

Year 1 Close Out 870-01 COVID FINAL REPORT PLANNING

Final Report



- Executive summary
 - Approach to the Project
 - Previous efforts to respond to public health crises have been retroactive and limited to the specific challenge at hand. This project sought to create an enduring, reusable and scalable infrastructure for data and analytics that could be used both to inform the COVID-19 pandemic and future public health challenges.
 - Challenges
 - The takeaways that were similar across partners
 - CHCs were overwhelmed with the daily changes they were encountering due to the pandemic
 - Shifting guidance from CDC meant a fast pace of change as the epidemic unfolds
 - Unexpected outcomes
 - The two partners using a third party population software tool by Azara experienced delays and extra costs, but the effort will facilitate the onboarding of new partners (and potential use by non-partners); this was the up-front investment.
- Lessons Learned
 - Need to create clear coding and implementation guidance across use cases and partners
 - CDC ideally could take the lead in systematizing the reporting to IIS and public health – MedMorph reference
 - State IIS systems are driven by the public health reporting use case but do not provide the support for clinical care organizations. That support includes the need for access by health care coordinators who are not clinicians, the need for bulk queries by provider organizations to their patient panel, and the movement of IIS data across state lines.
 - CDC has been building the IZGateway, a potential link across state requirements to transfer the data to the correct state. This would be an excellent opportunity both to bring forward the centralization of reporting for FQHCs and to provide an opportunity for centralized query of the national IIS network.
 - Need to build enduring approaches at both the local level and the regional/federal level
 - Federal government could coordinate information gathering data at federal, state, specialty system - establish a minimum set of fields.
 - Automation and standardization is critical to scale and spread
- Appendices
 - All Partner Final Reports
 - Complete Data Analytics
 - Mentimeter questions and answers



Goal

Consolidate findings and observations from Year 1 COVID to create final report.

867-02 Final Report

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870-01 13 Jul 2021 Harvest Meeting Slides		
870-01 13 Jul 2021 Harvest Meeting Transcript		
Challenges		
<ul style="list-style-type: none"> • Final Reports 		

- Harvest Slides

Challenges and Lessons Learned

Alaska - Final Report

- x1. We have buy-in from our health centers but found that most of them were unable to provide data in a timely manner due to being **overwhelmed and competing priorities related to the pandemic**.
- x2. The **learning curve for data needs and collection was very steep**, but not insurmountable. Since dashboards and procedures have been developed, data reporting should be much easier during the remainder of this project.
- x3. With the amount of data needed, we found it very important to have a shared data platform and Health Centered Controlled Network. **We started the project with trying to obtain data from multiple sources and try to verify and collate the data. Having multiple Health Centers on Azara did make the task easier.** We have further partnered with Azara to have any future monthly data pulls automated.
- x4. **Even with a shared data platform it is difficult to verify data in the health centers' EHR since we do not have access to them, so we had to find other ways to verify the data.**
- x5. **One way is that we partnered with the State of Alaska and people with their Immunization Information System (VacTrak) to assist in verifying the immunization data provided in Azara.**
- x6. The importance of the **Human-Centered Design Approach - Remembering there are real people behind the data and making sure to tell their stories.**

Alliance/HCN - Final Report

xReflecting on health center experiences and workflows, HCN and AllianceChicago would have liked to **have had health centers document their workflows and grouped them into similar categories to assist in hardwiring data capture.** Another option would have been to **understand the needed data elements across all reporting entities** and support health centers in streamlining reporting requirements from those requesting data on a regular basis.

CHCN Final Report

		what went well?	did not go well	how addresses/follow up
Challenge	xSymptoms not easily identified in the database		Could not identify the correct field to capture symptom information recorded during patient encounters	We connected with OCHIN to learn more about how this data is typically recorded and where it is located in the database. Engage Epic for access to data elements. Follow-up needed: Identify the smartdata element IDs related to each type of symptom for improved data collection
Health Alliance Efficiency	xWhile we were able to provide our participating health centers with valuable insights on the Covid-19 related data reflected in their operations, we were not able to pull in data from other sources. Most of our participating health centers are using the eClinicalworks EMR. eClinicalworks does not currently allow users to pull in testing or vaccination information from other registries. With this limitation we were only able to provide health centers with a fraction of the testing and vaccination information on their patients. We were not able to mitigate this challenge during the project period but will hope to work with health centers address it in the future.			

Alaska - Harvest Slides

How the state of Alaska and our Health Centers stepped up to the challenge of COVID-19 testing and vaccinations.

Initial increasing confidence in vaccines due to improved knowledge.

Vaccine hesitancy still an issue – especially common in rural Alaska.

The importance of a shared data platform and HCCN

The Human-Centered Design Approach

Alliance/HCN - Slides

- xHaving health centers document their workflows and grouping them into similar categories to assist in hardwiring data capture.
- xTo understand the needed data elements across all reporting entities and support health centers in streamlining reporting requirements from those requesting data on a regular basis.

Challenges	xLab testing for COVID had to repeatedly switch systems due to funding, availability, and wait times			
Challenges	xDocumentation of "non-patients" served (testing, vaccines)		To avoid collection and documentation of unnecessary PHI for people who were community members (and not regular patients), external systems were used and tests and vaccine totals became difficult to track. Different workflow processes were used for patients and community members.	Identify workflows that allow "quick registration" or something similar that allows all people served to be recorded in the same system, without conflating other record keeping or collecting more PHI than is essential for the provided services.
	xTracking tests and vaccinations for individuals who were not attributed patients of the health center presented an ongoing challenge. These patients did not have previous, basic, required information previously captured (e.g., race, ethnicity) which increased the burden of documentation. Also, health centers wanted to avoid having these patients be counted for UDS reporting, and struggled with the decision to either enter patient data into the EMR or to track tests and vaccinations in a separate location (often an Excel file). We did attempt to mitigate this through suggestions for using specific visit types or structured data to distinguish non-attributed patients. (HE Final Report)			
Best Practice	xAutomation of data extract	All data extracts and saving to files was automated and scheduled successfully	The extract process is slow and still requires a final manual upload to share to NACHC	Establish an SFTP or other system that does not require manual upload (and can be regularly scheduled)
Best Practice	xDeveloped SQL scripts for views and stored procedures to automate the extraction process	We were able to identify the database fields for all of the essential data elements and many that were not prioritized	Unable to identify good data points for some of the main priorities, such as COVID exposure source. Some lab tests missing critical elements (results, test type)	Follow-up needed: Establish norms with clinical partners around documentation expectations for improved tracking of patients who are potentially infected or sick.

Health Efficient - Slides

- xIn a public health emergency, FQHCs need a "local" partner like an HCCN to translate guidance and mandates from the federal government, state, and local health authorities into easily actionable guides, resources, and tools

Health Efficient - final report

xExtracting data centrally worked well to allow PHC to focus on serving patients.

Wins

AllianceChicago/HCN from slides

xCOVID-19 Registry:

- Modified our integration engine to accommodate quickly emerging CDC CVX codes and other requirements.
- Installed codes and database queries to insure reporting of race and ethnicity.
- Performed daily audits to insure timeliness of COVID vaccine reporting and accuracy.
- Modified interfaces per Registry requirements on custom reporting of vaccine given "in house" versus given elsewhere (mass vaccination clinics) to ensure accurate counts and avoid double reporting to public health departments.
- Increased reporting and segregated COVID vaccine reporting by working with State registries to ensure timely reporting
- Modified patient consent requirements where applicable and State sanctioned. Initiated emergency authorization for adults to be submitted unconsented where governance accommodated this exception

xNACHC All Partners Call- the project helped us gain insight into what others around the country are doing with regards to COVID-19 data and how it has been translated into meaningful outcomes

CHCN from slides

xPublic health Department engagement was enhanced

xData gathering and integration was substantially expanded

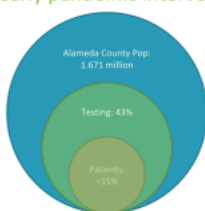
Data gathering and integration substantially expanded



COMMUNITY HEALTH CENTER NETWORK

xProof that CHCs were vital for early pandemic intervention

Community Health Centers were vital for early pandemic intervention



COMMUNITY HEALTH CENTER NETWORK

CHCN from final report

We have ultimately improved our data access and knowledge, convened and collaborated more effectively, and gained valuable insights about how to approach any future unexpected health events.

xHealthEfficient from slides and final report

- Development of best practice guidelines presented to health centers for vaccination coding & EMR configuration
- Using data to understand changes in in person visits helped us research and vet telehealth vendors and provide access to demonstrations to our health centers

This helped our health centers select the right vendor for their situation and led to fast and steep implementation of telehealth visits

- The support we provided allowed organizations to rapidly transition to seeing patients virtually, send communications to patients about testing availability at their organizations, workflows to minimize patient contact, and configure/use their EHR and other HIT technology to support their patients.
- Positive impacts of this work included improvements in documentation of COVID-19 diagnosis, and some improvement in data capture of testing and vaccination. We expect that these improvements will be sustainable as a variety of national and local institutions are requiring these data elements be captured reliably for reimbursement and compliance.

Unexpected - health efficient final report

xUnexpected impacts this project included the need for translation of national and state guidelines for clinical, operational, and data capture responses to a pandemic at a direct, one-to-one, or on a small peer group level. Health enters were overwhelmed with patient care and other pandemic related challenges, HealthEfficient was able to simplify and share relevant state and federal guidance in practical, actionable ways. (HE Final Report)

Materials Developed

Health efficient final report We developed best practices guides for vaccination coding/EMR configuration. We also developed visualizations of COVID-19 testing and indirect effects of the pandemic on patient care and health center operations.

CHCN Final report - Training efforts related (but not specific) to this project included clear guidance on documentation of telehealth encounters, encouraging improved documentation of vaccinations in the EHR, retrieving records from the database via SQL, utilizing OCHIN-developed reports that can be accessed directly within the EHR system, and utilizing CHCN-developed Tableau reports. CHCN responds to the needs of the clinics in the consortium to provide ongoing training, regardless of the current health emergency -