

How to Approach Data Collection and Evaluation in SBHCs

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Presentation Overview

- Importance of Data Collection & Evaluation
- Basic Data & Indicators for SBHCs to Consider
- Data Collection & Evaluation Methods
- Questions and Discussion

Evaluation Uses

- **Program planning and improvement**
 - Ensuring that services meet the needs of the student population
 - Incorporating client feedback
 - Continuous quality improvement
 - Quality assurance
- **Accountability and reporting to stakeholders**
 - Lead agencies, school administration, funders, and government agencies
- **Fund development and policy advocacy**
 - County tax initiatives
 - Local and national private foundations
 - Funding for SHCs
 - Changing school health policies
- **Pay for performance**

Creating a Performance Indicator Framework for SBHCs

- What data can SBHCs use to highlight impacts?
- What data will show the unique contributions of SBHCs?

Current Data Collection & Analysis

- Uniform Data Systems (UDS)
 - Patient demographics
 - Services provided
 - Staffing
 - Clinical indicators
 - Utilization rates
 - Costs & revenues
- Children's Health Insurance Reauthorization Act (CHIPRA)
 - Quality measures for both physical and mental health

Current Data Collection & Analysis

- Healthcare Effectiveness Data Information Set (HEDIS)
 - Consists of 75 measures across 8 domains of care that address important health issues
- Meaningful Use
 - Applicable to health centers in the Electronic Health Records (HER) Incentive Program
 - Health centers choose six clinical quality measures to track and report on from EHR

Additional Measures

- Patient Centered Medical Home
 - Measures vary and depend on accreditation agency
- Triple Aim
 - Improving the patient experience of care
 - Improving the health of populations
 - Reducing the per capita cost of health care
- Accountable Care Organization
 - Incentive for health care providers to lower cost through collaboration
- Health Home Core Quality Measures
 - Recently released set of measures
 - Focused on outcomes & disease management

Aligning SBHCs with Current Measures

- ∅ Cervical cancer screening
- ∅ Managing high blood pressure
- △ Chlamydia screening in sexually active women
- △ Dental screening and services
- + Weight assessment and counseling for children and adolescents
- + Tobacco use assessment for patients 13 years or older (MU)

Basic Data to Reflect SBHC Services

- **Demographics**
 - Age, sex, grade
 - Address
 - Health history
 - Insurance status
 - Preferred language
 - Primary care provider
 - School name
- **Services Provided**
 - Behavioral and physical health services
 - Comprehensive health assessments
 - Enabling services
 - Referral partners
 - Youth programs
- **Services Delivered**
 - Total patients
 - Total participants
 - Total visits & by visit type



Indicators of High Performing SBHCs

- **Strong SBHC Operations**
 - Capacity
 - Productivity
 - Sustainability
- **High Quality Care**
 - Accessibility
 - Coordination of care
 - Timeliness
- **High Satisfaction**
 - Patient
 - Staff
 - School staff
 - Community
- **Healthy Behaviors**
 - Adherence to follow-up plans
 - ATOD cessation
 - Condom/contraception use
 - Medication management
 - Preventative service utilization

Indicators of High Performing SBHCs

- **Positive Health Outcomes**
 - Chronic disease
 - Mental health
 - Oral health
 - Reproductive health
- **Positive Academic Outcomes**
 - Academic achievement
 - Attendance
 - School connectedness
 - Test-scores
 - Violence prevention
- **Population Health Outcomes**

POSITIVE HEALTH OUTCOMES

Domain	Indicator Name	Description	Calculation
<p style="text-align: center;">Reproductive Health</p>	<p>Sexually Transmitted Infections</p>	<p>Percentage of patients diagnosed with a sexually transmitted infection.</p>	<p>Numerator Description:</p> <p>Total number of sexually active patients 12-18 years old diagnosed with an STI.</p> <p>Denominator Description:</p> <p>Total number of sexually active patients 12-18 years old screened for an STI.</p>
	<p>Teen Pregnancy</p>	<p>Percentage of patients with a positive pregnancy test</p>	<p>Numerator Description:</p> <p>Total number of screened, sexually active female patients 12-18 years old with a positive pregnancy test.</p> <p>Denominator Description:</p> <p>Total number of sexually active female patients 12-18 years old screened for pregnancy.</p>

Data Collection Methods

School Wide Survey

California Healthy Kids Survey (CHKS)

SHC Custom Module

- **Description**

- Cross-sectional, multiple choice, classroom-based questionnaire created for use in SHCs
- Added to Core and other supplemental CHKS modules

- **Measures**

- Student profile
- Access to and utilization of health care, including SHCs
- Impact of and satisfaction with SHC services
- Comparison data

CHKS SHC Custom Module

(cont.)

- **Advantages**
 - School-wide data
 - Lower administrative burden
 - Large sample size
 - Compilation of data across multiple sites
- **Disadvantages**
 - Cross-sectional, self-reported data
 - Can not be linked to SHC client data
 - Long survey
 - Takes away from class instruction time

Targeted Surveys

- **Description**
 - Cross-sectional, multiple choice, self-report questionnaire
- **Measures**
 - *Client Surveys* measure health care utilization, client satisfaction, and risk and resiliency factors
 - *School Staff & Parent Surveys* measure perceived student health needs, satisfaction, access to care

Targeted Surveys (cont.)

- **Advantages**

- Ability to collect client risk behavior and impact data
- Standardized tool for needs assessment data
- Administer/analyze with minimal time and resources

Disadvantages

- Self-reported data is less persuasive than “hard” data because of potential respondent bias
- Specific to Pre-Post Client Surveys:
 - Administrative burden on SHC staff
 - Requires tracking system to match pre/posts
 - Potentially low response and attrition rates

Student Focus Groups

- **Description**

- Conducted with students at SHC schools
- Groups are gender-specific
- Parental consent is obtained

- **Measures**

- Largest health and social problems faced by teens
- Reasons for using or not using the SHC
- Access to health care
- Likes and dislikes about the SHC
- Suggestions for improvement

Student Focus Groups (cont.)

- **Advantages**

- Captures feedback to improve SHC
- Provides clients an opportunity to help shape or improve programming
- Provides “stories” to complement data

Disadvantages

- Can be time and resource intensive
- Small sample size and convenience sampling

Academic Data

- What has been shown in the literature?
- Relatively easy data collection methods
 - Trend data in school-wide indicators
 - Track “seat time”
 - Post-Client Survey
 - School Staff Survey
- More challenging data collection methods
 - Linking SHC visits to academic indicators

Clinic Data Software

- **Description**
 - Encounter forms completed by SHC providers
 - SHCs enter data into software program
 - Parental consent obtained for student data to be recorded
- **Advantages**
 - Documents billable and non-billable services
 - Standardizes data fields collected across all SHCs
 - Enables cross-site, trend and outcome analysis over time
 - Site level data reports can be generated internally
- **Disadvantages**
 - Larger time, staffing, and financial commitment
 - Requires ongoing training and technical assistance
 - Tailoring software makes it more costly

Practice Management and Electronic Health Record Systems

- **On-going Development:**

- Billing Systems

- Registration
- Billing

- Practice Management

- Added Scheduling
- Enhanced Billing

- Electronic Medical Record

- Electronic Charting
- Recording of Clinical Information
- Point of Care Tools
- Interoperable

- Still evolving in the areas of

- Population Management
- Data Reporting
- Interoperability

Practice Management and Electronic Health Record Systems

Challenges with using EHR for Data Collection:

- Implementation focus is on workflow vs. reporting
 - Multiple points of data entry
 - Patient flow is key
- System capabilities evolving
 - May have less functionality
 - Have to retro-fit/retrain for new functionality
- “Standard”, “Push the Button” reporting capabilities limited
 - Need report writer software and resources
- Variation in utilization
 - Multiple templates
 - Text boxes vs. structured data

Practice Management and Electronic Health Record Systems

Challenges with using EHR for Data Collection *for SBHCs:*

- Configuration does not allow filtering
 - By school attended
 - Community vs. students
- Competing Data Reporting Priorities
 - Meaningful Use
 - UDS
 - PCMH
- Lack of clarity about reporting needs
 - What data do you want to collect?

Practice Management and Electronic Health Record Systems

Challenges with using EHR for Data Collection for *a Group of SBHCs*:

- Systems are not interoperable
- Same EHRs implemented differently
 - Different templates
 - Different user defined fields
 - Different required fields
 - Different workflows
- Different EHRs have different field names, table structures
- Organizations at different points in the implementation process
- Must have clearly articulated data definitions
- Must have clearly articulated measures

Practice Management and Electronic Health Record Systems

- Potential advantages of EHR systems for evaluation
 - Facilitates quick access to legible, complete patient charts from any location
 - Provides access to a lot of data, easier and faster than ever before
 - Eliminates duplication of efforts required when using secondary systems or paper forms
 - EHR reporting for UDS, Meaningful Use, PQRS, HEDIS allow for common definitions of clinical quality measures

Choosing Evaluation Methods

What are you trying to measure?	Lower time/cost commitment methods	Higher time/cost commitment methods
Health Needs	<ul style="list-style-type: none"> • School Staff Survey • Focus Groups • Targeted Student Survey 	<ul style="list-style-type: none"> • School-wide Student Survey • Parent Survey
Client Demographics & Operations	<ul style="list-style-type: none"> • Service Logs • Client Paper Files 	<ul style="list-style-type: none"> • Clinic Data Software • PMS/EHR
Quality of Care	<ul style="list-style-type: none"> • Post-Client Survey • Client Paper Files 	<ul style="list-style-type: none"> • School-wide Student Survey • Clinic Data Software • EHR

Choosing Evaluation Methods (cont.)

What are you trying to measure?	Lower time/cost commitment methods	Higher time/cost commitment methods
Satisfaction with SBHC	<ul style="list-style-type: none"> • Suggestion Box • Focus Groups • Post-Client Survey 	<ul style="list-style-type: none"> • Pre/Post Client Survey • School-wide Student Survey
Health Behaviors & Outcomes	<ul style="list-style-type: none"> • Focus Groups • Post-Client Survey • School Staff Survey • Client Paper Files 	<ul style="list-style-type: none"> • Clinic Data Software • Pre/Post Client Survey • Parent Survey
Academic Outcomes	<ul style="list-style-type: none"> • Trend data in school-wide indicators (<i>ie: attendance, test scores</i>) • Track “seat time” (<i>% clients sent back to class after visit</i>) • Post-Client Survey • School Staff Survey 	<ul style="list-style-type: none"> • Linking individual clinic data to school academic indicators • Parent Survey

Evaluation Tips

- Build SHC staff support and appreciation for the evaluation
 - Involve them in the process and regularly share data
- Offer staff and student incentives
- Combine evaluation and clinic tools (i.e. billing)
- Build funding for evaluation into grant applications
- More does not necessarily mean better!
 - *Length of a form/survey can impact data quality*

Data Dissemination

- Presentations, Reports and Fact Sheets to share with:
 - SHC Staff
 - Parents, teachers, students
 - Lead agencies
 - School administration
 - Funders
 - Government agencies
 - Policy makers

San Francisco Wellness Initiative

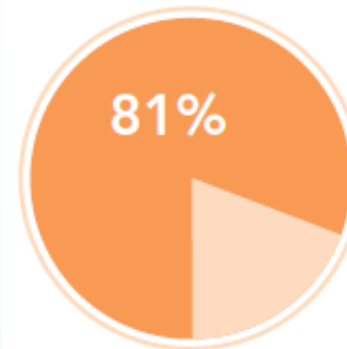
TABLE 1

Traumatic Events reported by group participants	
Death or Homicide—Family Member	54% (16)
Death or Homicide—Other	19% (5)
Violence	15% (4)
Health Problems/Illness	4% (1)
One student indicated two events, total=26	

STUDENTS ABOVE CLINICAL RANGE FOR PTSD

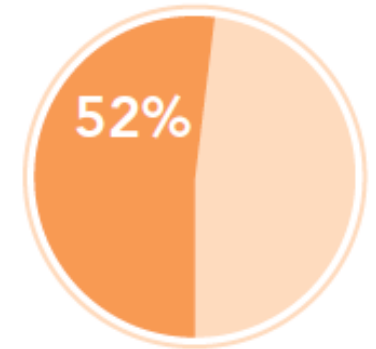
before

participation in a
Wellness TGL group



after

participation in a
Wellness TGL group



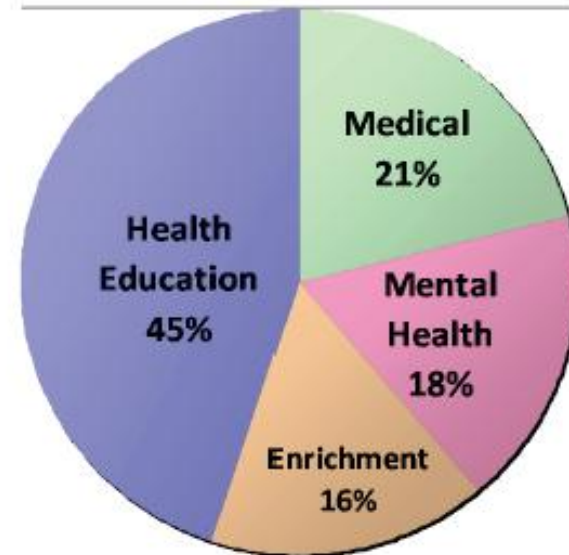
De Anza Health Center

STUDENT DATA

2010-2011

- Over 66% of ALL De Anza students received Health Center Services
- The Health Center had over 7,500 student contacts
- Over 56% of students were provided with Health Education

HEALTH CENTER VISITS



Questions?