AREB Coffee Breaks 2023
HEALTH SYSTEMS SCORECARD V2.0

Sharada Shantharam, MPH and Aysha Rasool, MPA, MPH

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Centers for Disease Control and Prevention
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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, 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. 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.
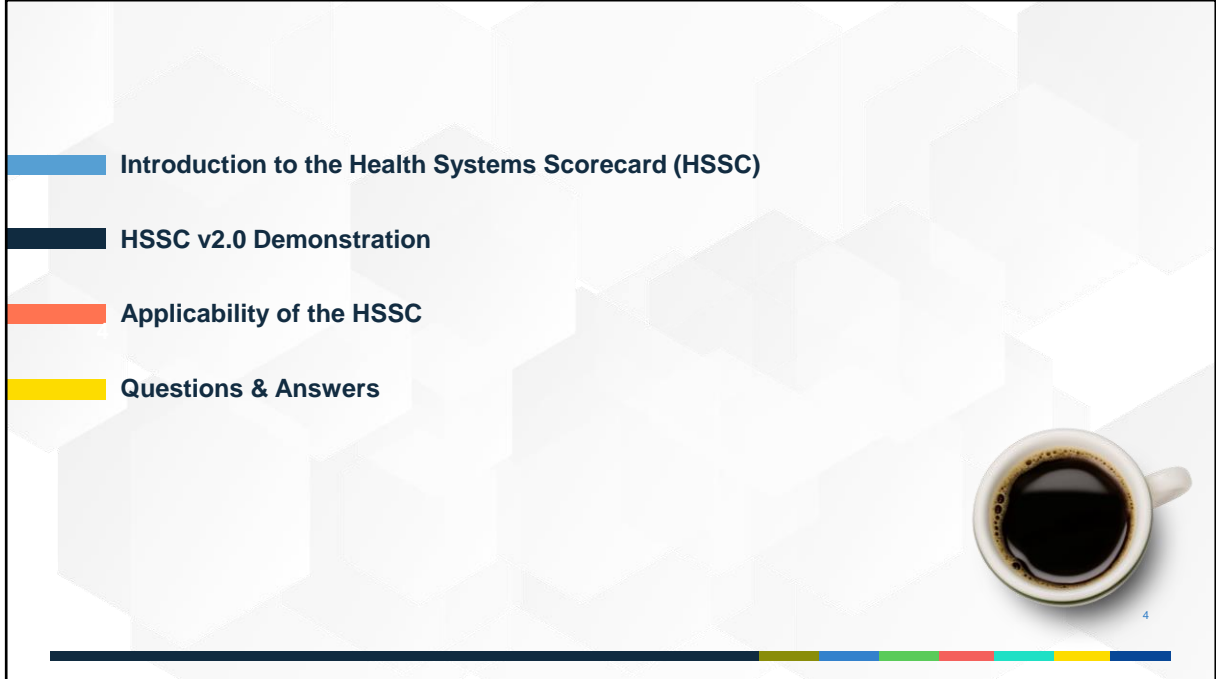
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The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

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

Introduction to the Health Systems Scorecard (HSSC)

HSSC v2.0 Demonstration

Applicability of the HSSC

Questions & Answers

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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.

**INTRODUCTION THE
HEALTH SYSTEMS SCORECARD**

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   6

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!

HSSC v2.0 DEMONSTRATION

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.

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.

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

Landing Page | Information & Module Selection | Modules & Questions | Report | Glossary & References | 12

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

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*

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!

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 Formsite and request the Formsite 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.

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 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, 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 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 Formsite version of the ScoreCard, you will need to purchase and create a Formsite account. Then, contact CDC for access to the Formsite version of the ScoreCard.