

AREB Coffee Breaks 2020

HEALTH SYSTEMS SCORECARD V2.0

Joanna Elmi and Aysha Rasool

July 14th 2020

Centers for Disease Control and Prevention
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 (ARE) 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 and Aysha Rasool** as today's presenters. **Joanna is Deputy Branch Chief for the Applied Research and Evaluation Branch (AREB)** within CDC's Division for Heart Disease and Stroke Prevention. She is a former evaluator on the Evaluation Program Effectiveness Branch and has worked on the Health Systems Scorecard for a number of years. Aysha is an ORISE fellow in the branch and a member of the Health Systems Scorecard development team.

My name is **Mallika Mahalingam** and I am today's moderator. I am **on the ART 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.

2

MODERATOR:

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.

So, without further delay. Let's get started. **Joanna**, the floor is yours.

Section 1 What is the Health Systems Scorecard (HSSC)?

Section 2 Evaluation Findings

Section 3 Changes to the HSSC

Section 4 HSSC v2.0 Demonstration

Section 5 HSSC v2.0 Launch

Section 6 Resources

3

Thank you Mallika, and thanks to all the participants who've called in for today's coffee break. I'm excited to share with you a little bit more about the CDC Health Systems Scorecard version 2 point 0. In the time we have together I will briefly provide an overview of the health systems scorecard and its purpose, and summarize the findings from a formative evaluation that guided the changes to the Scorecard. Aysha will give a brief demonstration of the tool, and I'll close with some information about the launch of version 2.0 and accompanying resources.

WHAT IS THE HEALTH SYSTEMS SCORECARD (HSSC)?



4

What is the health systems scorecard?

What is the CDC Health Systems Scorecard (HSSC)?

- To assess evidence-based primary care policies and strategies implemented for prevention and management of chronic conditions
- A standardized quality improvement survey
- Intended for small to medium-sized health systems
- Initial dissemination of HSSC v1.0 to health departments in July 2017

5

- The CDC Health Systems Scorecard was developed to assess the current state of evidence-based primary care policies and strategies for prevention and management of chronic conditions such as high blood pressure, high cholesterol, prediabetes or diabetes, obesity, chronic obstructive pulmonary disease (COPD), cancer, and smoking.
- It is a standardized and voluntary quality improvement tool for CDC-funded state and local public health programs to use and better understand the level of implementation of evidence-based strategies in their partner health systems
- The Health Systems Scorecard targets small to medium-sized health systems to assess their current primary care practices, identify possible gaps, and prioritize strategies with the highest impact
- And the original Health System Scorecard went live in July 2017.

EVALUATION FINDINGS



6

- Between January and June of 2018, AREB conducted a rapid formative evaluation of the Scorecard.
- Semi-structured interviews with a purposive sample of representatives from 9 state health departments were completed.
- The sample included 3 health departments that had already adopted the HSSC, 3 that were considering adoption and 3 that were not considering adopting the Scorecard.

Evaluation Recommendations

- Adoption: Make questions and resource list easily available
- Dissemination: Maintain relevance with periodic updates; Expand training support
- Utilization: Ensure clarity of questions/terms for multiple audiences
- Feasibility: Add “Save and Return” feature

“It would have been much nicer if we could actually get the report itself because that would have been like an attachment to all our finance requests and I’m sure it would have gone and been approved immediately...I think that would have been a big help”...

7

- The evaluation examined four areas: HSSC adoption, dissemination, utilization, and Feasibility.
- Here are just a few examples of findings that shaped the next round of updates resulting in the 2nd version of the HSSC, which will go live early next month. A more complete summary of the evaluation findings is included in the supplemental technical assistance resource guide that will be made available with the v2.0 tool.

Regarding the adoption of the HSSC, one identified barrier was that users had difficulty obtaining a description of the HSSC questions and feedback report and this affected ability to secure local buy-in. A recommendation was to make the questions and supporting resources more readily available.

In terms of dissemination strategies, respondents noted it is important to maintain the Scorecards relevance by conducting periodic updates to its contents, and also the need to expand training support and supplemental resources and materials for health systems.

To improve utilization of the HSSC, respondents recommended ensuring that the HSSC language is relevant to a range of clinical/healthcare system and user types.

A barrier identified to the feasibility of using the Scorecard, was that data entry may require input from multiple people but the tool needed to be completed in one sitting or else valuable information would be lost. A recommendation was to seek out a solution in Formsite in order for users to save and return to complete the assessment at a future time.

CHANGES TO THE HSSC



8

Before I summarize some of the key changes and improvements that were made to the HSSC, I want to highlight some steps taken as a part of this process.

Process for Improvement

- Enhancements guided by health department workgroup
- Targeted updates were made based on best available evidence
- Virtual HSSC peer learning group in 1815/1817 Award Management Platform (“AMP”)
- Pilot tested and incorporated feedback



9

Before initiating any changes to the Scorecard, we first engaged a HSSC improvement workgroup that included representatives from 6 different state health departments. CDC and these individuals collaborated on the vision for the improvements for the Scorecard, and their insights were invaluable.

Also, a targeted literature search was conducted to ensure that the Scorecard questions and scoring are based on the most recent available evidence.

Once a solid draft of the tool was available, the Division for Heart Disease and Stroke Prevention launched a virtual HSSC peer learning group on the 1815/1817 Award Management Platform or “AMP”. The peer learning group had access to draft materials prior to official launch. CDC also identified a few health department volunteers to help pilot test version 2.0 and their helpful feedback was addressed and incorporated to the extent possible.

Changes to HSSC 2.0

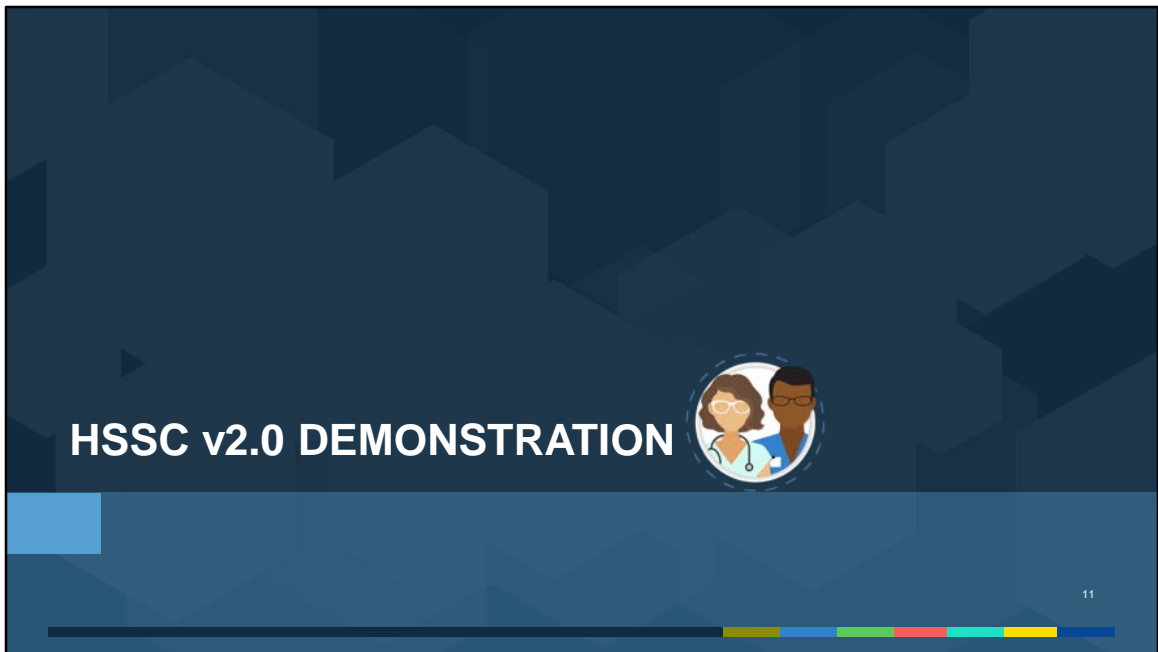
- Additional evidence-based strategies within modules
- Streamlined modules
- Content / terminology for a broader clinical audience
- Updated training resources and tools
- “Save and Return” Feature



10

Some of the key changes to the Scorecard version 2.0 include:

- New evidence-based strategies have been added to modules to align with new CDC NOFOs
- Some modules have been streamlined, in particular the module on Electronic Health Records and Patient Tracking Systems
- The public health terminology was adapted to resonate more with a clinical audience
- Additional training resources and tools were developed to more fully support uptake and utilization for both health departments and health systems
- A “save and return” feature was added to Formsite.



And now I'll hand over the presentation to Aysha for the demonstration of version 2.0

Bear with us for a little while as we transition to the demonstration.

Today I will be going through an example of how a health system may complete the Health System Score Card from beginning to end. As I go along, I will highlight the recent changes we have made to the score card to make it more relevant and intuitive.

Click here: <https://fs12.formsite.com/dhdsp/v2tool/index.html>

This is the main landing page seen when the health system user clicks on the link provided. I want to specifically mention that this page, and others I will show for the remainder of this presentation, may look different if changes to the design, features, and questions are made prior to sharing the link. For example, if the save and return feature is enabled, users will see a login button, that will direct them to a page to enter their login information that will be either assigned to them, or that they can create on their own. This is what makes the HSSC a useful tool—it is customizable to your preferences and needs.

Click to go to the next page

On the next page, you will find a brief introduction to the scorecard and instructions

on how to use the scorecard. Use the Next and Previous navigation buttons to access various pages within the scorecard.

Click to go to the next page

Information describing the health system will be entered here.

Scroll down to the Health System Type

In this new version of the scorecard, we have added in more information to be collected, such as health care system type and size. For this example, I am selecting a Rural hospital as the health system type, however, users can select one or more categories that describe their health system, or specify one in the “other” box. Also, I want to specifically mention that that the CDC does not collect this information, or any responses on the scorecard.

Scroll down to certification/recognition programs, quality measurement reporting, standards, and/or tools

We have also added in a place for health systems to enter certification/recognition programs, quality measurement reporting, standards, and/or tools used for each disease state. In the link to the Glossary, we have a list of these, although it is not an exhaustive list. Health systems can enter "N/A" in the space if they do not have or use such programs or tools.

Click to go to the next page

For this rural hospital, the user will be selecting modules A, B, and E. For the modules that are stratified by disease (B, and E), I have chosen to evaluate their High Blood Pressure and Cholesterol policies and practices. Users can select as many or as few modules and diseases that they would like to out of the eight modules provided.

Click to go to the next page

Skip patterns are used throughout the scorecard. For example, selecting ‘No’ or N/A on the first question regarding multidisciplinary teams, prompts the fourth question asking about referrals to specialized care to appear.

[N, Y, Y, Y, Y, Y]

And with that, Module A is complete

Click to go to the next page

As I complete Module B, notice how the two disease states I selected earlier only show under each question. This is because this is a stratified module, and only the selected disease states will show up for each question.

[Y, N, Y, Y, N, N]

In some modules, there are sections for informational questions, as indicated at the top of each module. These questions are not calculated in the score but are useful for gaining more insight into the health system’s practices.

[High Cholesterol]

Module B is now complete.

Click to go to the next page

At the top of each module, the orange citations link brings the user to the evidence used to develop the scorecard.

[Y, Y, Y, Y, N, N, N, N, Y, Y]

And the terms in bolded blue will bring the user to the glossary

Both the citations and glossary links will open in either a new tab, or window, depending on your browser settings.

And with that, Module E is complete. Now, let's move onto the score report!

Click to go to the next page. Click Next again.

The score report can be used to support your health care quality improvement efforts. Each question responded to in the selected scorecard modules and disease states are used to calculate the overall score. An overall score is calculated, as seen here in our example, the score is ____%.

Scroll down more

In addition to the overall score, there is an individual score for each module. Here, we can see Module A's score is ____% and Module B's score is ____% with individual scores for blood pressure and cholesterol, as this module is stratified by disease state.

Scroll down more

Considerations and associated resources are included in the score report for each module based on the user selections.

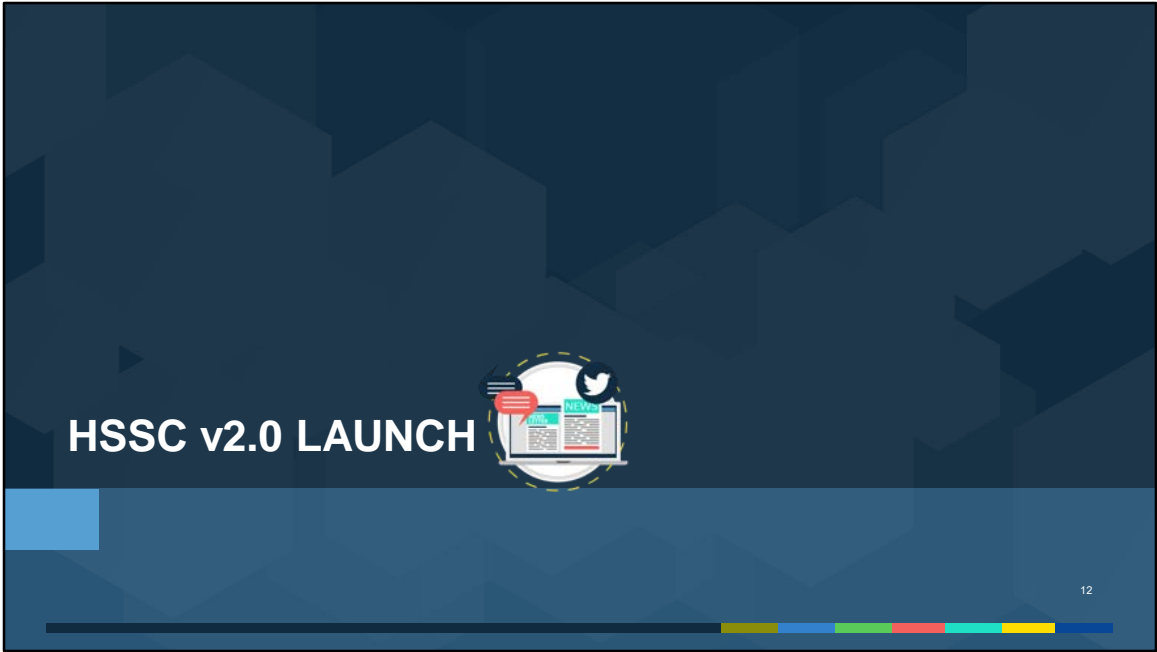
Scroll down more

After clicking Exit, the user's responses will be submitted, and they will not be able to return to this page. We recommend printing this page for your records by clicking the "Print Results" button. However, this will not preserve the hyperlinked resources, but these links can be easily copied and pasted into a separate document.

Click Exit

After selecting "Exit," the user will see the confirmation page. The responses and scores are now stored with the health department.

This concludes the demonstration portion. Now, please bear with us as we transition back to the remainder of the presentation.



Thanks, Aysha. Next I'd like to share information about the plans to launch version 2.0.

Launch of HSSC 2.0

- HSSC 2.0 launches live early August 2020
- Enhanced tool to support quality improvement:
 - Implementation of new evidence-based chronic disease management strategies
 - Draw comparisons between health systems of different geographical locations, or from the same health system longitudinally
 - Adopt elements of the HSSC v2.0 into an existing health systems assessment



Note: The CDC does not collect any information from the HSSC.

13

We are excited that the HSSC 2.0 will go live at the beginning of August.

Consider using this tool to support quality improvement and to identify strengths in healthcare delivery as well as opportunities for improvement, such as implementation of new evidence-based chronic disease management strategies, policies and practices at the system level.

Utilizing such quality improvement tools can be useful to draw comparisons between health systems located in different geographical locations within a jurisdiction, or from within the same health system, longitudinally. In addition, it's also possible to collect information to support reporting of NOFO performance measures.

Finally, public health systems are welcome to adopt elements of the HSSC v2.0 into an existing health systems assessment that you are using or explore another suitable and validated health system data collection tool.

RESOURCES



Resources

Go to https://www.cdc.gov/dhdsp/evaluation_resources/index.htm to access...

- PDF reproduction of all HSSC v2.0 questions and response options
- Technical assistance resource guide for health departments
- Training slides for health departments and health systems

At the beginning of August, please visit the evaluation resources webpage for the Division for Heart Disease and Stroke Prevention. Since the Health System Scorecard is located on the Formsite platform, users of the HSSC or those interested in using it can access a PDF reproduction of the complete listing of questions included in the tool, a technical assistance resource guide with tips for health departments, and also two sets of training slides – 1 targeted to a health department audience, and the other to a health system audience. Additionally, a code book has been developed, and you can email hssc@cdc.gov for a copy if you are interested.

Thank you for your time. And I'll hand it back over to Mallika.

Thank you

HSSC Team and Requests
HSSC@cdc.gov

Joanna Elmi
zft6@cdc.gov

Aysha Rasool
ppl4@cdc.gov

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division for Heart Disease and Stroke Prevention

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



MODERATOR:

At this time, we'll take 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

Q1: At our health department, we previously fielded HSSC version 1.0 and we plan to field version 2.0 in the future. Will we be able to track health systems' performance across years even though there have been changes to the tool?

A1: Yes. The new additional items added to version 2.0 will serve as a baseline since this information had not been previously collected. We are also working on a codebook for v2.0 and a table of questions that were changed or updated so you can compare the differences between each version. Please let us know if you are interested in receiving these resources.

Q2: Can a health department tailor the Scorecard to fit their needs?

A2: Yes. The Health department that is the Formsite HSSC account holder, can make

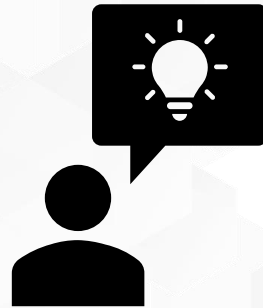
changes to the Scorecard before rolling in out to your partner health systems to complete. In your formsite account you will have two versions of the Scorecard – the original from CDC and the modified version. The codebook I mentioned earlier can help a lot with making modifications to the Health Systems Scorecard.

Q3: Will I be able to directly access the online Formsite Health System Scorecard v2.0 from the DHDSP evaluation resources webpage?

A3: To access the Scorecard tool in Formsite, you need to email HSSC@cdc.gov to set up your own health department specific account and your agency also has to purchase a Formsite account (or use the free trial option). Once you take these steps you can access the Scorecard by going to www.formsite.com.

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



17

MODERATOR:

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 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.