

## **Strategic Use of Population-Based Data for Improving Health Southeast, Inc.**

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**Midwest Region Learning Community Meeting**  
**1/31/12 – 2/1/13**

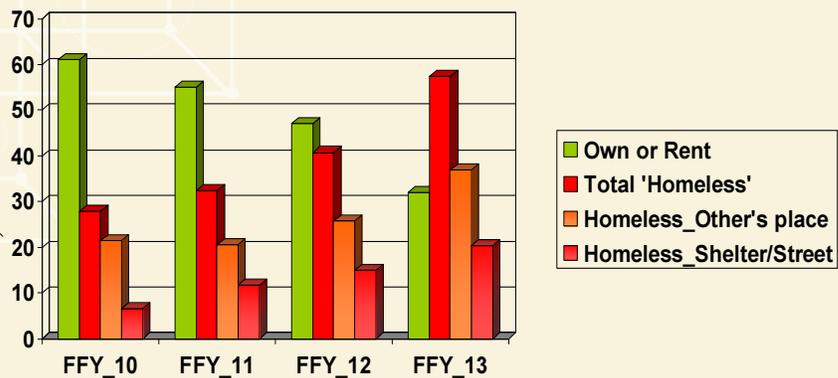
## **Context**

- Cohort:** 1
- Setting:** Urban; Columbus, OH
- Type of Program:**
  - Solo (single corporation)
  - Strong collaboration among PC and BH personnel
  - Shared site, space; clients and systems
- Primary Care Model:** Embedded
- Unduplicated Enrollments (12/31/12) = 1179**  
(Target = 950)
- 'Active' clients Q1 FFY13 = 857** (Target = 750)

## Noteworthy Characteristics of SE's PBHCI Population

- ❑ Vulnerable; most < 100% poverty
- ❑ Mostly single (64%);
- ❑ Race: Black (48%); White (50%)
- ❑ Gender: Male (54%); Female (48%)
- ❑ Employment: 90% unemployed

## Significant shift over grant period toward enrolling homeless adults with SPMI



## Clusters<sup>1</sup> that Dominate<sup>2</sup>

### ❑ Cluster 2A: 47%

Adults w/ serious SA, MH, and community living problems

### ❑ Cluster 2B: 12%

Adults w/ severe SA problems and less severe MH problems

### ❑ Cluster 3A: 16%

Adults whose psychiatric problems have cost them developmental opportunities in many life areas

### ❑ Cluster 4A: 10%

Adults with trauma histories who struggle with anxiety and depression

<sup>1</sup> Rubin & Panzano, Psychiatric Services, 2002;

<sup>2</sup> Represent 85% of PBHCI enrollees as of Q1, FFY 2013

## Who collects, monitors completeness of, and uses Section H data to improve health outcomes?

### ❑ Collecting

- PC Clinic staff (e.g., doctors, nurses)
- Typically not staff who conduct NOMs interviews

### ❑ Monitoring: Essential!

- Policy: Strong policy re: completing Section H per requirements
- People: PC Clinic Front Desk, PBHCI Evaluator
- Paper: Three Section H 'Implementation Reports' from the *NOMs\_Scheduler™* help put Section H policy into action<sup>1</sup>
  - Health Measures Report<sup>2</sup>
  - Health & Blood Measures Aging Reports<sup>3</sup>

<sup>1</sup> © Decision Support Services, Inc, 2003-2013; <sup>2</sup> see slide # 23; <sup>3</sup> see slide #24

## Use:

- ❑ Occurs at policy, clinical & administrative practice, client levels
- ❑ Three components:
  - Analysis: Internal SE & External PBHCI evaluators; TRAC Reports
  - Interpretation: PBHCI & SE leaders; PC clinic team; evaluators
  - Application: PBHCI & SE leaders; PC clinic team; clients
- ❑ Motivated by:
  - Authorities (e.g., TJC, NCQA, Ohio Medicaid HH)
  - SE concerns with population- & disease-specific healthcare issues
  - Section H requirements which support best practice medicine & the development of a culture of 'prevention'
    - Section H indicator patterns (HgA1c, BMI) for PBHCI population prompted SE to focus on Diabetes management

## A: How are H indicators collected and by whom?

- ❑ Question pertains to two inter-related processes:
  - Clinical process of taking measures, recording them in EHR and using Section H data in daily practice and during encounters with clients.
  - PBHCI research and evaluation process which specifies Section H data- gathering requirements and related parameters (e.g., acceptable time frames relative to NOMs assessment dates, reporting cycles).
- ❑ When in synch, these 2 processes are mutually beneficial, facilitate Section H data entry, & support CQI re: population health

PBHCI clinical processes and Section H:

- SE developed **clinical workflows** to specify how, when, and by whom Section H data are collected and shared with clients.

Workflow Chart Diabetes<sup>1</sup>

NOMs Process Maps and Section H:

- SE's PBHCI Team developed **NOMs process maps** which show how, when and by whom Section H data are to be accessed & entered in NOMs Assessments In TRAC to meet grant expectations

NOMs Process Maps<sup>2</sup>

<sup>1</sup>See slides # 25-26 for detail; <sup>2</sup>see slides #27-30 for detail

**B. When are data collected?**

**During PC Clinic Appointment**

- Health measurements recorded directly in EHR, "NexGen"
- Blood draw taken on site (date recorded) and couriered to lab; results electronically dumped into EHR

**C. Where are data stored?**

- NexGen
- LabCorp
- NOMs\_Scheduler*<sup>TM\*\*</sup>

**D. Who enters Section H data?**

- NexGen: medical asst, nurse or physician
- NOMs\_Scheduler<sup>TM\*\*</sup>: PC Clinic Front-Desk/0.5 FTE NOMs Coordinator)
- TRAC: PC Clinic Front-Desk/0.5 FTE NOMs Coordinator)

## Strategies re: Section H

- ❑ **Take maximum advantage of data available to support QI efforts and to make sense of Section H data.**
  - **Next Gen (EHR):** Client demographics, clinical profile data (e.g., cluster); services, costs, payors, etc.
  - **RAND registry (Cohorts 1-3):** Episode of care profiles (i.e., mix of primary care, mental health, substance abuse, and wellness services within an episode of care)
  - **Adult NOMs Assessment:** demographics, single items & multi-item scales (e.g., social connectedness)
  - **NOMs Section H:** (e.g., BMI, Breath\_CO)
  - **NOMs Scheduler™ data** (e.g., completeness of Section H data)

## Strategies

- ❑ **Create opportunities for PBHCI Team Members to consider and discuss Section H data as it pertains to behavioral health and vice-versa (e.g., Navigator Training, huddles, consults, Grand Rounds).**
  - Emphasize importance of Section H-type indicators
  - Synchronize clinical and research processes for collecting and reviewing results.
  - Simplify, Simplify, Simplify
  - Builds PBHCI team buy-in which is essential to Section data collection and use
- ❑ **Build systems for monitoring the completeness and concurrence of Section H data in NOMs**

## Strategies

### ❑ Use Section H data to identify clients at risk for physical health issues

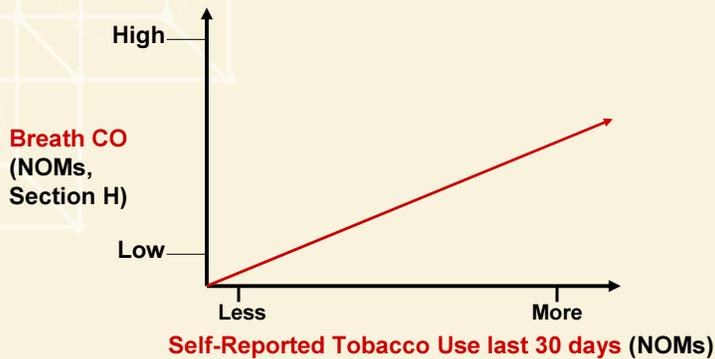
- **Know cutoffs** for adults w/ SPMI e.g., Breath\_CO level > 10<sup>1</sup>
- Refer clients at risk to existing programs (e.g., WHAM, WMR)
- Identify new programs (e.g., InSHAPE) and protocols (e.g., Diabetes Chronic Illness Management) to meet the needs of clients at risk
- Implement PDSA cycles to monitor progress at the client, group and program levels (e.g., impact of Health Coaching on HgbA1c)

### ❑ Evaluate impact of exposure to targeted interventions on Section H outcomes among at-risk clients

- Example: Impact of smoking intervention on Breath\_CO level<sup>2</sup>

## Strategies

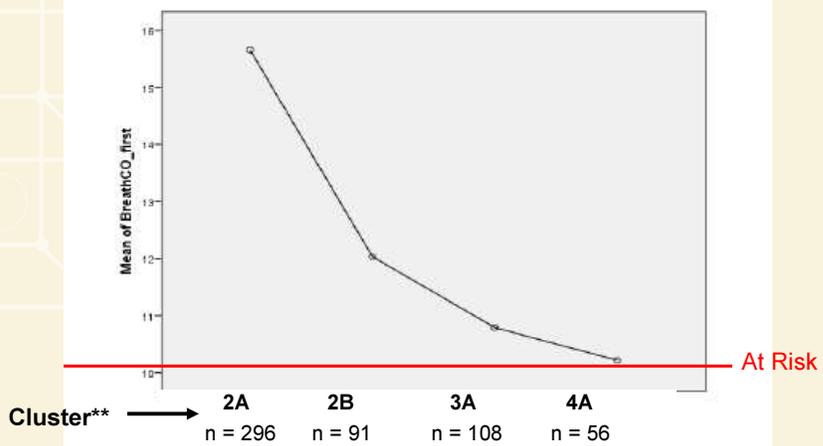
### ❑ Compare relevant self-report measures from NOMs Interviews w/ Section H indicators. When differences exist, ask why.



## Strategies

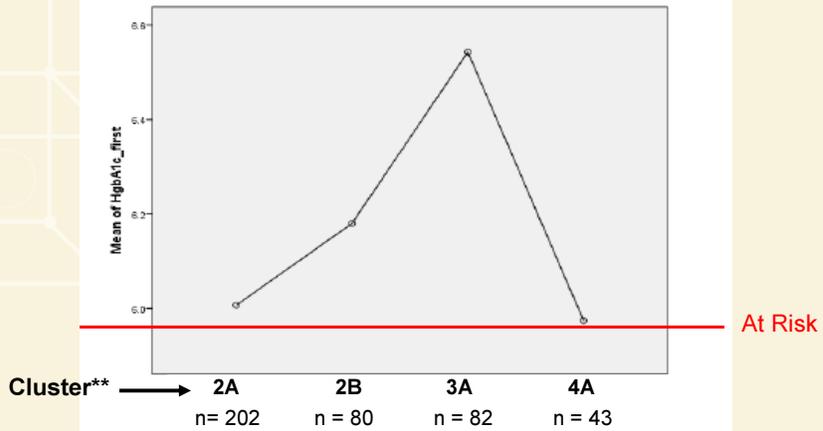
- Examine differences in Section H indicators among meaningful clinical sub-groups such as “Clusters” of adults with SPMI

## Differences in Breath CO by Cluster (at PBHCI enrollment<sup>1</sup>)



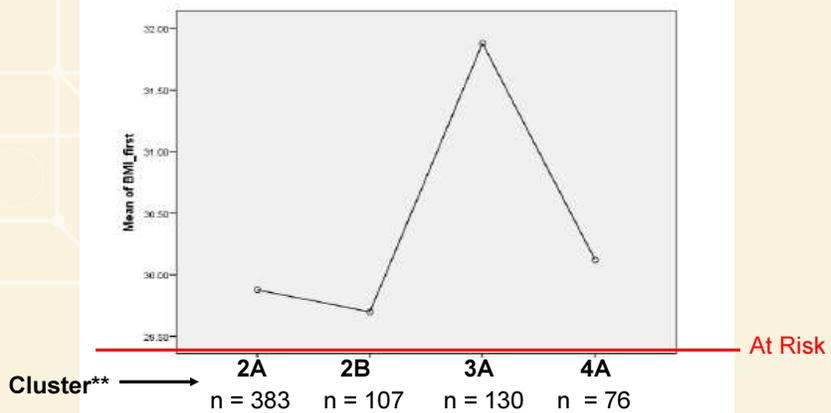
<sup>1</sup>For enrollees with only a Baseline NOMs at time of analysis; \*\*F (3,547) = 4.7, p < .01

Differences in HgbA1c by Cluster  
(at PBHCI Enrollment<sup>1</sup>)



<sup>1</sup>For enrollees with only a Baseline NOMs at time of analysis; \*\*F (3,403) = 3.0, p < .05

Differences in BMI by Cluster  
(at PBHCI enrollment<sup>1</sup>)



<sup>1</sup>For enrollees with only a Baseline NOMs at time of analysis; \*\*F (3,692) = 3.6, p < .01

## Strategies

- Explore ways to use available data to gauge levels of integration, and its effects on Section H and behavioral health indicators**
  - e.g., examine mix of services received during episodes of service
  - e.g., compare objective, service-based indicators of integration at the client – level with client self-report measures of integration
  
- Compare findings, including anecdotal, from in-house analyses with findings available in TRAC, Section H reports.**

## Has the use of population based data influenced organizational policy decisions? If yes, in what way?

- Absolutely!
- For example, access to these data has motivated SE to become:
  - a PCMH
  - engaged with other healthcare provider orgs (e.g., health providers roundtable, free clinic) that we would not have
  - far more forward-looking with regard to workforce training and development strategies

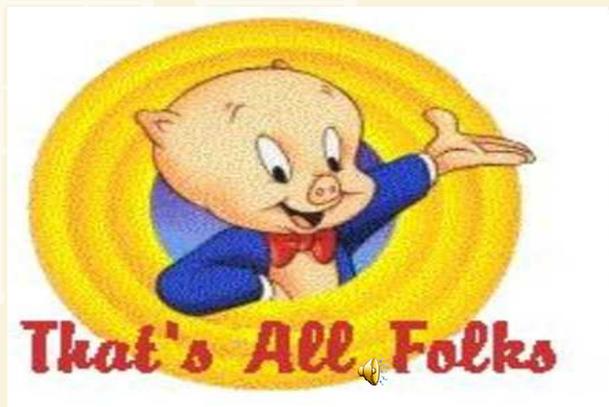
## TAKE HOME MESSAGE:

A strong “Climate for Implementation”<sup>1</sup> is key to the effective use of Section H population data to improve health outcomes

- Top management support
- Goal Clarity
- Dedicated resources
- Performance monitoring
- Access to training & TA
- Rewards/recognition for implementing
- Removal of obstacles
- Freedom to express doubts

<sup>1</sup>(e.g., Klein, Conn & Sorra, 2001; Panzano et al, JBHS& R, 2012)

## Questions?



**For which NOMs Assessments in TRAC is back-entry of Section H data needed?<sup>1</sup>**

**Section H Follow-up Report** SELECT Sorted Based On Column 7 Records - 25 per Web Page DISPLAY INITIAL DATA Sub-Select Report Data

01/27/12 thru 01/26/13 Attended Date Range 1/26/2013 Jump 25 Records

#	Client ID	Full Name	Review Period	Event Date	Last Event Status	Explanation	Close DE Deadline	EDIT	Select Follow Up	Blood Work Not Due	Work Not Avail
1	0001	Baseline Training 1	0	1/1/2013	Attended	NOMs w/Req. HC data in TRAC	3/2/2013	EDIT		X	X
2	0002	Baseline Training 2	0	1/24/2013	Attended	NOMs w/Req. HC data in TRAC	3/25/2013	EDIT		X	X
3	0003	Baseline Training 3	0	1/24/2013	Attended	NOMs w/Health Mers ONLY in TRAC	3/25/2013	EDIT	Followup		X
4	0004	Baseline Training 4	0	1/24/2013	Attended	NOMs w/Blood Mers ONLY in TRAC	3/25/2013	EDIT	Followup		X
5	22223333	Baseline Training 5	0	1/24/2013	Attended	NOMs w/no Req. HC Data in TRAC	3/25/2013	EDIT	Followup	X	X
6	0122	Phyllis Panzano	0	1/24/2013	Attended	NOMs w/no Req. HC Data in TRAC	3/25/2013	EDIT	Followup		X
7	7788	Baseline Training 7	0	1/24/2013	Attended	NOMs w/Health Mers ONLY in TRAC	3/25/2013	EDIT	Followup		X

<sup>1</sup> NOMs\_Scheduler™ © Decision Support Services, Inc, 2003-2013

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**Blood Aging: Are blood measures current enough to include in Section H?<sup>1</sup>**

**Blood Measures Aging Report** Sorted Based On Column 4 Records - 25 per Web Page ALL not TRAC

01/27/12 thru 01/26/13 GO Healthcare Date Delta from Window Midpoint

#	Client ID	Full Name	Blood Wrk Date	Review Period	0	1	2	3	4	5	6	7	8	EDIT
1	0001	Baseline Training 1	01/24/13	0	23	157	337	517	697	877	1057	1237	1417	EDIT
2	0002	Baseline Training 2	01/24/13	0	0	180	360	540	720	900	1080	1260	1440	EDIT
3	22223333	Baseline Training 5	01/24/13	0	0	180	360	540	720	900	1080	1260	1440	EDIT
4	999777	Baseline Training 9	07/11/12	0	199	379	559	739	919	1099	1279	1459	1639	EDIT

**Health Aging: Are health measures current enough to include in Section H?<sup>1</sup>**

**Health Measures Aging Report** Sorted Based On Column 4 Records - 25 per Web Page ALL not TRAC

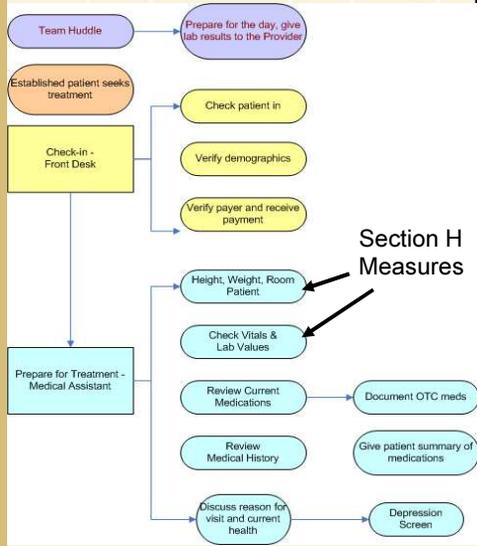
01/27/12 thru 01/26/13 GO Healthcare Date Delta from Window Midpoint

#	Client ID	Full Name	Last Health Rcd Date	Review Period	0	1	2	3	4	5	6	7	8	EDIT
1	0001	Baseline Training 1	12/26/12	0	6	186	366	546	726	906	1086	1266	1446	EDIT
2	0002	Baseline Training 2	01/24/13	0	0	180	360	540	720	900	1080	1260	1440	EDIT
3	7788	Baseline Training 7	01/24/13	0	0	180	360	540	720	900	1080	1260	1440	EDIT
4	999777	Baseline Training 9	07/11/12	0	199	379	559	739	919	1099	1279	1459	1639	EDIT

\* Values in RED are current enough to include for that particular NOMs Assessment Period

<sup>1</sup> NOMs\_Scheduler™ © Decision Support Services, Inc, 2003-2013

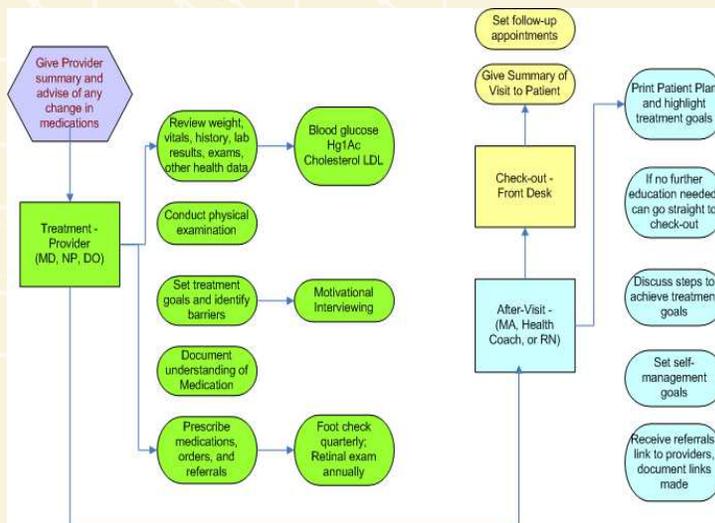
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## Workflow Chart Chronic Disease Management Diabetes

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2 of 2

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**PROCESS MAPS:**

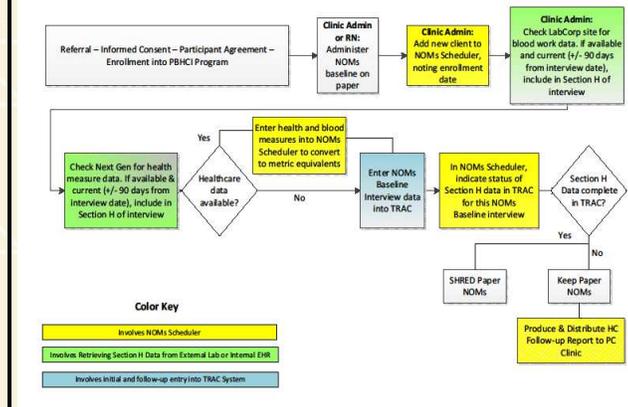
**Section H Data Collection, Monitoring and Data Entry in TRAC**

(in context)

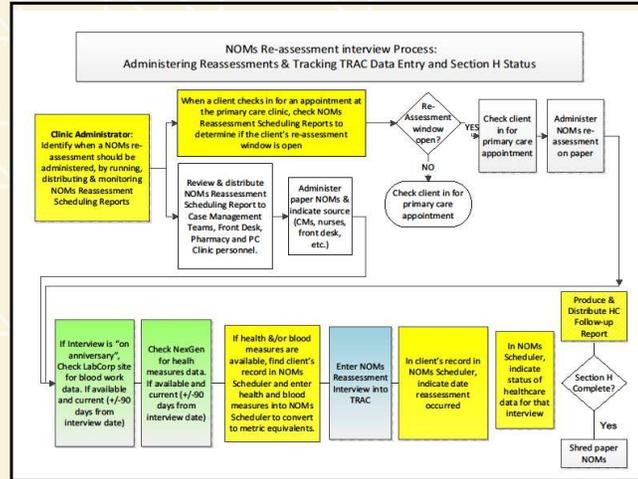
- Baseline NOMs Administration and Section H Data Collection, Management & TRAC data entry
- Follow-up NOMs Assessment Administration (e.g., Reassessments) & Section H Data Collection, Management & TRAC data entry
- Back-entry of Section H Data: Collection, Management & TRAC data entry

1 of 4

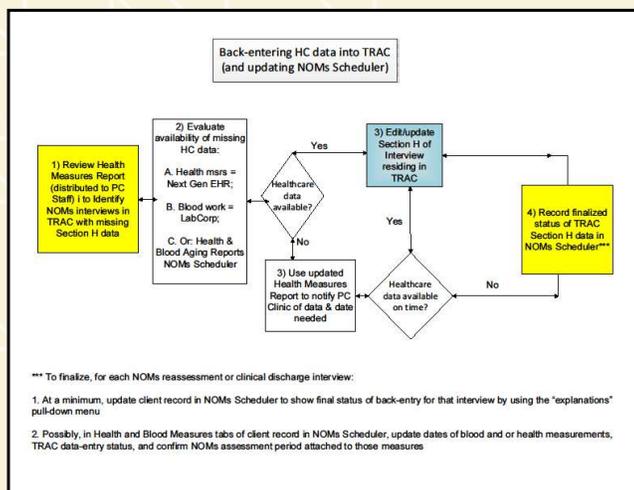
**NOMS Baseline Interview Process:  
Administering Interviews & Tracking  
TRAC Data Entry and Section H Status**



2 of 4

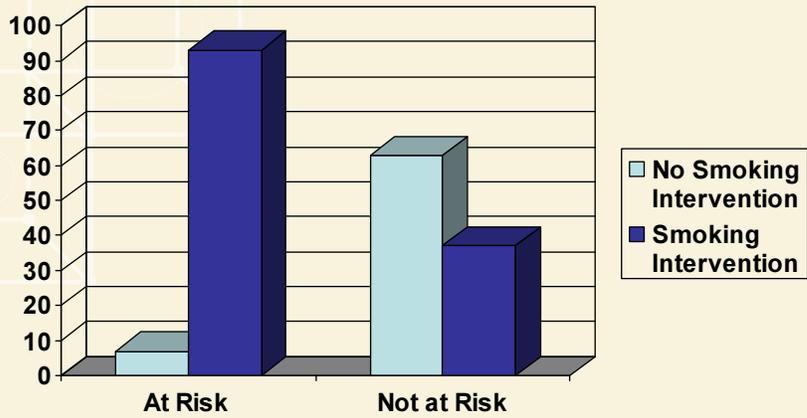


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4 of 4

### Are 'At Risk'\* Clients Being Exposed to Targeted Interventions?



\*Breath CO >10

### Smoking Intervention:

Impact of intervention on Breath CO levels for clients identified as 'at risk' at baseline (CO score > 10)?

