STATE OF MARYLAND
Community Health Resources Commission
Temporary Physical Address: 100 Community Place, Room 4.507, Crownsville, MD 21032
Temporary Mailing Address: P.O. Box 2347, Annapolis, MD 21404

Larry Hogan, Governor; Boyd Rutherford, Lt. Governor;
Edward J. Kasemeyer, Chair; Mark Luckner, Executive Director

First meeting of the
Maryland Health Equity Resource Advisory Committee
Data and Program Evaluation Subcommittee

In-Person/Virtual Meeting – August 24, 2021 / 8:00 AM – 10:00 AM
100 Community Place, Crownsville, MD 21032 (Conference Room A)
Zoom Link: https://zoom.us/j/93486096305?pwd=WWY3cmdhbGZIckErbTcwZzJvZ3lvUT09
Meeting ID: 934 8609 6305 / **Passcode**: Xkie4R
Dial-In Number: 301 715 8592 / **Meeting ID**: 934 8609 6305 / **Passcode**: 465033

MEETING OBJECTIVES:

1. Identify key data metrics for program evaluation for Pathways grantees.
2. Discuss the data and technical assistance that CRISP can provide to support the Pathways grantees and CHRC.
3. Determine process for public comment on key questions related to the Pathways Call for Proposals.

AGENDA

1.	Introductions	Chair Rebecca Altman	8:00 AM
2.	Subcommittee overview and key questions	Chair Rebecca Altman	8:10 AM
3.	Presentation by CRISP Staff and Q&A	Anja Fries and Laura Mandel	8:20 PM
4.	Subcommittee member discussion of key questions	Chair Rebecca Altman	9:15 AM
5.	Process for public comment period	Chair Rebecca Altman	9:40 AM
6.	Schedule and goals for next Subcommittee meeting	Chair Rebecca Altman	9:50 AM
7.	Adjourn	Chair Rebecca Altman	10:00 AM

STATE OF MARYLAND
Community Health Resources Commission
Temporary Physical Address: 100 Community Place, Room 4.507, Crownsville, MD 21032
Temporary Mailing Address: P.O. Box 2347, Annapolis, MD 21404

Larry Hogan, Governor; Boyd Rutherford, Lt. Governor;
Edward J. Kasemeyer, Chair; Mark Luckner, Executive Director

August 24, 2021

Proposed questions for public comment

1. What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

2. What statewide measures should be used to demonstrate health disparities?

3. What measures should be used to establish a baseline to assess impact and monitor/evaluate performance of the Pathways grantees?

4. What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

5. How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barriers experienced by the population/community served?

CRISP

HERC/Pathways

7160 Columbia Gateway Drive, Suite. 230
Columbia, MD 21046
877.952.7477 | info@crisphealth.org
www.crisphealth.org

Agenda

1. Review of CRISP data sources and capabilities for reporting
2. RFP Process: CRISP data/analytics support
3. Post Award/ Grant monitoring: CRISP data/analytics support
4. Evaluation
5. CRISP tools for grantee access

CRISP Sources

Type of source	Data in source	Notes
All Payer Hospital Claims data	Encounters, diagnoses, cost	High data coverage and quality (hospital only)
Medicaid/Medicare Claims data	Encounters, diagnoses, pharmacy	High data coverage and quality, special approval required
Direct Source Data- Admit/discharge info, clinical documents, labs, social determinants of health	Encounters, diagnoses, notes, labs	Variable data coverage and quality
Patient Panels	CRISP Participants send in participating patients	Not all providers included
Census data (including SDOH data)	Geography level estimates	Geography level

Data Source and Focus Recommendations

- CRISP recommends that reporting for Pathways/HERCs focus on geographic areas with the following information:
  - Geographic SDOH variables from the Census (more information in subsequent slides)
  - Hospital claims based metrics/reports
  - Potentially ambulatory Medicaid claims based reports

- Align main metrics of Pathways grants with SIHIS areas:
  - Diabetes
  - Maternal and Child Health
  - Opioids

Supporting Applicants in RFP - Eligibility

- As a reminder, definition from the Health Resource Equity Act:
  - "Health Equity Resource Community" means a contiguous geographic area that
    - (1) demonstrates measurable and documented health disparities and poor health outcomes;
    - (2) is small enough to allow for the incentives offered under the bill to have a significant impact on improving health outcomes and reducing health disparities, including racial, ethnic, geographic, and disability-related health disparities;
    - (3) is designated by MCHRC as specified; and
    - (4) has a minimum population of 5,000 residents.

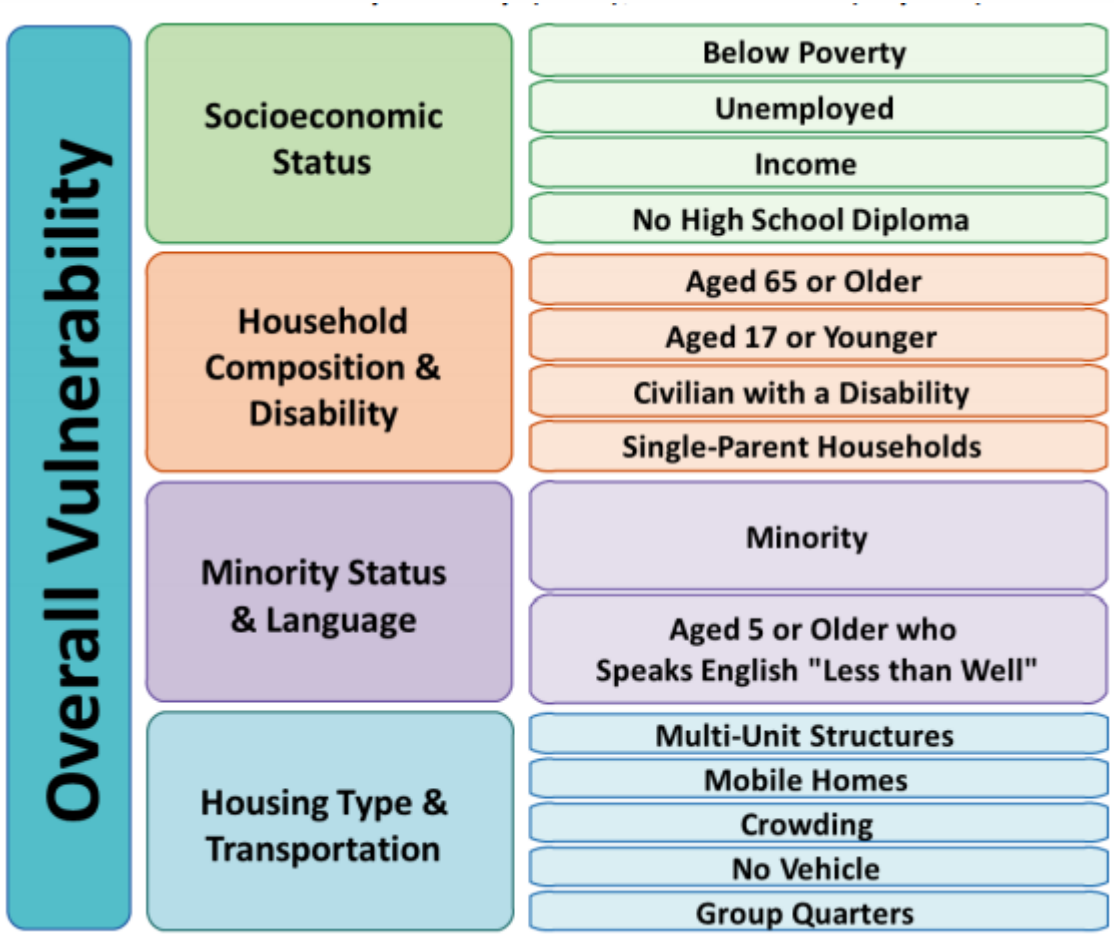
Providing data for RFP / applicants

- Propose providing publicly accessible excel of zip codes* with information on population, SDOH factors, and health outcomes to help applicants demonstrate disparities
- Excel will be set up to enable combinations of zip codes whenever possible so applicants can understand data across a combination of zip codes for a coalition

*zip code geography discussion later in presentation

SDOH Variables for applicants

- Suggest providing information by zip code or census tract on key SDOH variables from American Community Survey (Census)
- Identified key SDOH variables by the CDC's Social Vulnerability Index
- Will not be providing the SVI itself, just the representative variables



Health Data for applicants

- Examples of potential health data variables for inclusion in excel (dependent on data owner permissions):
  - Disparities in hospital admits per capita (CRISP has, permission needed)
  - Diabetes-specific admits per capita (CRISP has, permission needed)
  - Pediatric ED visits per capita (CRISP has, permission needed)
  - Important note: can only show cell sizes greater than 11 to allow visibility by community entities
    - For example, will be difficult to provide pediatric ED visits for asthma by zip code AND disparity because the numbers are small at a zip code level
- For other health data outside of claims data, would need to request data from MDH or other sources
  - Examples: life expectancy, diabetes prevalence, HEDIS diabetes measures

Applicant data questions

- Are these the right SDOH variables?
- Do we want to request additional health variables (like life expectancy) from MDH?
- Do we want claims-based health outcomes data in these static outputs (if yes, we need permission from data owners)?

Post-Award – Grant Monitoring

- Access to CRISP Public Health Dashboard reports (claims based, (no cell sizes greater than 10) for more monitoring of individual geographic unit (such that sizes allow)
- Access to Grantee Dashboard summarizing progress on core measures
- Process measures: not typically part of what CRISP collects – but can facilitate if subcommittee wants to collect grant information that can be ingested, like through a RedCAP system.

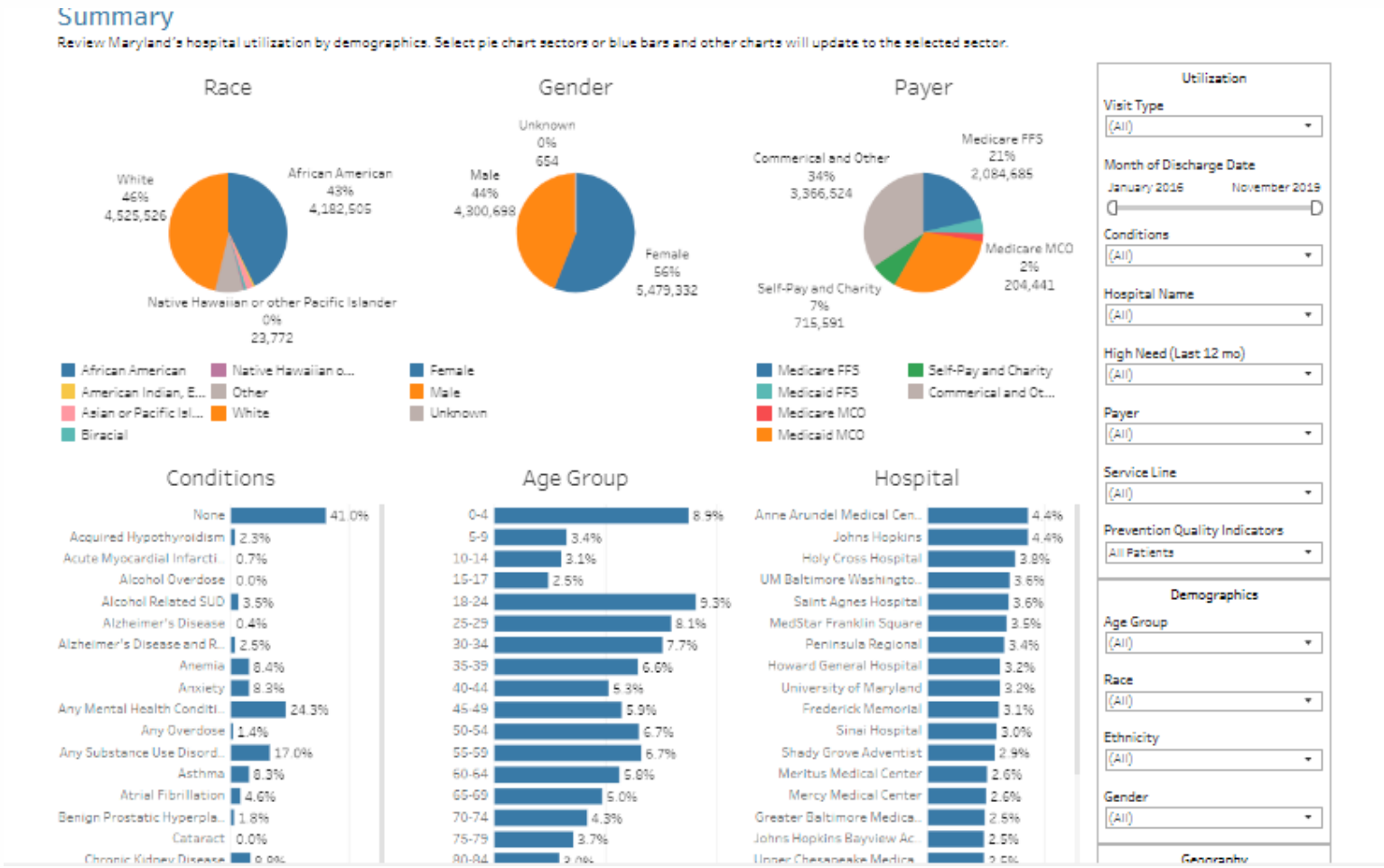
Public Health Dashboard

Data Source:

CaseMix – hospital claims based data

Examples of Key Questions:

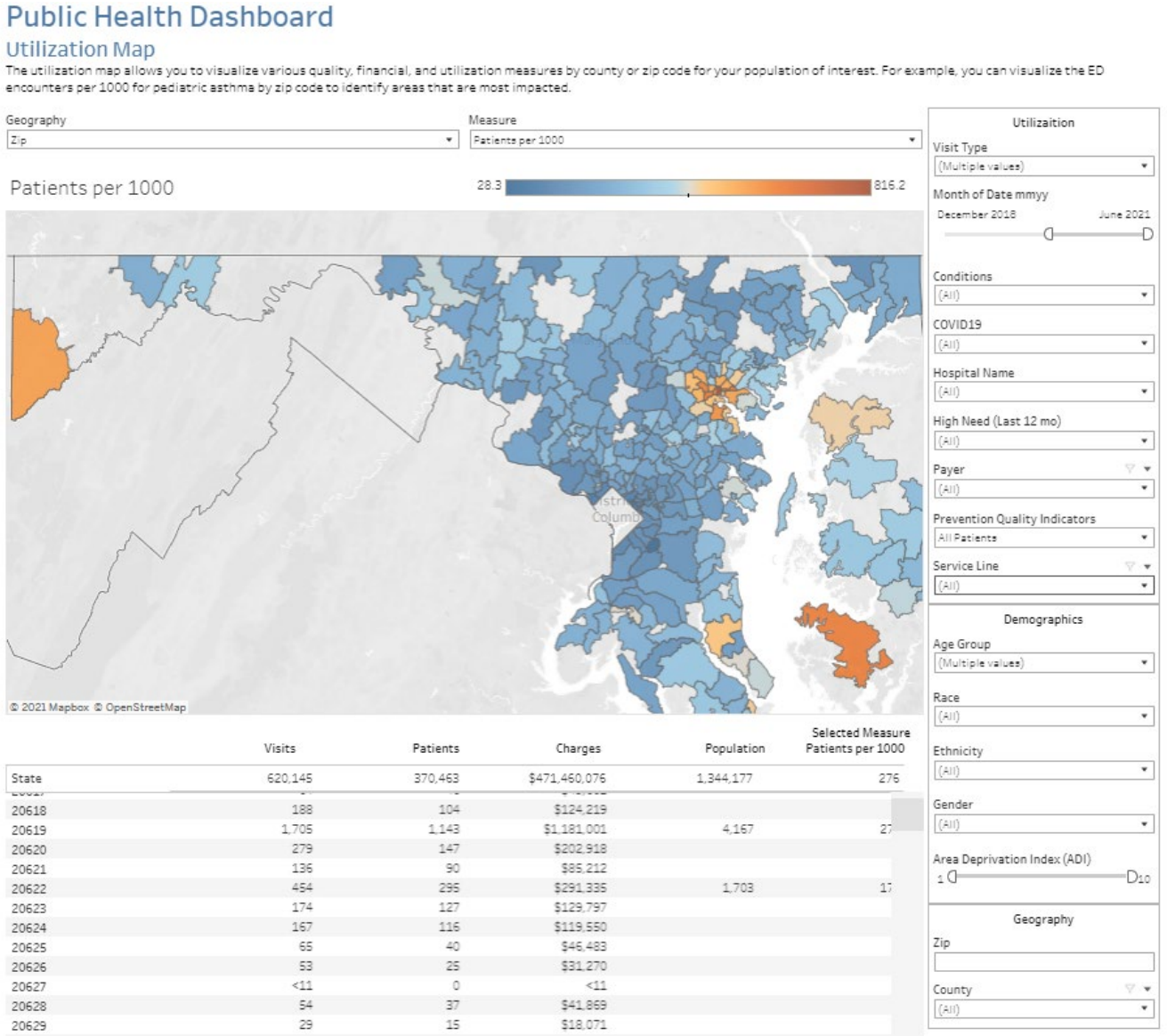
- What is age distribution of diabetes hospitalizations in the county?
- What is the racial makeup of teenagers experiencing asthma at St Agnes?



Public Health Dashboard (con't)

Question:

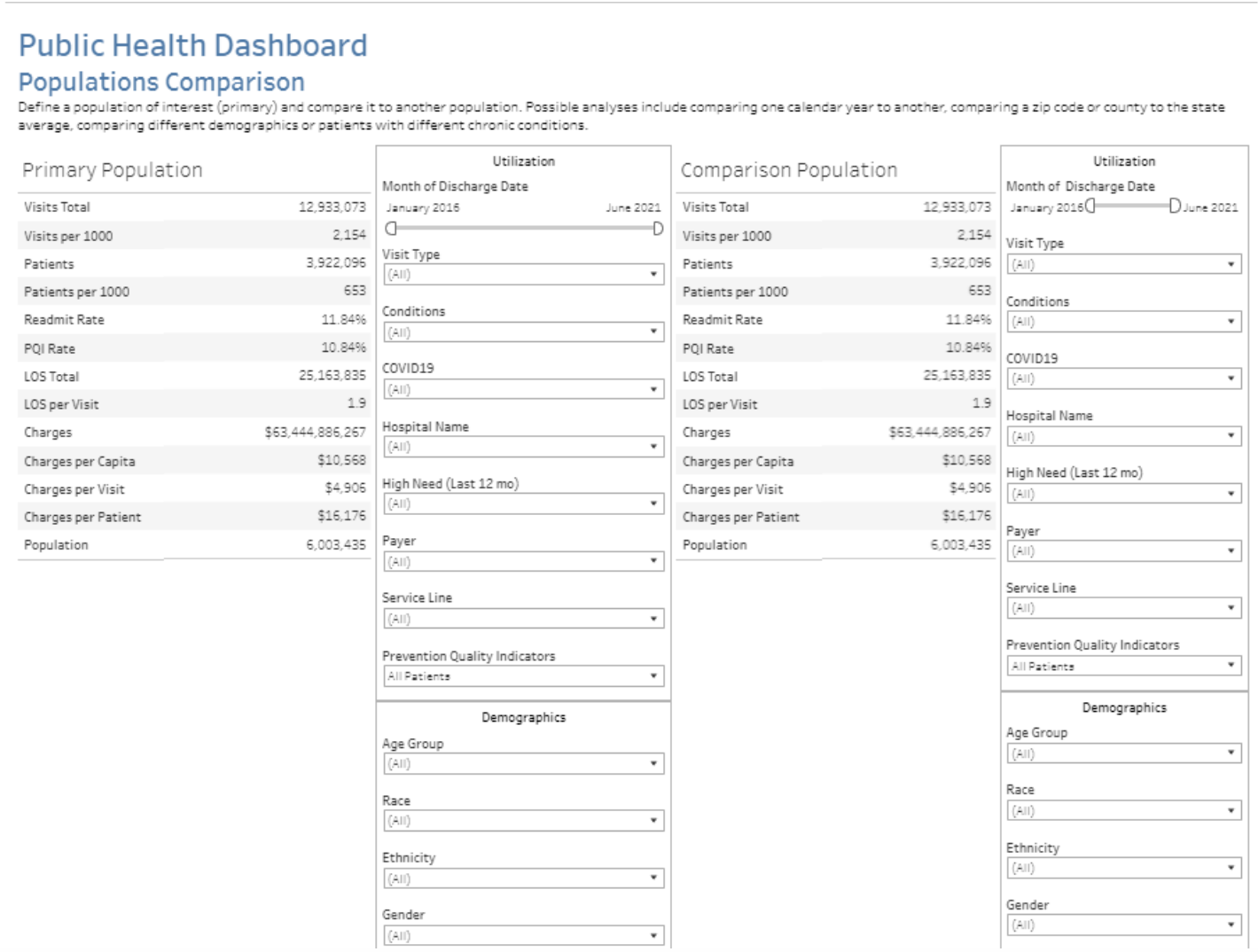
- Which zip codes in the state have the most ED pediatric patients per population?



Public Health Dashboard (con't)

Questions:

- What are the outcomes for the geography of interest before and after an intervention time period?
- What are the racial disparities in diabetes hospitalizations in a county?



Grant Monitoring Questions

- Which measures do we want to pull for a grantee dashboard?
- Do folks want to capture process measures, and if so, how? Do those metrics need to go into monitoring?
  - CRISP would recommend the same type of reporting that Commission typically uses for grants, but could also support getting in RedCAP or another system

Evaluation

- What question are we trying to answer?
  - Did the Pathways programs save money?
  - Are the Pathways programs effective as upstream interventions?
- What data is necessary for an evaluation?
- Is there data outside of the previously discussed elements that should be used to examine progress/outcomes?
- What does success look like?

CRISP tools to support grantees in administering program

- SDOH Screening data tools
- SDOH Referral tool
- In Context tools to see patient data for HIPAA-covered entities
- Notifications for admits/discharges for patient panels
- CRISP HIPAA Consent module – in the Fall, piloting patients being able to provide consent for non-HIPAA covered organizations to see CRISP data

Anja Fries, MPH
Director, CRS
anja.fries@crisphealth.org

Laura Mandel, MPH
Project Manager
Laura.mandel@crisphealth.org