Using Data to Drive Health Transformation

Supporting the Regional Health Improvement Plan

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Cascade Pacific Action Alliance – Support Team Meeting

CORE | Center for Outcomes Research and Education
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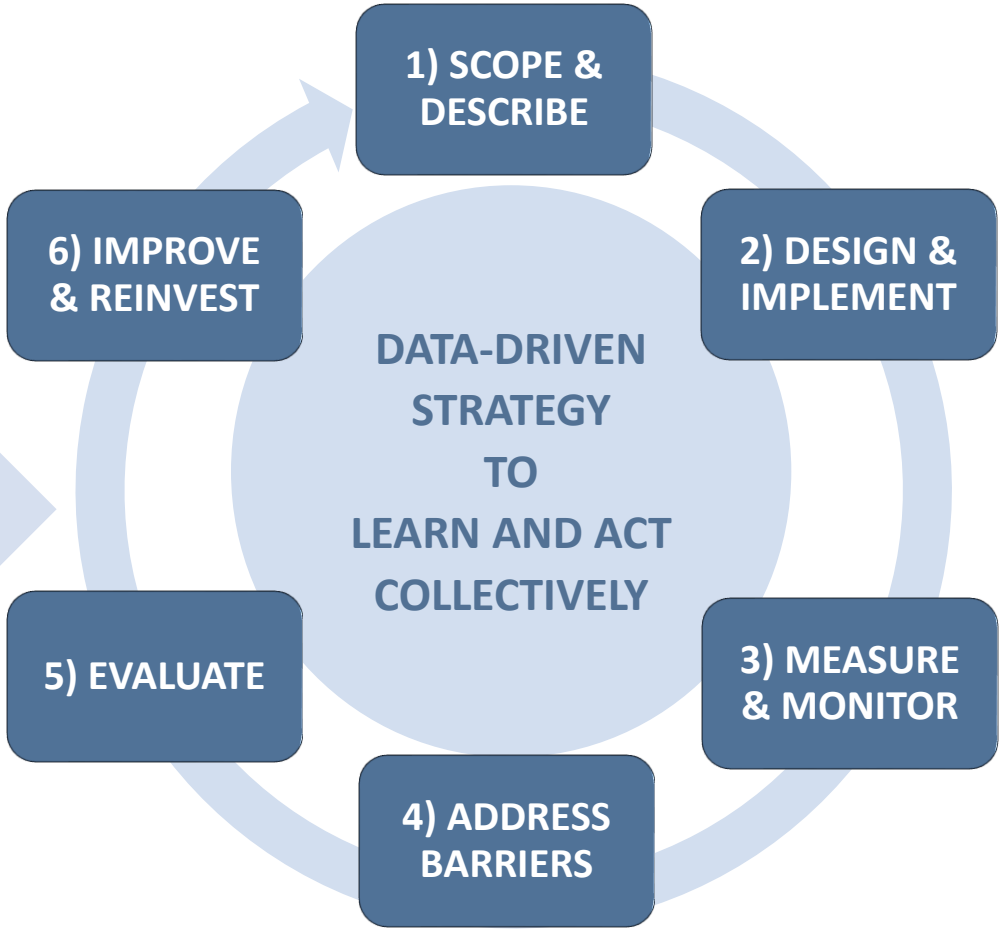
USING DATA FOR STRATEGY

Share and measure data from the outset to empower the community to learn, plan and act together for collective impact.

A Data-Driven Strategy Should Include the Following:

1) Scope & Describe Community Need
2) Design & Implement Interventions
3) Measure & Monitor Efforts
4) Identify Partners for Address Policy, System and Care Coordination Issues and Opportunities
5) Evaluate Intervention and Overall Success
6) Support Intervention Improvement & Decision-making for Re-investment of any Shared Savings



DATA TO LEARN AND ACT COLLECTIVELY

Continuous Cycle of Learning and Improvement Around Community Efforts

CORE – WASHINGTON ACH ANALYTICS SUPPORT

ACH Expectations

1. Establish collaborative decision-making on a regional basis to improve health and health systems, focusing on the social determinants of health, clinical community linkages, and whole person care.
2. Bring together all sectors that contribute to health to develop shared priorities and strategies for population health, including improved delivery systems, coordinated initiatives, and value based payment models.
3. Drive physical and behavioral health care integration by information financing and delivery system adjustments, starting with Medicaid.

Critical Element Needed to Meet these Expectations

DATA - ACHs need data and information about the people in each region in order to conduct regional health assessments, engage in planning for health improvement, and ultimately measure health outcomes.

CORE – WASHINGTON ACH ANALYTICS SUPPORT

CORE is working with the HCA, DOH, and DSHS to…

Build an Interactive Dashboard Reporting Tool for ACH's

CORE is collaboratively designing and building a business intelligence and shared analytics tool that will allow the ACHs to access data about the health of their populations to aid in identifying and implementing community priorities and strategies to improve health. The tool is interactive and the information within it will be regularly updated.

Support Community Health Transformation

The DRT will support the Analytics, Interoperability, and Measurement (AIM) and the Accountable Communities of Health (ACH) portion of the Healthier Washington Initiative (Initiative). The DRT will provide HCA, partners and stakeholders with information about population health in communities across Washington state.

INITIAL DATA FOR DASHBOARD REPORTING TOOL

DATA SOURCES

- HCA Medicaid Claims
- HCA Medicaid Enrollment
- HCA PEBB Claims
- DOH Immunization
- DOH BRFSS (Agg)
- DOH PRAMS (Agg)

MEASURES

Develop Multi-Dimensional View of a Subset of the Common Measure Set

1. Child and Adolescent Access to PCP
2. Adult Access to Preventive/Ambulatory Health Services
3. Potentially Avoidable ED Visits

EXAMPLE "DIMENSIONS" FROM CLAIMS

Look at measures by different dimensions:

- Cost
- Utilization
- Quality

TRIPLE AIM

- Diagnoses
- Demographics
- Location
- Risk/Complexity
- Providers

INTERVENTION STRATEGY, RESEARCH, & EVALUATION

FINAL PRODUCT: REFRESHED INTERACTIVE DASHBOARDS

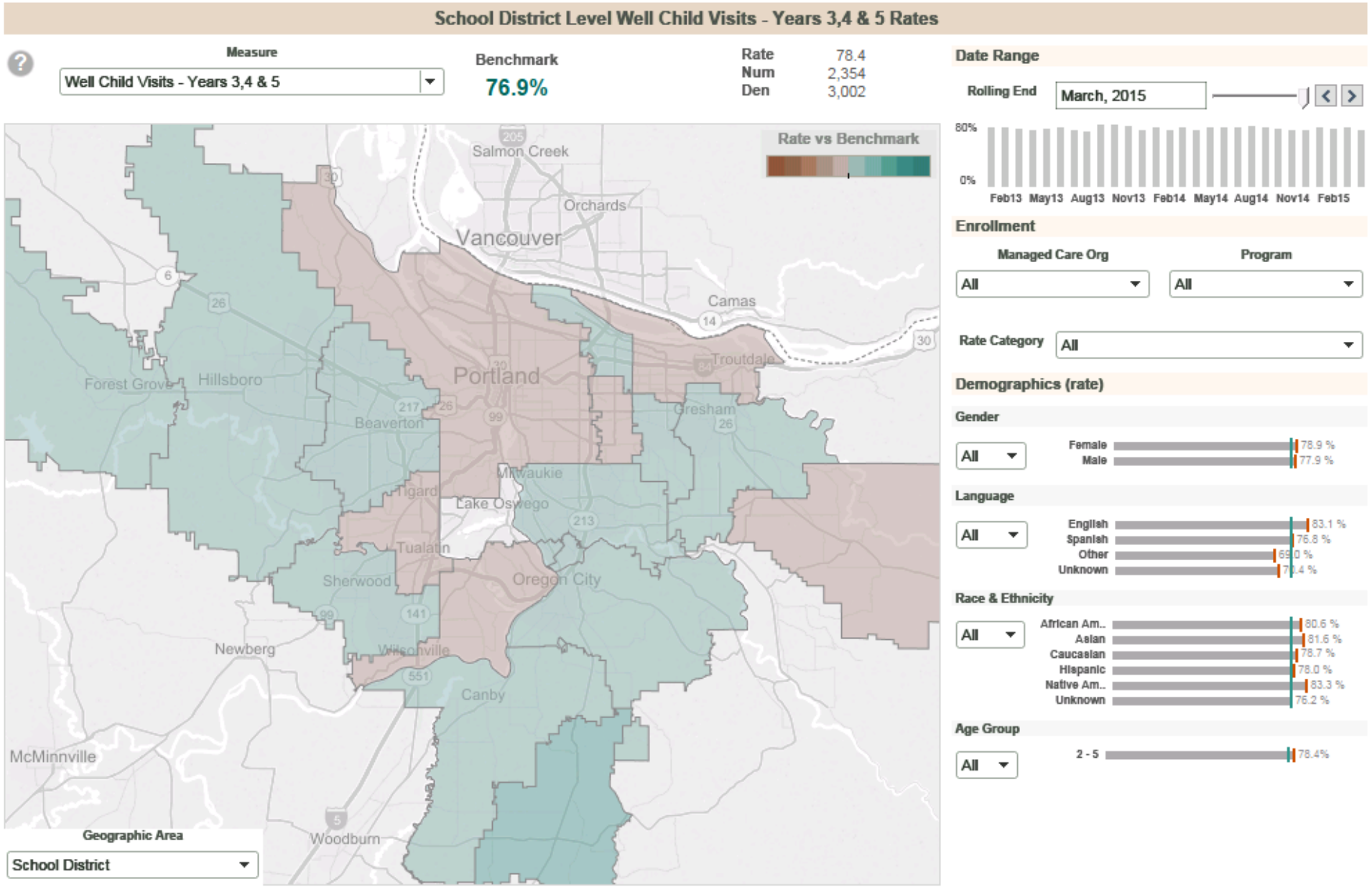
EXAMPLE INTERACTIVE DASHBOARD - FOCUS ON MEASURES

The state-funded work will help ACHs look at outcomes geographically and by populations of interest to improve outcomes as a community.

Regions can leverage this work and bring in other community data to see a richer multi-dimensional view of need and outcomes for planning and evaluation.

Such as…

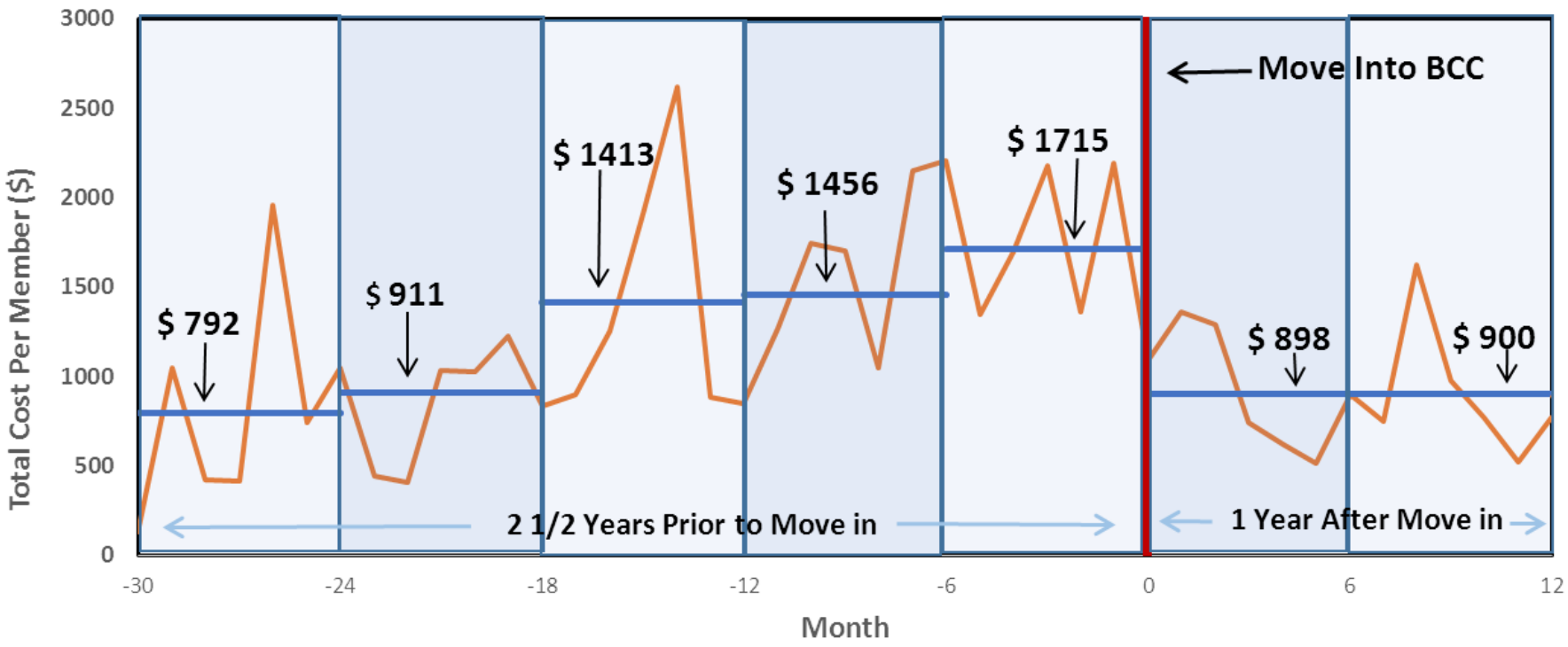
- -program populations
- -regional sector data
- -CHW data
- -regional survey data



EXAMPLE EVALUATION– HOUSING & HEALTH PROGRAM

When outcomes measures and program/intervention data are combined at an individual-level evaluation and cost-savings analyses can be conducted.

TRACKING CHANGE OVER TIME FOR PROGRAMS



HOW IT WORKS

Designate target populations and key dates (such as enrollment or launch dates). Map outcome-related trends before and after using data system. Use matching techniques to identify a counterfactual group for control/comparison group. Examine and compare change in costs over time.

WA STATE ACH - 3 STARTING MEASURES

CLAIMS-BASED MEASURES FROM COMMON MEASURE SET
1. Child and Adolescent Access to Primary Care Practitioners– Child/Adolescents
2. Adult Access to Preventive/Ambulatory Health Services
3. Potentially Avoidable ED Visits (Medi-Cal Method)

What are the ACH strategies to improve upon these measures?

How can data support those strategies?

Which other priority areas do ACH's need support for?

NESTED SYSTEMS	VERTICALLY INTEGRATE EFFORTS
STATE	Track Health, Cost, Utilization, Quality, Access Outcomes
REGION	Track Community Strategies to Impact Outcomes
ORGANIZATION	Track Interventions and Members Associated with Outcomes

POTENTIAL TO TAILOR AND BUILD UPON THIS EFFORT REGIONALLY

REGIONAL HEALTH IMPROVEMENT

CPAA RHIP Example
Care Coordination and Health Integration
Improve Chronic Disease Prevention and Management

Strategies:

- # 23: Expand screening of children and youth for behavioral health needs, and provide access to school-based and community-based intervention/treatment services for those identified in need (AKA the behavioral health pilot).
- #18: Develop and expand jail and fine alternatives as well as stronger transitions of care between criminal justice and health care (public and private)
- #9: Improve access to chronic disease self-management programs regionally.

EXPAND TO SUPPORT STRATEGIES

1. **Track additional measures from Common Measure set and beyond (such as access and use of health care services by type).**
2. **Bring in other sector data (criminal justice data) to develop cross-sector measures and evaluate coordination of services.**
3. **Identify priority populations based on criteria (chronic disease populations) – explore geographically, demographically, etc.**
4. **Collect and bring in other data from CHW's, assessments, surveys, or program data to do evaluation.**