

# AREB Coffee Breaks 2023

## HEALTH SYSTEMS SCORECARD V2.0

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**Centers for Disease Control and Prevention**

National Center for Chronic Disease Prevention and Health Promotion

Division for Heart Disease and Stroke Prevention



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.

My name is Ally Chase, and I am an ORISE Fellow. I will be acting as today's moderator.

Our presenters today are Sharada Shantharam and Aysha Rasool. Sharada is a Health Scientist and Aysha is an ORISE Fellow working with the Applied Research and Evaluation Branch on the Applied Research and Translation team. Sharada and Aysha are both members of the Health Systems Scorecard development team.

## Before we begin...

- All phones have been placed in SILENT mode
- Any issues or questions?
  - Use Q & A box on your screen
  - Email [AREBHeartInfo@cdc.gov](mailto:AREBHeartInfo@cdc.gov)



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Before we begin, there are some housekeeping items. If you are having issues with audio or seeing the presentation, please message us using the chat box or send us an email at [AREBheartinfo@cdc.gov](mailto:AREBheartinfo@cdc.gov). Please hold your questions until we reach the end of the presentation. Since this is a training series on applied research and evaluation, we hope you will complete the poll at the end of the presentation and provide us with your feedback.

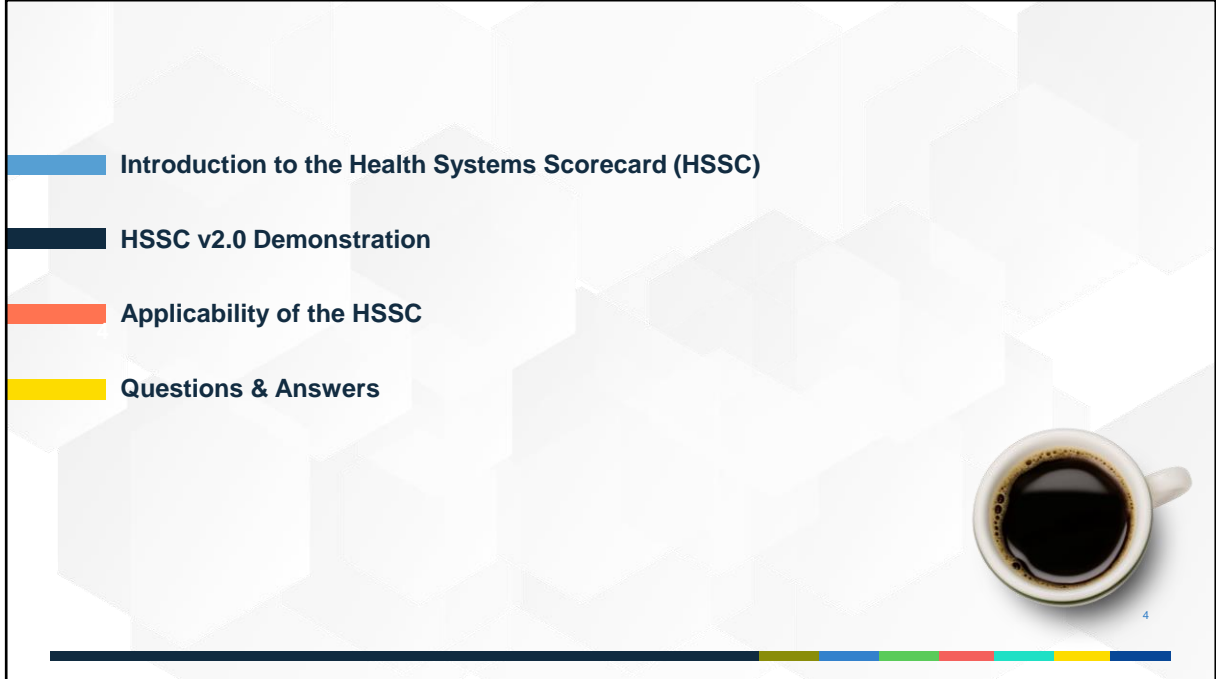
## Disclaimer

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.

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



Thank you, Ally, and thanks to all the participants who've called in for today's coffee break. I'm excited to talk about the CDC Health Systems Scorecard version 2.0. In the time we have together, I will give a brief overview of the Health Systems ScoreCard and summarize the enhancements we've made. Aysha will give a demonstration of those enhancements and briefly describe how health departments and their partner health systems might use the ScoreCard. And then we can use some time at the end for Q&A.



So, what is the Health Systems Scorecard?

## What is the CDC Health Systems Scorecard (HSSC)?

**Purpose:** To assess evidence-based primary care policies and strategies implemented for prevention and management of chronic conditions



Quality Improvement Survey



Small to Medium-sized Health Systems

[HTTPS://WWW.CDC.GOV/DHDSP/EVALUATION\\_RESOURCES/INDEX.HTM](https://www.cdc.gov/dhdspi/evaluation_resources/index.htm)

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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 several chronic conditions: high blood pressure, high cholesterol, prediabetes or diabetes, obesity, chronic obstructive pulmonary disease, cancer, and smoking. We've developed it as an online tool using the "Formsite" platform and we also have it in PDF format to support adoption and adaptation depending on the health department needs. We'll add a link to the Scorecard materials and much of what we're talking about today in the chat.

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 to which evidence-based strategies are being implemented in their partner health systems. Additionally, small- to medium-sized health systems that complete the Scorecard can use it to assess their own practices, identify possible gaps, and prioritize strategies with the highest impact.

Since the original launch in 2017, our team has been working to update the Scorecard and develop new resources to improve upon its usability, feasibility, adoption, and dissemination. We conducted a brief evaluation in 2018 with state health department representatives to understand the extent to which the Scorecard is being used by health departments and the barriers and facilitators to its use. I won't go into the methodology today, but you can find more using the link in the chat.



But I do want to share a high-level overview of the challenges we faced and the solutions we've developed since the launch. Aysha will be covering in detail during her demo where and how these solutions have been implemented.

So, again, our four areas of focus have been to improve usability, feasibility, adoption, and dissemination.

When we launched the latest version in 2019, we addressed two particular challenges identified in the evaluation: 1) the language was difficult for a range of users and 2) the tool needed to be completed in one sitting or else valuable information was going to be lost. So, we made some revisions to the questions and modules to better align with advancements in the field. And in that way, different health care professionals who might be completing the Scorecard can understand how it aligns with their work, thus making it more accessible. And we also added a "Save & Return" feature to not only allow multiple people to complete the tool (because different folks have access to different information), but also allow users to start and complete the assessment at a future time.

Concurrently while we were updating the tool itself, we were also working in the background to address the challenges around adoption and lack of supplemental resources. Regarding adoption, health department representatives noted obtaining the list

of questions and accessing the list resources that come in the final report a challenge, which affected their ability to secure buy-in. We've posted a hard copy of the Scorecard in its entirety on the DHDSP website and added bit.ly links to the hard copy and final score report's resources on Formsite. In terms of dissemination strategies, respondents noted it was important to maintain the Scorecard's relevance by periodically updating it, and also the need to expand training support and technical assistance materials for both health departments and health systems. Since the 2019 launch of the updated tool, we've developed several new key resources to help both health departments and health systems use the Scorecard, including a codebook to help health departments adapt and customize the online version of the tool for their needs and a comparison workbook to support evaluation for those who previously used version 1.0 and now use 2.0.

Aysha will be talking more about these in her part of the presentation, so I am going to go ahead and pass it over to her!





Thanks, Sharada. So today I'll be walking through key features of the Health System Score Card, or ScoreCard, 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.

## Landing Page- Save and Return Feature

The image shows two screenshots of the CDC Health Systems ScoreCard (HSSC) v2.0 interface. The left screenshot is the landing page, featuring a group of healthcare professionals around a table. A red circle highlights the 'Save & Return' button, which includes the text 'Use an account to return to saved work.' and a 'Log in' button. Below the landing page is a 'NEXT >>' button. The right screenshot is titled 'Save & Return feature' and shows a login form for a 'Returning User'. The form includes fields for 'Username' and 'Password', a 'Forgot Password?' link, and an 'EXIT' button. Text above the form instructs users to login under a 'Returning User' or create a 'New User' name. Below the form, it says 'Powered by formsite'. At the bottom of the right screenshot, it says 'Click the EXIT button to log into your new or returning account. You will return back to the ScoreCard.' A navigation bar at the bottom of the right screenshot shows 'Landing Page' as the active page, followed by 'Information & Module Selection', 'Modules & Questions', 'Report', and 'Glossary & References'. A page number '9' is visible in the bottom right corner of the right screenshot.

This is the landing page in Formsite seen when the health system user clicks on the link provided by the health department. Please note that the images and others I will show for the remainder of this presentation, may look different if customized changes to the design, features, and questions are made by the health department prior to sharing the link.

So, as Sharada mentioned, the evaluation examined multiple areas, including feasibility. Something that came out of that was incorporating the "Save & Return" feature. This feature was added to allow users continual access to the ScoreCard until completion without losing information. The Health Department can enable the "save and return" feature in their Formsite account, which is what is used to manage participation in the assessment. Please note that members of the CDC Health System ScoreCard team can be available to answer any questions you may have related to setting up a Formsite account and using the account to administer the ScoreCard.

It's not pictured here, but following the landing page, health systems will find a brief introduction and instructions on how to use the ScoreCard.


## Module Selection- *Stratified Modules*

### Health System Information and Module Selection

Which modules would you like to complete?

A. Multidisciplinary Team for the Care Management Approach for Adults with High Blood Pressure, High Cholesterol, Prediabetes, Diabetes, Obesity, or COPD

B. Clinical Guidelines for Adult Patients with High Blood Pressure, High Cholesterol, Prediabetes, Diabetes, Obesity, or COPD

 This module is disease-specific. Which of the following diseases would you like to score?

a. High Blood Pressure

b. High Cholesterol

c. Prediabetes or Diabetes

d. Obesity

e. COPD

Landing Page > Information & Module Selection > Modules & Questions > Report > Glossary & References 10

After the health system enters some information, such as the name and type of their health system, they'll select relevant modules. Please note that that CDC does not collect this information, or any responses from the ScoreCard.

In all, there are a total of eight modules available in the ScoreCard related to primary care practices and priority strategies to support chronic disease management, five of which are stratified by the conditions listed next to the red arrow. Health systems can select as many or as few modules and conditions that they would like to.

For the purposes of this demonstration, let's just say this health system has selected Modules A and B; B is a stratified module and they have selected to answer questions about their high blood pressure, high cholesterol, and obesity policies and practices.

## Module Selection- *Stratified Modules*

**Module B:** Clinical Guidelines for Adults with High Blood Pressure, High Cholesterol, Prediabetes, Diabetes, Obesity, or COPD  
[Citations](#)

Note: this module includes a subset of unscored informational questions that were identified as helpful for health systems seeking to make healthcare improvements. These unscored items do not need to be completed for a module score to be generated.

**During the past 12 months, did your health system have a policy/protocol in place that required your practices to...**

...follow **evidence-based clinical guidelines** released by national organizations (e.g., National Heart, Lung, and Blood Institute; American Diabetes Association; American Association of Clinical Endocrinologists; American Heart Association; American College of Cardiology; National Diabetes Prevention Program)?

High Blood Pressure  Yes  No  N/A



High Cholesterol  Yes  No  N/A

Obesity  Yes  No  N/A

Landing Page

Information  
& Module  
Selection

Modules &  
Questions

Report

Glossary &  
References

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As such, when the health system gets to Module B, only the conditions selected will appear for each applicable question.

## Revised Modules and Questions- *Informational Questions*



The following question is for informational purposes only and is not scored.

**During the past 12 months, did your health system have a policy/protocol in place that required your practices to...**

...follow evidence-based clinical guidelines issued by your health system for each specified medical condition?

*Note: Please report health system-specific guidelines not captured by the first question in Module B.*

- High Blood Pressure
- High Cholesterol
- Prediabetes or Diabetes
- Obesity
- COPD



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In order to make the ScoreCard more useful to our audience, we revised the modules and questions within it to reflect changes in the field.

For example, we merged two modules—Electronic Health Records and Patient Tracking Systems because EHRs are more commonly used across health systems. Merging the two made completing the ScoreCard less duplicative.

As shown on the slide, we also added new informational questions. These questions are not calculated in the final quality improvement score report but are useful for gaining more insight into the health system's practices.

Finally, some questions were revised to reflect recent guidelines or updated scientific literature as of 2020, such as for tobacco control and cessation.

# Report

93% Complete

HSSC Score Report

The HSSC v2.0 Score Report includes your Overall Score, scores for each module and disease selected, considerations for improvement, and helpful resources. Considerations and resources are automatically generated according to your answers to the questions. Evidence is based on literature published through June 2020.

!!!

After clicking "Exit" below or closing the browser window, you will not be able to return to this page. We recommend printing this page for your records by clicking the "Print Results" button at the bottom of this page. This will not preserve the hyperlinked resources, however you may type the short links (bit.ly) into your web browser to directly access the resources. You can also contact your health department for your results and can access a [complete list of resources on the CDC website](#).

Print Results

Note: this button requires JavaScript. If JavaScript is not enabled, press Ctrl+P to navigate to "Print" in your browser's "File" or "Options" menu.

Overall HSSC v2.0 Score: 56%

(27 out of 48 maximum total points for selected modules)

This Score Report and the scores were generated from the answers provided for the selected modules and diseases listed below.

Your overall HSSC v2.0 score is calculated as a percentage of the maximum total possible points achievable based on the modules and diseases you selected to complete. Points are weighted by disease and module; therefore, the overall score may not equal the average of each Module Score.

Module A

Module B:    Blood Pressure    Cholesterol    Obesity

Your overall score is calculated as a percentage of the maximum total possible points achievable based on the modules and diseases you selected to complete. Points are weighted by disease and module, and therefore the overall score may not equal the average of each Module Score.

Below are scores for each module and each disease selected. Overall module scores may not equal the average of the disease specific scores because questions are weighted by disease.

Landing Page

Information & Module Selection

Modules & Questions

Report

Glossary & References

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After all questions from selected modules are completed, the health system reaches the score report. The score report can be used to support your health care quality improvement efforts. Each question responded to in the selected ScoreCard modules and conditions is used to calculate the overall score. In this case, we see the overall score is 56%,

## Report- *Direct weblinks*

**Module B: Clinical Guidelines for Adults with High Blood Pressure, High Cholesterol, Prediabetes or Diabetes, Obesity, or COPD**

**Module B Score: 67%**

Module B Blood Pressure Score: 100% ★

Module B Cholesterol Score: 100% ★

Module B Obesity Score: 0%

Considerations	Resources
Implement evidence-based clinical practice guidelines into your practice for patients with obesity.	<b>2018 AHA/ACC clinical guidelines</b> ( <a href="https://bit.ly/3bhYKxm">https://bit.ly/3bhYKxm</a> )
	<b>For Obesity</b>
	<ul style="list-style-type: none"><li>2018 USPSTF's Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults (<a href="https://bit.ly/3eY85Gg">https://bit.ly/3eY85Gg</a>)</li><li>2019 ACC/AHA's Guideline on the Primary Prevention of Cardiovascular Disease (<a href="https://bit.ly/344vU3J">https://bit.ly/344vU3J</a>)</li><li>2016 AACE/ACE's Comprehensive Clinical Practice Guidelines for Medical Care of Patients with Obesity (<a href="https://bit.ly/3JMSgCy">https://bit.ly/3JMSgCy</a>)</li></ul>
Conduct quality improvement initiatives to improve care provided to patients with obesity.	<b>IHI's PDSA Worksheet</b> ( <a href="https://bit.ly/3eYu107">https://bit.ly/3eYu107</a> )
	<b>For Obesity</b>
	<ul style="list-style-type: none"><li>2007 VDH's Promoting Healthier Weight in</li></ul>

Landing Page | Information & Module Selection | Modules & Questions | Report | Glossary & References | 14

In addition to the overall score, there is an individual score for each module. Here, we can see Module B's score is 67% with individual scores for blood pressure, cholesterol, and obesity as this module is stratified by condition.

Considerations and associated resources are included in the score report for each module based on the user's selections. We can see in this example that considerations and resources for obesity were provided, given that the health system scored low in this area. Similarly, no considerations and resources were provided in the score report for blood pressure and cholesterol because the health system scored perfectly in those areas.

On the latest iterations of the Formsite version, we have the direct weblinks. These weblinks resulted from the need to make the resulting resources and recommendations of the ScoreCard more accessible and adoptable. Previously, health systems had to copy and paste each weblink from the final report on Formsite and store them in a separate location in order to access them later!

## Glossary & References

- Glossary
  - Example: defined terms such as Priority Populations and Community Health Workers
- Updated references
  - Example: the Community Preventative Services Task Force's (CPSTF) findings and rationale statement on Team-based Care to Improve Blood Pressure Control (2012→2020)

Term	Definition	Source/Resources
Electronic Health Record (EHR) System	An electronic version of a patient's medical history that is maintained by the provider over time and may include all of the key administrative clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports.  The EHR automates access to information and has the potential to streamline the clinician's workflow. The EHR also has the ability to support other care-related activities directly or indirectly through various interfaces, including evidence-based decision support, quality management, and outcomes reporting.	CMS Electronic Health Records  NAACCP DP 13-1309 Domain 3 Resource Guide
Patient tracking system	A patient tracking system, also known as a registry, is an information system for tracking individual patients and populations of patients.	Institute for Healthcare Improvement: Clinical Information Systems
Priority Populations	Populations affected disproportionately by chronic disease due to socioeconomic or other characteristics, including inadequate access to care, poor quality of care, or low income. The specific patient population is often identified and defined based on disease and risk factor burden data.	
Promoting Interoperability Program Objectives	In 2019 CMS and ONCHIT established standards and other criteria for structured data that EHRs must meet in order to qualify for use in the Promoting Interoperability Programs. The 2019 objectives include electronic prescribing, health information exchange, provider to patient exchange, and public health and clinical data exchange.	Promoting Interoperability Program Fact Sheet



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To increase usability, we further clarified terms such as priority populations and community health workers in the glossary. We did this through discussions with subject matter experts and by referencing CDC programmatic guidance. The aim was to reduce ambiguity for those taking the ScoreCard and to make the ScoreCard a usable resource for multiple clinical and public health audiences.

We also updated references. For example, to consider incorporating team-based care into your practice for patients with high blood pressure, the 2012 Community Preventative Services Task Force's (CPSTF) findings and rationale statement on Team-based Care to Improve Blood Pressure Control was in the previous version, and we have since replaced it with the 2020 version.



## Applicability of HSSC 2.0

### Situation

- Health department is collecting, analyzing, and reporting data on health system practices and policies
- Consider:
  - Core area alignment
  - Technical assistance needs
  - Capacity

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I will now provide some examples of how the ScoreCard can be either adopted or adapted for a health department's needs. Imagine a situation in which a health department is collecting, analyzing, and reporting data on health system practices and policies.

When deciding if and how to use the ScoreCard for your needs, consider how well the core areas assessed by the ScoreCard align with efforts being implemented by the partnering health system(s) and if those health systems will have the data needed to address the questions in the core areas.

Additionally, because the ScoreCard covers multiple conditions, it may be useful as one source of information for conducting quality improvement across a variety of chronic conditions. You can also think about how the information provided by the ScoreCard meets the needs of your public health department. Does the information assist the health department in identifying and addressing technical assistance needs of the participating health systems, given the public health department's internal capacity?

## Applicability of HSSC 2.0

### Scenario 1: Adopt the HSSC v2.0

- Health department **needs a new method to collect data**
- Share the assessment questions with interested partnering health systems

### Scenario 2: Adapt the HSSC v2.0

- Health department **needs to revise their current data collection method**
- Incorporate ScoreCard questions into their existing health system assessment

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If the ScoreCard appears to be a useful tool for health departments and their partnering health systems to guide their quality improvement efforts, there are a couple of proceeding scenarios:

In scenario 1, the Health Department needs a new method to collect data and sees some benefit in adopting the ScoreCard to guide their quality improvement efforts. They can register for an account on Formsites and request the Formsites version of the ScoreCard through CDC. This will enable them to customize the assessment, if desired, and share the ScoreCard questions with interested partnering health systems.

In scenario 2, the Health department already has a tried and trusted data collection method but recognize that they may benefit from making some revisions. They can access the list of standardized and evidence-based questions from the ScoreCard assessment from the CDC website. Then, they can incorporate these questions from the ScoreCard to their existing health system assessment.

In whichever scenario the ScoreCard is used, once the assessment is completed by a health system, the health department receives the results and may use them to gauge that health system's strengths in health care delivery as well as opportunities for improvement. Additionally, the health department or health system may consider using the information

to meet other needs. For example, results could be used to generate status reports for organizational leadership or partners.

The underlying message here is that the CDC Health Systems Scorecard provides flexible options for health departments to utilize preferred quality improvement tools and promote standard comparisons between health systems located in different geographical locations within a jurisdiction, or from within the same health system, longitudinally. The HSSC v2.0 is very comprehensive, yet users also have the ability to add items to achieve multiple goals.

## Resources

- Visit [https://www.cdc.gov/dhdsp/evaluation\\_resources/index.htm](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
  - Past Coffee Break summarizing HSSC evaluation
- Email [HSSC@cdc.gov](mailto:HSSC@cdc.gov), if you would like to access:
  - Formsite version of HSSC v2.0
  - HSSC v2.0 codebook
  - Comparison spreadsheet
  - Backend support

### Featured Resources



**Health Systems Scorecard (HSSC) Version 2.0**  
The CDC's Health Systems Scorecard (HSSC) Version 2.0 is a voluntary quality improvement tool to assess evidence-based chronic disease care management policies and practices. Download and share the following tools:

- **REVISED CDC Health Systems Scorecard (HSSC) Assessment Tool Version 2.0 (Implementation of Electronic Version)** (PDF - 1 MB)  
Review a PDF of what the HSSC Version 2.0 will look like on the HSSC platform.
- **CDC Health Systems Scorecard Version 2.0: Technical Assistance & Resource Guide for Public Health Departments** (PDF - 2 MB)  
Use this guide to learn how to gain access to the customizable HSSC platform, how to implement and use the HSSC, and what evaluation tools helped inform version 2.0.
- **Training for Health Systems: The CDC Health Systems Scorecard v2.0** (PPT - 1 MB)  
Customize this PowerPoint presentation to help teach health systems how to implement the HSSC Version 2.0.
- **Introduction to the CDC Health Systems Scorecard v2.0** (PPT - 1 MB)  
This PowerPoint presentation is for state health departments to learn how to implement the HSSC Version 2.0.
- **Past Coffee Break: Health Systems Scorecard V2.0** (PDF - 100 KB)  
View slides and read a transcript of the 20-minute



**Grady Implementation Guide**  
This implementation guide for public health practitioners and health care professionals is based on the Grady Heart Failure Program. The guide provides a detailed description of an effective intervention to address health disparities among heart failure patients.



**Implementing a Statewide Learning Collaborative to Support Clinical Quality Improvement**  
Learn how to leverage partnerships between public health professionals and health care systems to improve patient care and reach more patients with cardiovascular disease based upon the Recipe for Public Health from the Maryland Learning Collaborative.



**Build Powerful Public Health Partnerships**  
Learn how to develop powerful program partnerships with the Recipe for Public Health from the DC Million Hearts Program.

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To aid dissemination of the ScoreCard, we have added a number of relevant resources on our 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 ScoreCard 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, if you choose to use the ScoreCard, you can email us at [HSSC@cdc.gov](mailto:HSSC@cdc.gov) to request the Formsite version of the ScoreCard, as well as some off-line resources to help with the back-end development in Formsite, such as the codebook and a spreadsheet comparing versions 1 and 2.

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

# Thank you

**HSSC Team and Requests**

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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.



Thank you, Aysha and Sharada! At this time, we'll take questions,. First, we'll check to see if any questions have come in through the Q&A box.

**Q1:** If a health department previously used HSSC version 1.0 and is looking to use version 2.0, will they be able to track the 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. As mentioned on the last slide, we have developed a codebook for v2.0 and a comparison spreadsheet, aligning questions and item codes across versions. Please email us at [HSSC@cdc.gov](mailto:HSSC@cdc.gov) if you would like a copy of these resources.

**Q2:** Will I be able to directly access the ScoreCard from the DHDSP website?

**A2:** As mentioned on the previous slide, you can review the entire ScoreCard's questions in PDF format by going to the weblink on the previous slide. To access the Formsites version of the ScoreCard, you will need to purchase and create a Formsites account. Then, contact CDC for access to the Formsites version of the ScoreCard.