**Welcome to EEC!**

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| Register for EEC meetings here | <https://chronicdisease.zoom.us/meeting/register/d036cbbd925610a07510d14dfea9e911>Please be sure to *download the appointment series* to your calendar.If you are sharing a workstation, please be sure to enter the First Name\_Last Name (State) to the Chat for all members of your party so we can track attendance. For example ***MaryCatherine Jones (NACDD)*** |
| EEC Leads | Lara Kaye (NY), lara.kaye@heatlh.ny.govShelby Vadjunec (WI), Shelby.vadjunec@dhs.wisconsin.govEmily Peterson Johnson (TX), Emily.johnson@dshs.texas.gov |
| NACDD Consultants | MaryCatherine Jones, mcjones@chronicdisease.orgHannah Herold, hherold@chronicdisease.org |
| Date | October 16, 2019 |
| Time | 11am PT/12pm MT/1pm CT/2pm ET |
| Objective | To provide opportunities for staff working on 1815/1817 epidemiology, evaluation, data and performance measurement to collaborate on their work through the exchange of questions, ideas, insights, and resources with their peers. |

| Time/Discussion Lead | Agenda Item | Discussion | Actions |
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| 5 minutesEmily | Welcome, Housekeeping and Polls | We have a few polls to kick off our discussion today.The first one is: “Which national conferences are you planning to attend or interested in attending for 2019-2020?”If you will be attending the APHA national conference in November and would be interested in meeting up, please type “APHA” into the Chat box and NACDD will send out the list to the folks who are going so they can meet up.Survey:AEA and CSTE are tied for conferences with highest planned attendance from EEC groupMembers who will be attending APHA:* Banita McCarn (IL)

Members who will be attending AEA:* Peter Dieringer (WA)
* Megan Chacon (MN)
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| 5 minutesShelby | New Member Introductions | EEC is a community of peers and we love to know who is with us, especially those who are new in their positions and new to EEC. If you are new to EEC, please introduce yourself.No new members announced themselves on the call.Contact Hannah Herold to be added to EEC mailing list | EEC agendas and minutes are sent by email. If you are not on the EEC email list, please add your email address to the Chat and/or email Hannah (hherold@chronicdisease.org). |
| 2 minutesMaryCatherine | NACDD Updates | Two GIS RFAs are out: one for state health departments and one for local health departments. Please let us know if you have any questions. We hope to see lots of applications from EEC members! MaryCatherine - There are 2 GIS RFAs currently open by NACDD. This is for in-person training offered by CDC DHDSP, NACDD, and CEHI at Rice University. This is a collaborative project that has been happening for 11 years. GIS RFAs can be found at: <https://www.chronicdisease.org/gis>. Please share this opportunity with any state or local health departments who you think may be interested. Trainings are taught using ArcGIS Pro |  |
| 25 minutesEmily | 1815 EPMP | EPMP Submissions: How did this go? Any challenges that arose that you’d like feedback on? What PMs still need a little work? Any lessons learned that will apply for future EPMPs (Year 2 1815 or Year 1 1817)?Deirdre (San Diego) – We have 1817. We are still working on our performances measures. Challenges are that they need to be specific to hybrid and sub-populations. We are trying to pull together revised data-use agreements in order to access that data.Simone (GA) – It was a lot of work in regards to the deliverables being that you had to do Y2 plans in addition to reporting for Y1 at the same time. We just came off previous deadlines of updating plans, so it’s been deadline after deadline. It was a great experience overall and we will prepare for next year’s deadline by preparing a few months in advance.Debra Hodges –(AL) I agree--it was a lot of work due at the same time. I also evaluate another program and I had a brutal schedule with 3 separate documents each for two totally different grants. The one I finished first, kept coming back with rewrites which totally blew my concentration. I worked through the weekend & then came in at 6:30 in the morning the day it was due.Peter (WA) - Cat B evaluation – there are questions in both 1815 and 1817 that are more programmatic, about implementation prior to the agreement and the approach to implementation. 1817 asks more targeted questions about why something was chosen and how it fills gaps. We need to work earlier with our program staff to get them to document things for our evaluation.Greg Elder (PA) - I thought it was strange that the year 1 eval reports were due the same time as the year 2 EPMP. It seems like CDC feedback on the year 1 eval report could inform strategies for completing the year 2 EPMP. Caitlin (UT) – I work on Category A for 1815/1817. We’ve decided to add specific data entry into catalyst so that it falls directly with what is reported in the EPMP and PM. That way we can get exact numbers rather than having to extrapolate.Emily - That makes sense especially since some performance measures weren’t finalized into later in the grant year.Deirdre (San Diego) - Plan data collection early. Finalize data use agreements in order to collect data prior to the deadlines.Debra Hodges (AL) - I think that doing a different evaluation for each year is adding to that burden. Sometimes you don’t get data until the last minute. Some of the data we collected did not match the performance measure once the performance measure defintions were finalized.Linda Carter (MD)- I was frustrated with the number of indicators they wanted for each strategy. Did anyone else feel like that?April Hendrickson (CO) - Yes, Y1 timeline was challenging to get data. Things weren't in place until Y1 was underway for awhileTiffany Knauf (ND)- All of the templates arrived so late and there were constant changes. Between the delays in feedback on year 1 docs, then turning around and completing year 2 - all of this close timeline does not allow for the actual work (programmatic) to happen.Shelby (WI) – Once we started looking at survey data, we recognized that the way the question was worded wasn’t best, so rewording questions will help us get at the true performance measure.Mengy Li (KS) - I am not sure whether it is just our state. I am frustrated chasing deadlines. We just finished 1815 reporting the end of last month. Our 1817 program is now working on technique review response due the end of this month and the 1817 eval and PM is due the end of December.Tiffany Knauf (ND) - Do we know that the EPMP templates and expectations will not change? In 1305 documents, templates and expectations changed frequently. So, if nothing changes we are now better prepared for year 2 and beyond.Caitlin (UT) – My CDC project officer said they can’t guarantee that the templates won’t change.Simone (GA) – They sent out a template for Cat B for efficiencies. This is on AMP. They sent it out with the additional guidance they provided for Year 1. “Year 2 efficiency 1815 Cat B” Mengy Li (KS) - We find it particularly hard to track referrals to community programs, separating patients with hypertension and patients with dyslipidemia. Anyone has any good solutions that they find working?Debra Hodges (AL)- I talked with my CDC PO and Evaluator about frustrations with the performance measurements not always matching the data I collected and she is willing to work with us, but some of the programs were designed with different goals and will be very challenging even for next year.Deirdre (San Diego) - We are hoping to track referrals through our referral system. Our CDC evaluator said that our program fact sheet will reflect our progress and that if we have missing data it will be reflected there. We are using a Community Information Exchange. It's all electronic. The patients will be referred according to diagnosisEmily (TX) – Sometimes we are able to work with the program side to collect information on referrals. This is a multiple choice question.How are the Evaluation Peer Learning Communities going? How well are they addressing needs we’re seeing for Cat A and Cat B? Any recommendations for improvement? Emily (MN) – We have had a group attend the 2 peer learning calls. The first one wasn’t relevant (we weren’t evaluating those strategies). But on both of the calls we’ve struggled to follow along because there haven’t been any PowerPoints or visuals to go along with the call. We think it could use more structure to be more useful.Shelby (WI) – I echo what was just said. It’s helpful to know this because we will be presenting on the next one, and plan to have slides. It was hard to follow along with one slide and having 2 states present.April Hendrickson (CO)- It's been hard to track when meetings are occurring. Sometimes they're announced via email but we've been working with CDC to get right emails on listserv. Info on AMP is inconsistent.Simone McPherson (GA) - Link to access 1815 Category B Year 2 Evaluation Reporting Deliverable Guidance and Technical Assistance Tool: <https://amp.cdc.gov/NCCDPHP1815/s/article/DP18-1815-Category-B-Year-2-Evaluation-Reporting-Deliverable-Guidance-and-Technical-Assistance-Tool>April Hendrickson (CO)- right now Cat B EPLC looks like it's occurring over multiple weeks. Timeline of EPLC was challenging. CDC asked if we could present but timing was too close to deadlines. |  |
| 20 minutesShelby | 1817 Pharmacy Strategies | How are health departments doing with pharmacy engagement strategies?How has your work with pharmacy partners has evolved over the last year?What resources or information would help states to move forward with this?Emily (TX) – Related to MTM – a pharmacy partner works a lot with un/underinsured. MTM would be out-of-pocket for those populations. It’s only covered by Medicaid and Medicare here. Privately insured folks would have trouble getting this paid for or reimbursed. We are trying to figure out how to fund this work.Deirdre (San Diego) - Our pharmacy engagement is going better than our CHW workMaryCatherine – has anyone had opportunity to work with payers about coverage for MTM?Julie – Yes, MTM payer info would be a helpful resource.Shelby (WI) – In WI we’re piloting with a private health plan to identify members and refer them to MTM.Deirdre (San Diego) - MTM as a covered benefit depends on Federal guidance. (For Medicaid/Medicare)Debra Hodges(AL) - We are working with the pharmacy school from Auburn University and this is part of their training program, where the new pharmacists get a chance to offer MTM services during an internship with a clinic.MaryCatherine – Do states feel like it would be helpful to have additional resources/support about reaching out to payers regarding MTM coverage?Peter (WA) – We are trying to work to change coverage or Medicaid rules in states. Our CDC PO told us we would need to add additional activities that are specific to health systems. For states that are trying to make changes with payers – how are you reporting PMs?Kortnei Scott (AL)- We worked with a school of pharmacy to assess DSMES and medication management offerings among pharmacists. Working with schools of pharmacy has helped us with pharmacy engagement.Emily (MN) - We have a strong partnership with the School of Pharmacy in our state as well that has been beneficial.April Hendrickson (CO)- For 1817, the reporting webinar had a Cat A Y1 tool but I haven't seen that on AMPTiffany (CDC) - I will look into it and send it to you MaryCatherine. This tool should be in Amp.Michelle Byrd (MI)- I have a quick question on BRFSS SMBP module. We’re considering including this. What sort of justification did you use to include this? Who had problems with this? It was brought up at an earlier EEC call.Greg (PA) – That was me. Mine basically said that in a survey of about 5,000 people that we wouldn't be capturing enough people. Or something like that. Like the people we gave monitors too weren't likely to be in the BRFSS survey. So it was an issue of scale I guess.Debra (AL)- How did you get monitors to give to people?Deirdre (SD) – In the last grant cycle it was really helpful for us as a 1422 grantee to see the 1305 materials. Is there a way we can see the 1815 tools?Resources shared on call:DP18-1817 Category A Evaluation Reporting Guidance: <https://amp.cdc.gov/NCCDPHP1817/s/article/DP18-1817-Category-A-Evaluation-Reporting-Guidance> DP18-1817 Category B Year 1 and Year 2 Evaluation Reporting Guidance: <https://amp.cdc.gov/NCCDPHP1817/s/article/DP18-1817-Category-B-Year-1-and-Year-2-Evaluation-Reporting-Guidance>  |  |
| 5 minutesEmily | Questions for Peers |  |  |
| AdjournEmily | Next meeting **Wednesday, November 13 at 2pm ET**. Please email any agenda items to MaryCatherine or Hannah |

# Other News and Updates

Dear DP8-1815 & DP18-1817 Evaluators,

 The Division for Heart Disease and Stroke Prevention invites you to join our monthly Category B Evaluation Peer Learning Community (EPLC) webinars. These webinars are intended to provide an opportunity for recipients to informally share evaluation expertise and approaches for evaluating Category B strategies. The October EPLC webinar will allow recipients to share their evaluation approaches for DP18-1815 and DP18-1817 across Category B strategies—B.3 and B.4 - and will include brief presentations from state and local health departments on their evaluation approaches. Following the presentation, recipients will have the chance to share successes, challenges, and lessons learned in relation to evaluating strategies B.3 and B.4.  We hope you can join us and look forward to a rich discussion.

**Date:**Thursday, October 24, 2019 **Time:**3:00 – 4:00 pm ET

 **Topic:**Evaluating Team-based Care Measures for DP18-1815 and DP18-1817 Category B Recipients

**CDC Facilitators:**Rashon Lane-Filali, Jasmin Minaya-Junca, and Emily Teachout

**To join the webinar**: <https://adobeconnect.cdc.gov/rjgymi8iz28t/>

**To join the audio:**Dial (855) 644-0229; and enter 2173483#.

 **Do you have questions or discussion items related to this topic?**

Post them on AMP at least one day prior to the webinar in the evaluation discussion groups:

* 1815 Category B Evaluation Discussion Group  <https://amp.cdc.gov/NCCDPHP1815/s/group/0F9t0000000H6EBCA0/category-bevaluation-discussion-group>
* 1817 Category B Rigorous Evaluation Group <https://amp.cdc.gov/NCCDPHP1817/s/group/0F9t0000000H5uLCAS/category-b-rigorous-evaluation>

For additional information on the Category B Evaluation Peer Learning Communities please reference the document attached to this email and follow up with your CDC Category B evaluator with any additional questions.

Thank you,

DHDSP Evaluators