|  |  |
| --- | --- |
| Epidemiology and Evaluation Collaborative **November 14, 2018**  11am PT/12pm MT /1pm CT / 2pm ET  **CALL IN LINE:** 1 877 273 4202, room **793-903-441** |  |

Present:

\_\_x\_ Brittany Brown\* UT

Exc, Paul Meddaugh\* VT

\_\_x\_ Debra Hodges AL

\_\_\_ Kortnei Scott AL

\_\_\_x Sharada Sarah Adolph AR

\_\_\_x Catrina Chambers CA

\_\_\_ Lisa Rawson CA

\_\_\_ Ian Danielson CO

\_\_\_ Renee Calanan CO

\_\_\_ Sara Wakai (UConn) CT

\_x\_\_ Eric Horan (UConn) CT

Exc. Stephanie Poulin CT

Exc. Latrice Holt DC

Exc. Ian Quan DC

\_\_\_ Jamie Forrest FL

\_\_\_ Keneshia Coates FL

\_\_\_ Megan Macdonald FL

\_x\_\_ David Gbogbo FL

\_\_\_ FL

\_\_\_ Monyette Childs GA

\_\_\_ Emma Bicero GA

\_\_\_ Lance Ching HI

\_\_\_ Ann Pobutsky HI

x\_\_\_ Kara Mastalski ID

x\_\_\_ Janae Price IL

x\_\_ Jennifer Wellman IL

\_\_\_ Emily Ohannesian IN

\_\_\_ Jack Kinsey IN

\_\_\_ Lindsey Sanner IN

\_\_\_ Brad Richardson IA

\_\_\_ Anne Abbott IA

\_\_\_ Cathy Lillahoj IA

\_x\_\_ Belle Federman KS

\_x\_\_ Mengyi Li KS

\_\_x\_ Karen Cinnamond KY

\_\_\_ David Davis KY

\_\_\_ Sarojini Kanotra KY

\_\_\_ Allie Merritt KY

\_\_\_ Annie Preaux LA

\_\_\_ Sanouri Ursprung MA

\_x\_\_ Dinesh Pokhrel MA

\_\_\_ Meg Her MA

\_\_\_ Lori Kiel MA

\_\_\_\_ Vicki Nielsen MA

\_\_\_ Lisa Gardner MD

\_\_\_ Linda Carter MD

\_\_\_\_ Carly Stokum MD

\_\_x\_ Pamela Albert ME

\_\_x\_ Caitlin Pizzonia ME

\_\_x\_\_ Ruth Dufresne ME

\_\_\_x Kira Rodriguez ME

\_\_\_x Pamela Bruno ME

\_\_\_ Toho Soma ME

\_\_\_ Gregory Parent ME

x\_\_\_ Adrian Zeh MI

x\_\_\_ Michelle Byrd MI

\_\_ Emily Styles MN

\_\_\_ Kyle Waller MO

\_x\_\_ Kathryn Metzger MO

\_\_\_ Fei Teng MS

\_x\_\_ Jessie Fernandes MT

x\_\_\_ Carrie Oser MT

\_\_\_ Dorota Carpenedo MT

\_\_\_ Sam Thompson NC

\_\_\_\_ Brian Traver NC

\_\_\_ Essete Kebede NC

\_\_\_ NC

\_x\_\_ Clint Boots ND

\_x\_\_ Kim Crawford ND

\_\_\_ Janna Pastir ND

Exc. Liz Gebhart NE

\_\_\_ Karen Craver NH

\_x\_\_ Uta Steinhauser NJ

\_x\_\_ Humphrey Costello NM

\_\_\_ Wayne Honey NM

\_\_\_ Laura Feldman NM

\_x\_\_ Mojde Mirarefin NV

\_\_\_ Lisa Sheretz NV

\_\_\_ Masako Berger NV

\_x\_\_ Rachael Austin NY

\_\_\_ Ann Lowenfels NY

\_x\_\_ Lara Kaye NY

\_\_\_ Traci Capesius OH

\_\_\_ Melissa Chapman Haynes OH

\_x\_\_ Joyce Lopez OK

\_x\_\_ Joyce Samuel OK

\_x\_\_ Fahad Khan OK

\_x\_\_ Beth Vorderstrasse OR

\_x\_\_ Jackie Williams PA

late Dora Dumont RI

\_\_\_ Kristian Myers SC

\_\_\_ Tiara Rosemond SC

\_x\_ Kelly Kavanaugh SC

\_x\_\_ Khosrow Heidari SC

\_\_x\_ Courtney Brightharp SC

\_\_\_\_ Joshua Sellner SC

\_\_x\_\_ Ashley Miller SD

\_\_\_ Lisa Kocak TN

\_\_x\_ Donald Perry TN

\_\_\_x Jacob Black TN

\_\_\_ Nimisha Bhakta TX

\_x\_\_ Danielle Hodgson TX

\_\_x\_ Melissa Dunn TX

\_\_X Emily Johnson TX

\_\_\_ Shahid Hafidh VA

\_\_x\_ Lavonda Harrison VA

\_\_\_ Djibril Camara VA

x\_\_\_ Angela Kemple WA

\_x\_\_ Jessica Marcinkevage WA

\_x\_\_ Peter Dieringer WA

\_\_\_ James Oloya WA

\_\_Exc.\_ Megan Elderbrook WI

\_x\_\_ Shelby Vadjunec WI

\_\_x\_ Lena Swander WI

\_\_\_ Jing Fang CDC

\_\_\_ Kamesha Ellis CDC

Exc. Marla Vaughn CDC

Exc. Rachel Davis CDC

Exc. Aisha Tucker-Brown CDC

\_\_\_ Valerie Lawson CDC

\_\_\_ Gia Rutledge CDC

\_\_\_ Timethia Bonner CDC

x\_\_\_ MaryCatherine Jones NACDD

\_\_\_ Miriam Patanian NACDD

\_\_\_ Trina Thompson NACDD

\_\_\_ Natasha McCoy NACDD

\*EEC Leadership!

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Agenda Item** | **Discussion** | **Action** |
| 5 minutes  **Brittany** | **Roll Call** | Welcome!  Please mute your phone when you are not speaking to minimize background noise. | If you or your co-workers would like to be added to or removed from the EEC membership and distribution list, please email MaryCatherine Jones (mcjones@chronicdisease.org). |
| 35 minutes  **Brittany** | **1815/1817 Startup** | Kim (ND) Pharmacy/ist assessment  Tiffany Knauf also on the call, she is the Category B program manager  We didn’t do pharmacy work under 1305 and weren’t funded for 1422, so pharmacy has been a huge learning curve. Before we got the operationalized performance measures, we developed an assessment to look at pharmacies across the state and learn what the landscape is. I’ve shared the draft tool with EEC. We’re probably behind other states, but our assessment reflects 1815 priorities.  We’re looking at Cat A operationalized PMs. We’re trying to decide whether we’re trying to gauge pharmacists or pharmacies. CDC seems to want something related to pharmacists. Our Cat B evaluator says certification for MTM or training for MTM might be what they’re looking for, but it’s unclear from the PM operationalization. We’re trying to determine how to assess whether a pharmacy or pharmacist has MTM in place, what this looks like and what the level is. How are states looking at this? We’ve been looking statewide to the extent we can to understand what’s going on so we can target our efforts. Want to hear from other states.  Catrina (CA): We are thinking about doing an assessment of pharmacists statewide. It’s hard to do this in an isolated way. We’ve had more issues with getting our survey out statewide b/c the lists are so guarded and having them fill out the questions. ND questions are excellent. We need to identify the types of pharmacists to approach—community, hospital-based, etc.  Carrie (MT): We’ve done a pharmacy assessment for 1305. We’ve done 3. This year we will do a pharmacist assessment. We’ll do it statewide and we’re lucky to get a list of pharmacists from the dept of licensure and get a list of pharmacists in the state. We are looking at the type of pharmacist (community, clinical, ambulatory). We have a consultant pharmacist that works with us. Talking with him has been very helpful. The ND survey has good questions.  Kim (ND): We’ve been working with our state pharmacist association, and a lot of the questions have come from there. Would like to see the MT survey.  Carrie: We did pharmacies for 1305, are working on pharmacists now and are working in the draft stages of our questions. Our consultant pharmacist has helped with the questions. We’re doing a mail survey.  Janae: We have a pharmacist survey. WE will be using this for 1815. We sent out our first survey in Jan 2017 looking at MTM for pharmacists. As far as our response rate, we had about 120 responses, which was very low. We’ve been trying to figure out how to expand our reach. We’ve worked with our dept of licensure and haven’t gotten very far with access to contact info/email. We are working closely with the state pharmacist association. We have mailing addresses but it’s not as easily accessible for them to get to their pharmacists. We are updating our pharmacist survey. What ND sent is helpful. We were going to reach out to VA because we are aware of their survey. It’s great that VA and IA have done some work in this area. The major difference between now and 2017 survey is that we didn’t have much on DSME and whether pharmacies/ists were providing/referring for this. This is new to 1815.  Tiffany (ND): CDC is very up in the air on whether they want pharmacies or pharmacists. We have pharmacists that work in multiple pharmacies that have different policies related to MTM. IT will be interesting to see what CDC decides to do when they finalize Cat A and Cat B.  Janae: Our state pharmacy assn said that MTM is provided as part of their curriculum and has been provided 4-5years or more. They believe that systems level affects whether pharmacists can carry out/use their skills to provide MTM.  Michelle (MI): We did a quick dirty look at Medicaid data to determine pharmacists that are MTM-certified. Within this, we looked at who was billing. Have others considered this to look at the pharmacies that are allowing people to use their MTM certification?  MN: We use that certified term for 1305. We know that not everyone certified bills for MTM for Medicaid. Even if we look at Medicaid billing, we’re not capturing all of the people using MTM or the pharmacists using MTM for patients outside of Medicaid. Lots of questions about what CDC wants to accomplish long term for 1815.  Michelle: What about looking at a single population, like in Medicaid?  ND: We’ve asked CDC to please clarify in the operationalization about how this should work.  Brittany (UT): For 1305, we did 3 environmental scans at the pharmacist level where we surveyed all license pharmacists in the state. We were not able to divide it out by type of pharmacy that they worked at. We added questions about whether they wanted more information and follow up related to DPP and DSME. The action piece is much harder to follow up. Several people are staff pharmacists and don’t have say, necessarily, about what gets implemented in their pharmacy since this is a higher administrative level. We tried to account for pharmacists that worked at different pharmacies over the years. We didn’t have plans to do this again for 1815 since it’s supposed to be at the pharmacy level. But I guess we’ll see what CDC says moving forward.  Lara (NY): For 1422 it was the number of pharmacists  States might be interested in having a call dedicated to this topic after operationalized performance measures are released.  Performance measure operationalization   * How are states currently moving forward at this stage, while waiting for more guidance, and since CDC said that year 1 will mostly be for developing baselines and targets? Are there several performance measures at this point that states feel they already have an existing data source/ baseline for? Or are they planning to do assessments to establish baselines during this first year? If so, for what measures?   Danielle (TX): We are struggling, taking a wait and see but knowing we need to move contracting processes forward. When we’re setting up deliverables for contractors, we’ve had to keep definitions loose and offer to send templates later. We’re trying to wait on the eval plan till we hear more from CDC.   * Given that we don’t know what will be required, how can states ensure partners and contractors are collecting/reporting the data needed to report back to CDC?   Are there things we can share with each other that would be helpful?  Danielle: We used the wording that’s in the NOFO. We’ve said that surveys have to be approved by the eval team, that we’ll provide progress/data reporting templates.  Adrian: We’re in a similar spot. We’ve been sitting on contractor calls to let them know what may be coming.  Debra: We’ve gotten some conflicting materials from various people within CDC. They just give us one story one day and another the next. IT’s very difficult to deal with.  Brittany: let us know if we can help to clarify anything.  Janae: For the [CDC Health Systems Scorecard](https://www.cdc.gov/dhdsp/docs/Health-Systems-Scorecard.pdf), we used this for our baseline in lieu of our own HS Scorecard. We want to continue using the CDC Scorecard on what measures align with the Cat B measures. IS anyone else planning to use this for their PMs?  Ruth (ME): I was hoping to find a pdf version of the Scorecard. Has anyone used this yet?  Janae: You have to purchase a subscription to have access to the Scorecard ($130/yr) and access to 500 surveys for health systems. Janae has a pdf version she can share with this group. Keep in mind that the online survey uses skip logic, so don’t send the pdf version to partners to complete. It’s just for information only. Use the online tool if you decide to move forward with using this for your state.  Brittany: We did not use the CDC Scorecard because we had already developed a health systems assessment before CDC released this. We’re not going to use this anymore to broadly assess systems, will track internally with the health systems we’re working with, and then assess new systems as needed.  Janae: We’ll need to make internal decisions about if and how to deploy the CDC Scorecard vs something more tailored for our 1815 partners.  Brittany can share her state scorecard.   * Have any states developed advice/tools for tracking of all the requirements, measures, etc. for all the new grants? * How can EEC support states in ensuring evaluators get added to the correct email lists and on evaluation communications that are sent to the PI?   States can share any communications via EEC that need to reach other epis/evals. We recognize that CDC lists take time to update and that epis/evals may not be on the right list. | MaryCatherine will check with CDC to see whether we can share the pdf of the Health Systems Scorecard with EEC. Meanwhile, states are encouraged to contact their CDC evaluator to obtain a copy. |
| 20 minutes  **MaryCatherine** | **NACDD Update** | Leadership Team and EEC Elections  NACDD Leadership Team represents all staff working with 1815/1817 HDSP strategies to NACDD and CDC. [Learn more.](https://www.chronicdisease.org/page/Leadership)  EEC Lead nominations—[view the position description](https://www.chronicdisease.org/page/CVHEpiSurvEval) and email MaryCatherine if you’re interested or would like to nominate someone by Wednesday, 11/21. Contact Brittany, Paul, and Liz if you’d like an insider’s view.   * EEC Leads facilitate EEC meetings and serve on the Leadership Team (2 meetings/mo) * High profile with states and CDC * Work closely with NACDD to plan meetings and activities * Opportunities to be a voice for your peers and network, get to know issues   [GIS Capacity Building training](https://www.chronicdisease.org/page/GIS) Request for Applications   * February and April trainings in Houston * New Chronic Disease Director component * Applications due 12/14 * Q&A Sessions 11/27 3-4pm ET, 11/29 2-3pm ET   From the NACDD Diabetes Council  **#1 TOPIC:  Travel Scholarships**    **ELIGILBILITY:** Open to State Health Department staff working on diabetes prevention or management strategies in 1815 or 1817.    **DEADLINE:**December 7, 2018, 11:59pm EST.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **#2 TOPIC:  Guides Needed for Peer to Peer Mentoring Opportunity**    **ELIGILBILITY:**  State Health Department staff who have worked on Diabetes and or CVH strategies for at least two years. We need Guides that have a variety of Diabetes and CVH experience including program administration, policy, marketing, and especially epidemiology and evaluation.  From Stephanie Poulin (CT): This group provides peer support for new staff working on diabetes and heart disease (1815 and 1817).  I believe that the information will be sent out by the end of November/early December.  Last year I guided an Epi/Eval group and I think that we all learned from each other and benefited from participating. For me, participating has offered an opportunity to “meet” (via conference calls) staff from other states and learn what they are doing and experiencing.  I had a great group last year that was very willing to share resources and provide feedback (we were all working on our health impact statements at the time).  I’ve had fun serving as a guide and I have truly learned a lot from the learners that were in my group.  I encourage others to consider serving as guide, or, if they are new staff, applying to participate as a learner.  Contact MaryCatherine for more information. | Brittany, Paul, and Liz have all served on the Leadership Team and as EEC Leads. Please contact them if you have any questions about these positions:  [brittanybrown@utah.gov](mailto:brittanybrown@utah.gov)  [paul.meddaugh@vermont.gov](mailto:paul.meddaugh@vermont.gov)  [liz.gebhart@nebraska.gov](mailto:liz.gebhart@nebraska.gov) |
| **Brittany** | **Adjourn** | December 12  11am PT/12pm MT /1pm CT / 2pm ET | Email any agenda items to MaryCatherine |