

COFFEE BREAKS 2019:
IMPROVING THE CDC HEALTH SYSTEMS SCORECARD

CENTERS FOR DISEASE CONTROL AND PREVENTION

Joanna Elmi, MPH | Evaluation and Program Effectiveness Team

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NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

DIVISION FOR HEART DISEASE AND STROKE PREVENTION

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 an Evaluator from the CDC's Division for Heart Disease and Stroke Prevention and sits on the **Evaluation and Program Effectiveness Team**.

My name is **Nicole Dickerman** and I'll be today's moderator. I am also on the **Evaluation and Program Effectiveness Team** within the **Applied Research and Evaluation Branch**.

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.



IMPROVING THE CDC HEALTH SYSTEMS SCORECARD

Thank you, Nicole, and good afternoon to all those calling in. I appreciate you joining us for today's presentation on improving the CDC Health System Scorecard.

OVERVIEW



In the brief time I have today...

- ❖ I am going to briefly introduce the HSSC that launched in June of 2017
- ❖ I'll describe the evaluation of the HSSC that was conducted over the last year and its findings
- ❖ I'll then provide some highlights of what we have proposed to do based on these results to enhance the HSSC and its user experience.
- ❖ Towards the end of the presentation I will offer a call to action – a way that you can assist and support HSSC improvement efforts.

POLL QUESTION

- Please select from one of the following options:
 - User of the HSSC
 - Hybrid user: incorporated HSSC components into another health system assessment
 - Considering adopting the HSSC
 - Not considering adoption of the HSSC at this time

Before we get started, I want to do a quick poll to get a sense of your level of engagement with the HSSC

Please select from one of the following options:

User of the HSSC

Hybrid user: incorporated HSSC components into another health system assessment

Considering adopting the HSSC

Not considering adoption of the HSSC at this time

- ❖ Great, thank you for providing that information.
- ❖ Now Let's start with a brief introduction to the tool...

[NEXT SLIDE]

HSSC BACKGROUND AND PURPOSE

- A voluntary quality improvement tool to assist:
 - State and local public health programs better understand implementation of evidence-based strategies in partner health systems
 - Small to medium sized health systems to assess current primary care practices, identify possible gaps, and prioritize strategies with highest impact
- Health conditions include:
 - high blood pressure, high cholesterol, prediabetes or diabetes, obesity, chronic obstructive pulmonary disease (COPD), cancer, or tobacco use



The Health Systems Scorecard was developed as a voluntary quality improvement tool that can be used by health departments to take a standard approach to assessing the evidence-based strategies being implemented by small to medium-sized health systems in their state, and to identify possible gaps and prioritize high impact strategies for the improved management of chronic disease.

Results from the Scorecard can be used by health systems and health departments to guide a dialogue on chronic disease management and potential improvements.

The Scorecard addresses multiple chronic conditions such as high blood pressure, high cholesterol, prediabetes and diabetes, obesity, COPD, cancer and tobacco use and cessation.

CONTENT: EVIDENCE-BASED MODULES

- A: Using multidisciplinary teams for care management
- B: Clinical guidelines
- C: Electronic health record (EHR) systems
- D: Patient tracking systems
- E: Clinical decision support and protocols
- F: Patient education
- G: Self-management and care management
- H: Ask, Advise, Refer (AAR) guidelines on tobacco use cessation
- I: Guidelines for screening for breast, cervical, and/or colorectal cancer



www.cdc.gov/dhdsp/evaluation_resources/guides/index.htm

The Scorecard consists of about 70 binary questions related to evidence-based health system policies. A point of contact at the health system level responds to the questions to assess the policies in place.

Domains of inquiry include policies that support use of multi-disciplinary care teams, clinical guidelines, electronic functions for managing patient health and follow-up, clinical decision support, patient education and self-management, tobacco use cessation, and screening for breast, cervical, and/or colorectal cancer.

The user can select which modules to complete.

If you would like to see all the questions included in the modules, you can find a list of the questions located on our DHDSP evaluation resources webpage.

MODULE STRUCTURE AND SCORING

- User indicates existence/non-existence of evidence-based policy in health system
- “Yes” scored 1-3 based on strength of evidence
 - Extensive literature search, Quality and Impact of Component (QuIC) Evidence Assessment Methodology*
- Stratified certain modules:
 - by disease (high blood pressure, high cholesterol, prediabetes or diabetes, obesity, or COPD) – Modules B, E, F, G
 - by cancer type (breast, cervical, colorectal) – Module I



*Barbero, C., Gleichert, S., Schooley M., et al. Quality and Impact of Component (QuIC) evidence assessment, Version 2.0: An approach for appraising the best available evidence for components of public health policies handbook. 2016.

- For each Scorecard item, the user indicates “yes” or “no” to whether their health system has **had** a policy in place in the past 12 months to support the strategy. A score of either 1, 2 or 3 is assigned to each “yes” response. The scoring is based on the quality and strength of evidence that the strategy can impact the disease or condition outcome.

- Four of the Modules-clinical guidelines, clinical decision supports and protocols, patient education, and self-management and care management - are stratified by disease type. And module I is stratified by cancer type. Stratifying these modules allowed for a more targeted assessment and scoring process.

- There is a broad base of evidence to support the strategies highlighted in the Scorecard modules and all the evidence was rated using the Quality and Impact of Component Evidence Assessment Methodology, or QuIC for short, a method also applied to assessing evidence for state policy components. QuIC assesses the Potential Public Health Impact and Quality of the evidence resulting in an adjusted scores between 1 and 3, where 1=Moderate, 2=Strong, and 3=Very Strong. The adjusted scores reflect the level of health impact that the strategy or intervention has on positive health outcomes and behaviors as well as the strength of scientific evidence

supporting this impact.

OUTPUT: USER REPORT & RECOMMENDATIONS

- After completion of module(s), system produces final score and recommendations
- Health system may share results with partner health department to guide a dialogue about potential improvements and resources
- *No data will be shared with or stored by CDC*



A great benefit of the tool is that after the user completes a module or modules, the system will produce a final score and a list of recommended resources for areas where the health system scored low.

Ideally, the health system can choose to share the results with the partner health department to guide a dialogue about potential improvements and useful resources.

And, just as a reminder, *no data will be shared with or stored by CDC.*

ESTABLISHING FORMSITE® ACCOUNTS

- HSSC uses the web-based survey software Formsite® (www.formsite.com)
- To administer the HSSC, a health department must hold a Formsite® account
 - Account prices range from \$14.95—\$24.95 per month depending on the estimated number of HSSC end users
- Then, email AREBheartinfo@cdc.gov to gain access to the HSSC
- With an account, health department will have access to the HSSC and can send a link to any user (health system) to complete at no cost
 - Data resulting from completion of the HSSC will then be available to the health department, but not to CDC

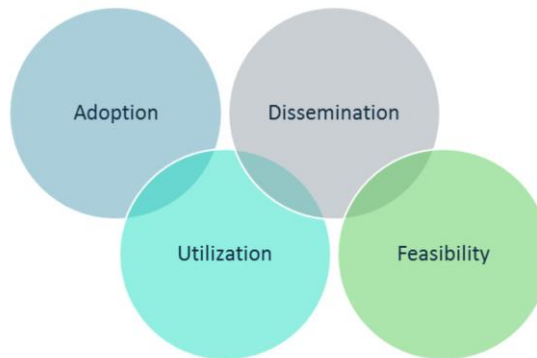


We've received a lot of questions about how to get started.

The HSSC uses the web-based survey software Formsite. To administer the HSSC, a health department must hold a Formsite account. The price for an account ranges from about 15 dollars per month to twenty five dollars per month. Once you have an account, then email AREBheartinfo@cdc.gov to receive access to the Scorecard. With access to the tool, health departments will be able to administer the scorecard using a link that is unique to the health department and any user may follow this link to complete the HSSC at no cost. Detailed instructions on how to create a Formsite account and access the scorecard are included in the packet on our evaluation resources webpage.

Because the health department is administering the scorecard through their own Formsite account, data will be saved and stored in the health department's Formsite account.

DHDSP-LED HSSC EVALUATION



Now, I'll share a little about the evaluation that was conducted by the Evaluation and Program Effectiveness Team.

The evaluation focused on 4 areas: adoption, dissemination, utilization, and feasibility. And within each section, we asked respondents to share their experiences and potential areas for improvement for the Scorecard.

EVALUATION GOALS AND METHODS

- Rapid evaluation in January-June 2018
- Key informant interviews: 3 adopted, 3 considering, and 3 not considering at this time
- Evaluation goals
 - Understand and address factors limiting uptake of the HSSC; and
 - Gather feedback on the utility and opportunities for improvement of HSSC
- Primary evaluation questions
 - To what extent is the HSSC being used by health departments?
 - What are barriers and facilitators to HSSC use?

- A rapid evaluation was conducted between January and June of 2018 to understand early HSSC implementation processes to address challenges around HSSC use by health departments and their health system partners.
- 9 key informant interviews were conducted with three groups: those who had adopted using the scorecard, those who were considering adoption, and then a group that was not considering adoption of the HSSC.
- The evaluation goals were to better understand factors that might lead recipients to choose not to adopt the HSSC and to gather recipient input on how to enhance its utility.

FINDINGS & RECOMMENDATIONS

Adoption

- Valid, vetted, and evidence based
- Comprehensive (across disease areas)
- Launch late in funding made it harder to adopt
- Cost, no matter how small is still an arduous approval process
- Difficulty obtaining sample questions & feedback report

Dissemination

- Add a comprehensive marketing & dissemination plan emphasizing value
- Expand on supplemental materials & training support
- Maintain the assessment's relevance through periodic updates

Evaluation findings and recommendations around ADOPTION of the Scorecard included:

- 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 strength is that it is comprehensive across disease areas.
- A barrier to adoption was that it was launched late in the funding period of 1305 and 1422 and a majority of respondents interviewed had already adopted another health system assessment.
- The cost for the Scorecard is minimal. But Any cost, no matter how small, was noted as a barrier due to required payment approval processes within health departments.
- Respondents noted difficulty obtaining sample HSSC questions and feedback report content which affected their ability to secure buy-in.

Around DISSEMINATION:

- Respondents stated that Uptake can be improved with a comprehensive marketing and dissemination plan that emphasizes the value of the Scorecard.
- Supplemental materials and training to support HSSC use would be helpful.
- Maintaining the assessment's relevance will require periodic updates and should be included in the dissemination plan.

FINDINGS & RECOMMENDATIONS, CONTINUED

Utilization

- Train recipients to
 - conduct health systems assessments and implement findings
 - enter and code HSSC data to help address common data analysis errors
- Ensure HSSC language is relevant to a range of healthcare system and user types
- Primary contacts ideally know the data systems, policies and protocols

Feasibility

- Formsite[®] interface is straightforward & access to data is helpful
- Immediate feedback report with resources is a key benefit
- Consider including quantitative items that align with reporting requirements
- Allow users to enter data in HSSC over multiple sittings

Findings and recommendations Regarding Utilization included:

- Training health departments to conduct health system assessments would be beneficial, as well as Training health system staff to enter and code HSSC data
- CDC should update HSSC language to ensure that the terminology is understood and relevant for clinicians, rather than public health terminology
- And, respondents noted that Building strong partnerships with health care systems is vital for data collection, including having a primary contact and possibly offering quality improvement funding through sub-awards.

Regarding Feasibility

- Obtaining access to the FormSite interface was straightforward, as was access to the data.
- HSSC immediate feedback report with recommendations and resources was seen as a key benefit.
- Respondents suggested adding quantitative items that align the HSSC with CDC performance reporting requirements
- And there was a recommendation to allow data to be entered by the user over multiple sittings.

RESULTS – PRIORITY FOCUS AREAS

Enhancing the Current Tool

- Update HSSC (language, items, & evidence)
- Create a new dissemination and marketing plan
- Provide On-demand training webinars for HD staff and health system staff
- Conduct implementation case studies

HSSC Supporting Materials

- Learn from and share current recipient approaches to HSSC adoption
- Align with NOFO PM reporting
- Develop a template that health departments can incorporate into their already existing health system assessments

With this information, we ended up with these two priority focus areas: enhancing the current tool and identifying HSSC supporting materials.

- We are engaging CDC subject matter experts to update the evidence and refine the language in the HSSC
- We plan to gather information regarding how recipients are using the HSSC with the goal of distilling tips and lessons that may be helpful for others
- We are also developing training resources to support HSSC use
- And finally, once recipients have been using the HSSC for a longer period of time, we plan to collaborate with a small number of recipients to develop detailed case examples of HSSC use that can be shared widely and serve as another form of support for healthcare systems and health departments conducting the HSSC

[NEXT SLIDE]

FORMED HSSC WORKGROUP

- Formed HSSC workgroup
 - Representing seven states/recipients
- Advise and inform improvement of HSSC
- Share resources and examples



To guide our improvement efforts, we formed a HSSC workgroup with volunteers from health departments representing 7 states: Illinois, Minnesota, New York, South Carolina, Wisconsin, and Virginia

This workgroup is informing and advising the actions we take to improve the utility of the Scorecard. CDC vets ideas, questions, and future directions with this group. CDC also invites workgroup members to share existing resources and examples that may be helpful to share broadly.

NEXT STEPS

- Posted full list of HSSC questions on DHDSP evaluation resources webpage
- Implementation Tip Sheet
- HSSC Evaluation Summary
- Update HSSC (v2.0)
- Learn from and share current recipient approaches to HSSC adoption and use
- Provide additional resources, training, and shared learning experiences
- More to come... stay tuned!

CALL TO ACTION:
Email your HSSC supporting materials to jelmi@cdc.gov!

With the oversight of the HSSC workgroup, we are already taking steps to put the evaluation findings and recommendations into action:

We posted the full list of Scorecard questions on the DHDSP evaluation resources webpage so there should be no delay in accessing this information.

- There is also a 2-page implementation tip sheet and a 2 page evaluation summary that will be released soon
- We plan to release version 2.0
- And we are gathering supporting resources and materials that are used in the field such as tips for engaging health systems in completing the Scorecard, or cross-walks describing how Scorecard items align with other CDC reporting requirements, or things of that nature.
- Now, this is where you can assist and play a role! If you have any materials or resources that you've developed to facilitate fielding the Scorecard, or examples of how you've used the data, or other examples of supporting resources, please email any materials that you have and would like to share to jelmi@cdc.gov

IN SUMMARY... BENEFITS OF THE HSSC

- 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
- Guide a dialogue between public health and clinical care to improve population health
- Use for quality improvement and evaluation purposes



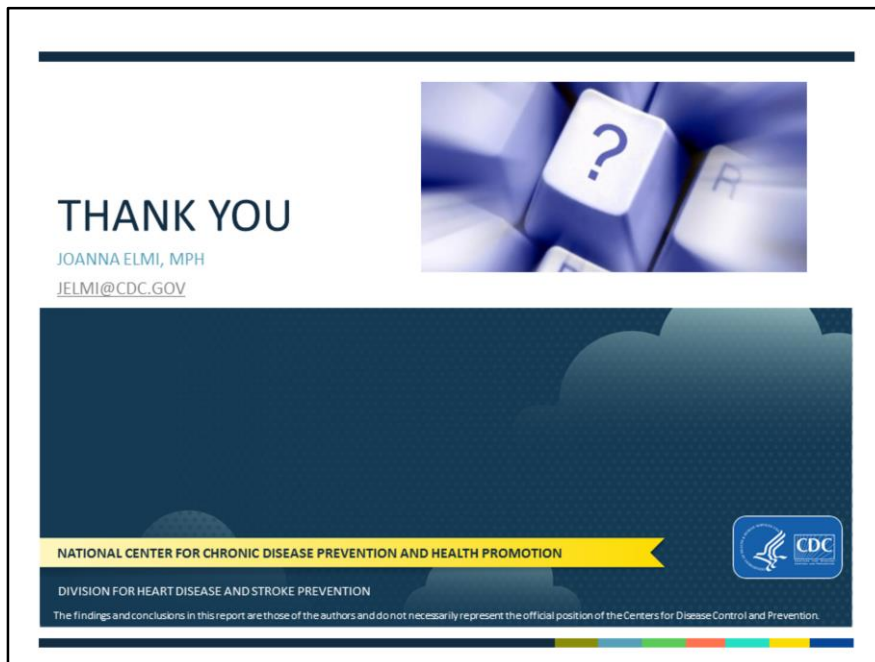
So, in closing, I'd just like to emphasize the potential benefits of the Health Systems Scorecard.

The Scorecard can help health departments and health systems better understand the current implementation of evidence-based strategies in health systems in the state.

It's a very comprehensive tool in that it addresses multiple chronic disease focus areas, that are supported by current evidence, and it also allows for flexibility in what topics the user wants to complete.

The results from the Scorecard can help health systems assess and identify possible gaps in policies, and prioritize strategies with highest impact.

And, ideally, the Scorecard output will facilitate a dialogue between public health and clinical care to improve population health.



Thank you again for your time and attention. I look forward to sharing the updates to the HSSC with you as we move forward.

If you have any questions, please email me.

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.

If we have questions ask the questions posed by the attendees to the presenter

If we do not have questions, proceed with the script below

Since it appears that we have no questions at this time from the audience, we have some questions that we wanted to ask that might be insightful to our participants.

Q1) When do you expect v2.0 of the HSSC to be released?

A1) Good questions. We expect it will be released in late summer of this year.

Q2) Where can we find the Implementation Tip Sheet and Evaluation Summary that you mentioned?

A2) They will be released soon, check our DHDSP evaluation resources page under “Tips and Training” and “Evaluation Results and Lessons Learned”

Thank you.

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 at the link shown. Today's slides will be available in about 3-4 weeks.

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