Better Decision Making: Using Data in Planning and Quality

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DISCLOSURES

- Craig Vincent-Jones has no financial interests or relationships to disclose
- Juhua Wu has no financial interests or relationships to disclose
- Donna Yutzy has no financial interests or relationships to disclose
- HRSA Education Committee staff have no financial interests or relationships to disclose
- Professional Education Services Group staff have no financial interests or relationships to disclose







Learning Objectives

■ Learning Objective #1: Audience participants will find out where the best data sources are, how appropriate data can be used in planning, quality and other processes, how it can be extrapolated to serve their purposes, and how it is weighed and used in planning and quality management. Helpful tips will complement the other information so that workshop attendees can learn from the successes and mistakes of these two jurisdictions.







Learning Objectives

■ Learning Objective #2: Audience members will leave with a better comprehension of how to make the best decisions with the data available. The presenters will provide case studies of good and bad data-based decision-making to help refine participants' understanding of when, how and why data should be used. They will be given first-hand accounts of how data has been beneficial or misinterpreted to final decisions, and guidance how to move ahead with decisions with data gaps.







Learning Objectives (cont.)

■ Learning Objective #3: HIV service guidance/funding have changed significantly, making it hard for planners, quality managers and program designers to keep up. Workshop participants will learn how the environment has transformed and how these jurisdictions have changed data expectations concurrently. The presenters will provide examples of how data has been used to address new Part B planning and quality processes, and in the Part A response to new initiatives, such as linkages to care and unmet need.







Presentation Overview

- Identifying Data Needs
- Retrieving Available Data
- Determining Data Credibility
- Utilizing Data for Planning and Quality
- Sharing Lessons Learned







What is Data?

- Numbers
- Contributes to a description
- Information
- Accountability
- Understanding
- An android in Star Trek







What is Data?

PEOPLE!

(Their lives & stories)







Identifying Data Needs

Two Perspectives To Consider In Defining What You Need To Know:

- (1) Construct questions and go get the data (including secondary/surrogate/proxy data).
- (2) Find out what data is available and then define questions that can be answered.







Identify Data Needs: Part AGrantee

- HAB Reporting/Conditions of Award
- Grant application
- Unmet Need
- Contract monitoring/compliance
- Quality Assurance/Meeting Standards/Frequency of Best Practices
- Quality Improvement Initiatives







Identify Data Needs: Part A Grantee

- Reporting to EMA governmental authority
- Accountability to community
- Program budgets development
- Reporting to PC, providers & consumers
- Continuum of Care system development







Identify Data Needs: Part A Planning Council

- Priority Setting
- Resource Allocation
- Comprehensive Planning
- Accountability to community
- Service Effectiveness (including cost)
- Outcomes Evaluation







Identify Data Needs: Part A Planning Council

- Aggregate QM/QI data
- Reporting to Grantee, providers & consumers
- Continuum of Care system development
- Compliance with Standards/Frequency of Best Practices
- Aggregate Grievance Data
- Assessment of the Administrative Mechanism







Identify Data Needs: Part B

- HAB Reporting/Conditions of Award
- Grant application
- Unmet Need
- Contract monitoring/compliance
- Quality Assurance/Meeting Standards







Identify Data Needs: Part B

- Quality Improvement Planning
- Statewide Coordinated Statement of Need
- Comprehensive Planning
- Accountability to State Legislature and Governor







Identify Data Needs: Part B

- State budget committees
- Special statewide initiatives (Cross-Parts QM Collaborative)
- Continuum of Care system development
- Special Quality Improvement Initiatives
- Accountability to community, providers and consumers







Retrieving Available Data: Part A Grantee

- Service Utilization (CLD)
- Client Satisfaction at provider level
- Unmet Need (Estimate)
- Surveillance Data (eHARS & Labs)
- Client level demographic information
- Site visit data (including chart reviews)
- Performance data from providers
- Medical Monitoring Project (MMP)







Retrieving Available Data: Part A Planning Council

- Needs Assessment (including some client satisfaction questions)
- Unmet Need (Estimate, Assess, & Address)
- Special Evaluation Studies
 - Hospice Study
 - Nutrition Study
 - Special Population Studies
 - Financial Analysis of Medical Care Coordination







Retrieving Available Data: Part B

- Service Utilization (CLD)
- Client level demographic data
- Surveillance (eHARS & Orpheus/labs)
- Needs Assessment
- Statewide Client Satisfaction (ADAP & CM)
- Unmet Need Evaluation
- Site visits/chart reviews
- Provider reports on outcomes
- Medical Monitoring Project (MMP)







Retrieving Available Data: Part B

- Special Evaluation Studies:
 - Out of Care CAREAssist (ADAP) Study
 - Access and Care Delivery Barriers for Latino PLWH/A
 - Oregon Medical Practices that Provide HIV Care, A Snapshot
 - Eating Right When Money's Tight







Retrieving Available Data: Challenges

- Working with IT/data systems
- Knowing how to "ask the question" so you get what you were looking for
- Access to secondary/proxy/surrogate data (Medicaid, VA, MH/SA, Corrections, Housing & Community Services, Office of Rural Health)
- Data Manager vs. Epidemiologist or Research Analyst







Retrieving Available Data: Challenges

- Skills required to do data analysis
- Ability to "mine" data
- People "pick & choose" data based on preconceived notions
- Lack of access to client level data (just aggregate)
- Confidentiality community fears
- Inability to map the data







Retrieving Available Data: Challenges

- The data just doesn't exist
- Lack of database integration & communication
- Extrapolating HIV data from larger systems
- Timeliness of data reports
- Data sharing
- Customizing database







Retrieving Available Data: Strategies

- Find the experts and get their assistance.
- Write down your question and define numerator and denominator together with IT.
- Standardize data query format.
- "Perfect is the enemy of the good." Don't be afraid to ask for less than perfect data.







Retrieving Available Data: Question for Audience

What strategies have you found that have worked in your jurisdiction?







Determining Data Credibility: Challenges

- Quality of data data entry error/missing data/lack of data quality monitoring
- Problematic surveillance data (passive or active surveillance)
- Cost of being able to collect reliable data
- Consistency of measurement







Determining Data Credibility: Challenges

- Lack of access to "raw data"
- Lack of information about collection methodology
- Wrong data for question (trying to force data to answer questions for which it was not designed)







Determining Data Credibility: Strategies

Evaluate quality based upon:

- Number of people in the sample
- Who is represented
- Probability sampling method







Determining Data Credibility: Strategies

- Content, clarity and appropriateness of questions asked in surveys, interviews and focus groups
- Appropriateness of research methods used
- Quality of analysis
- Compare findings from other studies







Utilizing Data for Planning and Quality: Case Studies

Part A Los Angeles

- Move to Names Reporting
- Medical Care Coordination

Part B Oregon and Arkansas

- Regional Medical Care Coordination
 Centers
- Service Access Centers







- Internal grantee and/or planning council staff do not have the skills to use the analysis.
- Inability of most people to translate comprehensive planning into implementation.







- People have different motivations in using data. (Example: Cost effectiveness data vs. needs data)
- People approach data with different philosophies and interpretations.
- People "pick & choose" their data.







- Varying levels of cooperation and communication between grantees and planning bodies.
- Lack of consistency in measurements and data elements when trended across multiple years.







- People using the data aren't trained to understand/read data reports.
- Data isn't "perfect" so it's automatically rejected.
- Data presented in an "unfriendly" format.







- Lack of data comparisons/triangulation.
- Not having an adequate mix of types of data from multiple sources (qualitative and quantitative/ primary and secondary.)
- Not having timely data available.
- Data not relevant to the need/question.







- Lack of good data summaries. Only have full report (often hundreds of pages long.)
- Reports written in technical jargon.
- Good old fashioned discomfort with numbers (innumeracy).







- Short, simple, plainly written data report summaries (make the full report/raw data available via web for those who wish to see it.)
- Learn to match data to type of decision that needs to be made.







- Craft reports specifically to the audience and to the decision required.
- Use a simple matrix to summarize and compare data from multiple sources.
- Training...training...training on using data for decision making.







- Don't be afraid to use data that is not perfect. Acknowledge the problems with the data and use what you can verify.
- Find experts and use their advice.
- Understand the differences in the types of data (i.e. evaluation data vs. QI data)







- Share data with other RW grantees and Planning Councils it helps put your data into a national perspective. (i.e. HIV QUAL national data)
- Provide interactive data presentations and discussion weeks before decision making.







Utilizing Data for Planning and Quality: Question for Audience

What strategies have you found that worked in your jurisdiction?







- Know what you want/need to measure:
 - Identify the variables that will lead to the answers.
 - Verify that the variables being collected match the intended measure.
 - Define units of measurement.
 - Standardize for comparison.
 - Define the numerator and denominator.







- Trending aggregate data over time has value but doesn't give you the kind of depth and detail that a targeted evaluation/ study can.
- Use trended data to find areas to evaluate and/or develop quality improvement initiatives.







- Getting good data takes time.
- Less is better. Simplify reports. Use summaries, triangulation matrixes and lots of charts and graphs.
- Keep asking questions of the data specialists (IT, Medicaid, Surveillance) until you learn to "speak their language" and frame the correct query to get what you wanted.





■ Invite the data people to participate in the planning meetings. It's amazing how much more data is available than most of us know. It also makes a difference when the data people understand what we need to know and why.







■ A robust, engaged, interactive Quality
Management Program & Evaluation with
regular outcomes reports (including both
Quality Assurance and Quality
Improvement activities) will help develop a
"Culture of Quality". People who are
engaged in improving systems will learn to
ask for data and understand how to use it.







- Findings should not be inferred and cautiously "generalized."
- Identify who is available to distill findings and create understandable and useful reports.
- Check your assumptions!







Lessons Learned: Audience Question

What lessons can you share from your experience?







Better Decision-Making: Using Data in Planning and Quality

Thank You!





