How to Approach Data Collection and Evaluation in SBHCs

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**Presenters:**

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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
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

Healthcare Effectiveness Data Information Set (HEDIS)
- Consists of 75 measures across 8 domains of care that address important health issues

Current Data Collection & Analysis
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

Ø Cervical cancer screening
Ø 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
Strong SBHC Operations

Indicators of High-Performing SBHCs

Positive Health & Academic Outcomes

Healthy Behaviors

High Satisfaction

High-Quality Care
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**
<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator Name</th>
<th>Description</th>
<th>Calculation</th>
</tr>
</thead>
</table>
| Reproductive Health | Sexually Transmitted Infections | Percentage of patients diagnosed with a sexually transmitted infection.      | **Numerator Description:**
|                  |                                 |                                                                             | Total number of sexually active patients 12-18 years old diagnosed with an STI.
|                  |                                 |                                                                             | **Denominator Description:**
|                  |                                 |                                                                             | Total number of sexually active patients 12-18 years old screened for an STI.
| Teen Pregnancy   |                                 | Percentage of patients with a positive pregnancy test                      | **Numerator Description:**
|                  |                                 |                                                                             | Total number of screened, sexually active female patients 12-18 years old with a positive pregnancy test.
|                  |                                 |                                                                             | **Denominator Description:**
|                  |                                 |                                                                             | Total number of sexually active female patients 12-18 years old screened for pregnancy. |
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
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

<table>
<thead>
<tr>
<th>What are you trying to measure?</th>
<th>Lower time/cost commitment methods</th>
<th>Higher time/cost commitment methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Needs</td>
<td>• School Staff Survey</td>
<td>• School-wide Student Survey</td>
</tr>
<tr>
<td></td>
<td>• Focus Groups</td>
<td>• Parent Survey</td>
</tr>
<tr>
<td></td>
<td>• Targeted Student Survey</td>
<td></td>
</tr>
<tr>
<td>Client Demographics &amp; Operations</td>
<td>• Service Logs</td>
<td>• Clinic Data Software</td>
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<tr>
<td></td>
<td>• Client Paper Files</td>
<td>• PMS/EHR</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>• Post-Client Survey</td>
<td>• School-wide Student Survey</td>
</tr>
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<td></td>
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Choosing Evaluation Methods (cont.)

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<td>Satisfaction with SBHC</td>
<td>• Suggestion Box</td>
<td>• Pre/Post Client Survey</td>
</tr>
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<td></td>
<td>• Focus Groups</td>
<td>• School-wide Student Survey</td>
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<tr>
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<td>• Post-Client Survey</td>
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</tr>
<tr>
<td>Health Behaviors &amp; Outcomes</td>
<td>• Focus Groups</td>
<td>• Clinic Data Software</td>
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<td>Academic Outcomes</td>
<td>• Trend data in school-wide indicators (<em>ie: attendance, test scores</em>)</td>
<td>• Linking individual clinic data to school academic indicators</td>
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<tr>
<td></td>
<td>• Track “seat time” (% clients sent back to class after visit)</td>
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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

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

STUDENTS ABOVE CLINICAL RANGE FOR PTSD

before participation in a Wellness TGL group

- 81%

after participation in a Wellness TGL group

- 52%
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

- Health Education: 45%
- Medical: 21%
- Mental Health: 18%
- Enrichment: 16%
Questions?