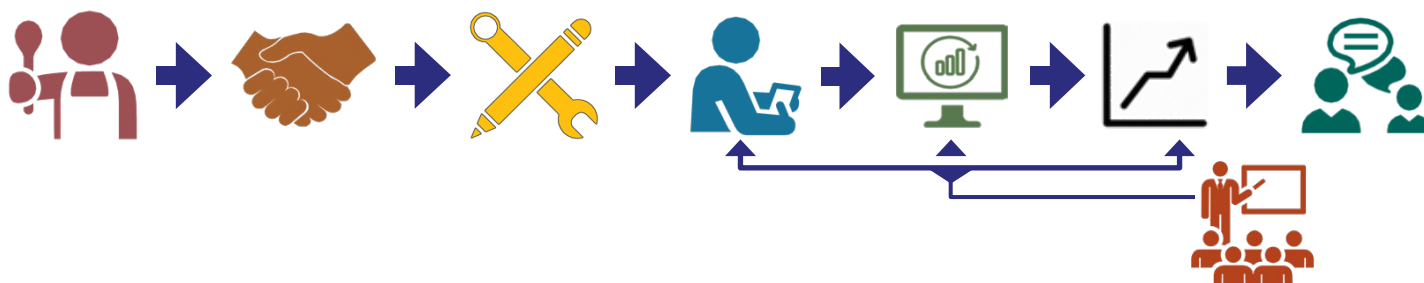
Using HSSC v2.0 Data to Calculate CDC-Required Performance Measures

CDC-funded health departments may be interested in using the HSSC v2.0 data to calculate required performance measures for CDC cooperative agreements such as DP18-1815, DP18-1816, and DP18-1817. While the primary purpose of the HSSC v2.0 is to facilitate quality improvement, a few health departments have successfully aggregated HSSC v2.0 data reported by health systems to report on CDC-required performance measures. They have also added items for purposes of gathering data for CDC reporting or have incorporated questions from the HSSC v2.0 into another health system assessment tool. It will be helpful to consider the benefits of each of these options.

For questions regarding the HSSC v2.0, please send an e-mail to HSSC@cdc.gov.

This tip sheet is for programs funded through the Centers for Disease Control and Prevention's (CDC) Division for Heart Disease and Stroke Prevention that are considering whether to use the original or the updated version of the CDC Health Systems Scorecard (HSSC) that was released in the summer of 2020. It offers a brief overview of the HSSC and practical tips for health departments exploring its use to assess health care quality improvement efforts within the health care systems they support. While it is not intended to be a comprehensive guide for implementing the HSSC, the tip sheet does include links to additional resources.

The HSSC provides a standardized approach to assess primary care management of adult patients through a series of optional assessment modules addressing evidence-based strategies. HSSC modules include those addressing high blood pressure, high cholesterol, prediabetes or diabetes, obesity, chronic obstructive pulmonary disease (COPD), cancer, and smoking. The tool is intended as a means for small- to medium-sized health care systems to assess state and regional primary care policies and practices and to prioritize strategies that best support chronic disease management. The HSSC contains approximately 80 questions assessing the presence of evidence-based health care system policies that address the use of multidisciplinary teams; clinical guidelines; electronic health record systems and patient tracking systems; clinical decision support and protocols; patient education; self-management and care management; tobacco use and dependence cessation; and guidelines screening for breast, cervical, and/or colorectal cancer. Participating health care systems receive an overall health assessment score and a quality improvement feedback report that are useful for planning and may support applications for recognition and certification programs.



Getting Started

- Review the comprehensive list of the HSSC assessment questions and responses at https://www.cdc.gov/dhdsp/evaluation_resources/guides/index.htm.
- Complete the HSSC online through Formsite®, a web-based survey platform that hosts and scores the assessment for a minimal fee.
- Consider funding the HSSC by embedding it under a larger contract or procurement for external evaluation services. This may help ensure that the HSSC can support ongoing evaluation and assessment efforts.

Recruiting Health Care Systems

- Review the HSSC with health care systems and discuss the types of data and staff needed to complete the assessment, as well as its benefits, such as timely feedback to guide health care quality improvements.
- Encourage health care systems to locate the data they will be asked to report to gauge their readiness.
- Ask participating health care systems to help identify other health care systems that may have an interest in participating.

Tailoring the HSSC to Health Care System Needs

- Tailor the HSSC to health care system programs, priorities, and patient populations and to complement other assessments underway.
- Work with health care systems to decide which modules to complete based on health care improvement priorities and strategies implemented.
- Engage with health care systems to identify new items to add to the HSSC to ensure the assessment is a comprehensive data collection tool.
- Add items to the HSSC to meet CDC reporting requirements. While the HSSC was not designed to directly meet reporting requirements, items can be added for this purpose.



Technical Assistance and Peer Learning

✓ Provide ongoing technical assistance as health care systems complete the HSSC and identify partners who can assist in areas where your organization has less expertise.

✓ Use existing meetings for building interest, peer sharing, and technical assistance.



Fielding the HSSC

Health Departments and Other Entities Facilitating Participation

- ✦ Ensure that Formsite® payment is up to date before administering the assessment.
- ✦ Before asking health care systems to complete the HSSC, review it together to ensure a common understanding of the items and the process for completing the assessment.
- ✦ Health care system lead contacts should be familiar with key data sources, clinic workflows, and protocols.
- ✦ Maintain contact with health care systems to identify and address challenges early on.
- ✦ Help health care systems identify alternative data sources in case anticipated ones become unavailable.

Participating Health Care Systems

- ✦ Strategically coordinate completion of multiple health care systems' assessments that are underway at the same time.
- ✦ Determine which staff may be needed to complete the HSSC (e.g., clinic manager, IT specialists, clinicians).
- ✦ Gather all of the needed data first since the HSSC must be completed in one sitting, unless the Save and Return feature is enabled in HSSC v2.0.



Using the HSSC Score Report

- ✦ Use the score report generated after completing the HSSC to inform each health care system's quality improvement processes. See https://www.cdc.gov/dhdsp/evaluation_resources/guides/index.htm for a sample feedback report.
- ✦ Complete the HSSC periodically to reprioritize health care quality improvement efforts.



Analyzing Data by the Health Department

- ✦ Be sure to analyze HSSC data to inform the support and resources you may be able to provide to participating health care systems.
- ✦ Ensure that the items selected reflect the analyses you plan to conduct and the forms in which you will share these data with your stakeholders.
- ✦ Prepare data shells and use report formats that can be populated once the data are available.
- ✦ Remember to use data from items not included in the score report.



Sharing Results with Stakeholders

- ✦ Share how findings were used to guide technical assistance to health care systems and what they were able to accomplish as a result.
- ✦ Show the health care systems that are not yet participating how findings can inform health care quality improvement efforts.



Appendix B. Evaluation Summary: CDC Health Systems Scorecard v1.0 Evaluation Findings



Background

CDC recognizes that there is a data gap and lack of standard approaches in assessing the current state of primary care management strategies and processes for adult patients. This gap extends to patients with a wide range of health conditions including but not limited to those with high blood pressure, high cholesterol, prediabetes or diabetes, obesity, chronic obstructive pulmonary disease (COPD), cancer, or who smoke. The Health Systems Scorecard (HSSC) was developed to address this gap in small- to medium-sized health systems and to better enable these health systems to assess their current primary care practices and prioritize strategies with the highest impact and that are best able to support chronic disease management. The Division for Heart Disease and Stroke Prevention (DHDSP) at CDC distributed the HSSC to local and state health departments in June 2017.



Evaluation Purpose

Between January and June 2018, a team of evaluators in DHDSP conducted a rapid evaluation of the HSSC. The purpose of this evaluation was to understand early HSSC implementation processes with the goal to address challenges to HSSC use by health departments and their health system partners. This evaluation addressed four key areas of HSSC uptake including its adoption, dissemination, utilization, and feasibility.

Primary Evaluation Questions:

- ✦ To what extent is the HSSC being used by health departments?
- ✦ What are barriers and facilitators to HSSC use?

Evaluation Objectives:

1. Understand and address factors limiting uptake of the HSSC; and
2. Gather feedback on the utility and opportunities for improvement of HSSC

Sub-Questions:

- ✦ Did the dissemination efforts of the HSSC reach their intended users?
- ✦ When health department respondents report they are not using the HSSC, what are the primary reasons?
- ✦ What might CDC change to increase HSSC use?
- ✦ How user-friendly is the HSSC?
- ✦ What are the facilitators and barriers to data analysis, recruitment, etc.?

Methods

Given the limited resources for this rapid evaluation, we utilized a flexible yet systematic qualitative approach in the form of key informant interviews to guide data collection and analysis. The evaluation team worked collaboratively with the CDC HSSC development and implementation team, CDC project officers, and national partners to purposively identify and directly recruit participants from state health departments to participate in key informant interviews.

Data Collection

Semi-structured interviews were conducted with nine state health departments that differed in their level of HSSC adoption. Health departments had either adopted the HSSC, were considering adopting it, or had not yet considered HSSC adoption.

Interview Sample	Number Interviewed
HSSC Adopters	3
Considering HSSC Adoption	3
Not Considering HSSC Adoption	3
Total	9

Data Analysis

The evaluation team developed and implemented a codebook, and then each evaluator applied it to the same interview. The coded text was used to propose a set of thematic categories, codes, and sub-codes that were then refined during subsequent meetings. Two team members then coded each of the eight remaining interviews and discussed the coding structure to better identify patterns across awardee experiences related to health system assessments. All coded text segments were then formatted and brought into MS Excel to enable the team to easily identify text segments for a given code and to inform discussions during the thematic analysis phase.

Major Findings

Adoption

- ✦ Respondents reported that one of the primary strengths of the HSSC is that it is viewed as a validated and vetted evidence-based assessment.
- ✦ Another noted strength of the HSSC is that it is comprehensive across disease areas.
- ✦ A barrier was that the HSSC was launched late in the funding period of two prominent CDC cross-Division cooperative agreements (1305, 1422), and a majority of respondents interviewed had already adopted another health system assessment.
- ✦ Any cost, no matter how small, is a barrier due to required payment approval processes within health departments.
- ✦ Respondents had difficulty obtaining sample HSSC questions and feedback report content, which affected their ability to secure buy-in.



“What best meets my needs is that it’s evidence-based and been validated. It also outlines evidence-based interventions for the program areas that I directly support.”

Dissemination

- ✦ Uptake of the HSSC can be improved with a comprehensive marketing and dissemination plan that emphasizes the value of the HSSC.
- ✦ Supplemental materials and training to support HSSC use are seen as helpful.
- ✦ Maintaining the assessment’s relevance will require periodic updates and must be included in the dissemination plan.



“And I think there’s got to be what’s in it for them on the back end...let them know what resources that us or other partners have available to them...it’s got to be sold in a manner that it fits their priority, which is quality payment programming, chronic care management, payment, reimbursement, increases, those types of things.”

Utilization

- ✦ Training health departments to conduct health care assessments and implement their findings would be beneficial.
- ✦ Training health system staff to enter and code HSSC data may address common data analysis errors.
- ✦ HSSC language should be reviewed by various clinical and public health users to ensure it is clear and that the terminology is understood and relevant for health care systems.
- ✦ Building strong partnerships with health care systems is vital for data collection, including having primary health system contacts and possibly providing quality improvement funding through sub-awards.



“So I think if CDC can think of a way to engage other programs and really offer some training about beyond the scorecard—like what is the health system? How do we partner with health systems? How do we talk to the health systems in our state to get them working on multidisciplinary approaches and working on protocols and policies because some people are not? And so I think beyond the tool guidance and training is also important.”

Feasibility

- ✦ Obtaining access to the Formsite® interface was straightforward, as was access to the data.
- ✦ The HSSC capacity to provide an immediate feedback report and recommendations was among its key benefits.
- ✦ Including quantitative items that align the HSSC with CDC performance reporting requirements would be helpful.
- ✦ Data being reported may require clarification and input from multiple people; however, the HSSC did not allow data to be entered over multiple sittings.



“Yeah, so, the resources definitely. I did my best to drive home that that’s the value add to completing it. It’s not a long survey and I would hope that would be good enough for them, but I know they’re just bombarded with a lot of requests like this all the time. So, that resource bit at the end was the main thing that we could say that they value add.”



Follow-Up and Next Steps

Users reported that the comprehensiveness of the health care assessment is beneficial and reported favorable experiences in using the Formsite® interface. The immediate feedback report is a key benefit for both health care systems and health departments. CDC is committed to using evaluation to make improvements to the HSSC, and maintaining HSSC relevance through periodic updates is a priority. Future HSSC refinements will include providing support to users through resources, training, and shared learning experiences. Additionally, CDC evaluation staff will continue to partner with users to better understand how they successfully coordinate multiple health system assessments and will work with a small group of health department representatives to implement many of the recommendations to improve the HSSC. Lastly, a second phase of this evaluation will commence to include in-depth case studies on HSSC implementation.