***Welcome to our new EEC format! We are piloting meetings without a roll call. When you are prompted by Adobe Connect for your name, please enter your first name, last name, and state/org (i.e., Lara Kaye (NY)). If you are sharing a screen, please be sure that all in your party add their full names and state into the chat box at the start of the call.***

**CALL IN LINE:** 1 877 273 4202, room **793-903-441. Please mute your line when you are not speaking.**

**ADOBE CONNECT:** [**https://chronicdisease.adobeconnect.com/eec/**](https://chronicdisease.adobeconnect.com/eec/)

|  |  |
| --- | --- |
| EEC Leads | Belle Federman (KS), belle.federman@ks.gov  Lara Kaye (NY), lara.kaye@heatlh.ny.gov  Shelby Vadjunec (WI), Shelby.vadjunec@dhs.wisconsin.gov |
| NACDD Consultant | MaryCatherine Jones, [mcjones@chronicdisease.org](mailto:mcjones@chronicdisease.org)  Kayla Craddock, [kcraddock@chronicdisease.org](mailto:kcraddock@chronicdisease.org) |
| Date | April 10, 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 |
| --- | --- | --- | --- |
| 2 minutes  Shelby | Welcome and Housekeeping | Instructions for joining Adobe Connect  Just like last month, we are testing holding meetings with no roll call. If you didn’t enter your firstname\_lastname(state) when you logged on, please enter it into the Chat using this format.  Shelby: roll call still important so want to capture in adobe – please be sure to enter and include anyone in the room with you |  |
| 5 minutes  Lara | 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:   * Name and state * Epi/eval role * Which part(s) of 1815/1817 you work on * What you hope to get out of this group   Lara – new members introduce themselves:  Takie from MS Dept of Health – evaluator for 185 categories A and B; would like to increase knowledge base  Krista from IL Dept of Health – external evaluator on 1815  Anna from Louisiana (just in case LA is a large city awardee) – evaluator for 1815 A and B, 1817 A; hoping for info and contacts for questions  Jackie from Chicago dept of Health – external evaluator for 1817 A; learn from challenges and struggles | 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 MaryCatherine Jones. |
| 5 minutes  MaryCatherine | NACDD Updates | #pEECtures—the contest! Vote for your favorite photos from the grantee meeting:  <https://nacddcvh.typeform.com/to/WiCgeN>  EEC Survey—what this is and why we’re doing it  <https://www.surveymonkey.com/r/EECroles>  EEC exchange webpage – reminder that this page is available to EEC members.   * Login required to NACDD site * Link distributed only within EEC * All EEC members should have logins, with your username being your first initial and last name (i.e, kcraddock). Reset your password once you are able. * Members can download and view links * Only NACDD can upload docs   Access the page here: <https://www.chronicdisease.org/page/CVH_EEC>  MCJ: at CDA and a Q came up during the meeting regarding which states working with Medicaid on value-based care for hypertension. Follow up via email to MCJ with info or contract info of someone working on it. No comments during call. | Contact Kayla for assistance with accessing the page and/or submitting documents to share ([kcraddock@chronicdisease.org](mailto:kcraddock@chronicdisease.org)). |
| 10 minutes  Joanna Elmi, CDC | Health Systems Scorecard | Making improvements to the Health Systems Scorecard.  Were folks able to attend the Coffee Break yesterday? Any comments/feedback?  Could states share any existing tools and supporting materials that you have developed and are using related to implementing the HSSC?  Joanna (CDC)– scorecard is voluntary tool which SHDs can use to track health system work in chronic disease management. Did evaluation in 2018 to understand barriers to uptake, how improve to make more useful, how to spread the word. Got rich info via interviews, and wanted to take action. Formed a workgroup that has representation from a lot of people from EEC. Been guiding our work and vet ideas. Looking to tweak language so it resonates with health system user and not so public health-specific. Also want to make the scorecard relevant or have it tie closer back to cooperative agreements. Meant to be broader than any one issue. Looking at developing accompanying materials such as a one-pager that shows alignment of the health systems scorecard measures with 1815 or 1817 strategies; an invitation letter to ask for health systems to complete. Combine scorecard with your work; share any resources you have developed, please email to [jelmi@cdc.gov](mailto:jelmi@cdc.gov). Would like to pull materials and create package for users and wider distribution. Provided some examples of what we are looking for, but can be anything – how to discuss value of the scorecard, data tables, etc.  MC Jones – Thank you. Are there other DHDSP funded projects that fit with the scorecard?  Joanna (CDC)– Cannot think of any, but there are specific questions that address obesity and cancer, so perhaps cooperative agreements where the scorecard could be utilized by other division  MaryCatherine – any EEC members using scorecard beyond heart disease and stroke prevention?  No response. |  |
| 10 minutes  Shelby | 1815/1817 Grantee Meeting Feedback/Reflections | * Experiences of those attending the live-stream? * Specific sessions that stood out to you as especially helpful or thought-provoking? * Topics that we would like to continue discussion on through EEC? * Main takeaways/insights * #pEECtures for vote   Shelby (WI) – grantee meeting had sessions on culture of health, behavioral health and chronic disease, public-private collaboration, and break outs on a wide array of topics. Want to run through some of the Q’s listed here and get input and experiences of those attending via live-stream or live?  Stephanie (CT) – I really enjoyed the meeting and really got me thinking about different things. Evaluating health equity session provided a lot of tools I did not know about, and reminded me to have the social determinants, health equity lens with what I am working on. The session on EHR data was interesting – a state looking at ER data for hypertension to connect patients to CHWs.  Shelby (WI) – also liked the Health Equity breakout.  Lara (NY)-I was listening in through the live stream, and sound quality was not fantastic. But for the parts I could hear, health equity session, and opening plenary by Kimberly Papillon around implicit associations was interesting and want to continue convos on that topic.  Stephanie (ND) – how did they share that live streaming was happening? We didn’t know until we got there that it would be available that way.  Lara (NY)– agenda sent around with links to live stream  Rachael (NY)– final email with participant handbook had the info.  Stephanie (ND) – wish we knew ahead of time so we could have partners call in since we could only bring 4.  Rachael?(NY) – I think the live -stream was SHD employees only, so maybe that will make you feel better about not knowing; for those on the grant team but could not attend.  Laura (NM) – I was able to participate as an external evaluator  Mojde (NV) – I like that I could meet everyone that I work with, many epis and evals to talk about category B evaluation. Also to talk to CDC evaluators about specific strategies.  Shelby (WI)– anything else related to EEC for the grantee meeting? |  |
| 25 minutes  Lara | 1815/1817 Discussion | * Shahid (VA): What assessments are grantees are planning to conduct to inform 1815/1817 PMs and or their rigorous evaluations? How often are you conducting assessments? * Shahid (VA) – in addition to the health systems scorecard, what other evaluations being conducting to inform performance measures for 1815 or 1817. For VA, we will use the Scorecard to assess health systems and inform related PM’s, but have to reach out to assess CHWs and probably target DSME and DPPs. Do community pharmacist survey from 1422 and 1305 that will continue. Anyone have other assessments? * Dierdre (San Diego) – planning similar work, but also looking at solo and small practice providers. See a lot of potential to expand their work in this area. * Shahid (VA)– solo and small practice providers, in what regard are you assessing them? * Diedre (San Diego) – for us, found that 16 FQHCs in the areas where we are focusing our work are fairly sophisticated, have functional EHR’s, are using CHWs so see leverage with small practices who do not have the technical expertise and slower adopters. Looking to expand our work there. Also have a multi-cultural IPA (independent physician association), so that practice is focused in those target neighborhoods, and it is a lot of docs that will benefit from our programming. * Lara (NY)– is that the main way you will access those small practices? Or another way to get to them? * Dierdre (San Diego) – have a regional learning collaborative here, and they do a lot of work and connections. Look to local medical society as well if not able to make inroads otherwise. Two MDs who run IPA are active, so hopeful they can help us strategize. * Carrie (MT) – we also just finished our pharmacist assessment in March, also finished a cardiac rehab facilities survey / assessment for 1817 B8 around referral and adherence. Just finished before CDC grantee meeting. Will work with our evaluator to try and get report out * Category B Intermediate outcome – what indicators and data sources are people using for “increased engagement in self-management” and “increased medication adherence” * Mojde (NV) – not sure we are responsible to collect data on intermediate outcomes. Using a tool which has been validated. Can share that with group. * Lara (NY)– please add to EEC shared resource page * Rachel (NY) – we have data sources which could be used for both of those, but believe for Category B, these will be CDC reported. Any other guidance? Interesting that the CDC reported ones were intermediate for Category B, but the Category A were longer terms. * Marla (CDC) – That is correct. For Cat B, intermediate measures are not required to be reported by recipients. Want all the measures that are important, but not to have all recipients to capture them. Many struggled with these measures last grant, so we are responsible for them now. For states able to gather this info, we will be interested to look at this info for the national evaluation, but not required for the recipient report. * Lara (NY): Regional Health Information Organizations (RHIO) and QE (Qualified entities)—do all states have these? They cover large regions of NYS, including technology, which is a big help for us. In NY, they act as our HIE – have 7 of them that feed into a statewide network, so that term may be more recognizable. * Silence making me think others do not have these orgs. Is that the case? * Shelby (WI) – our HIE is not 100% reporting, more voluntary at this point. For multiple reasons, have not worked with them at all. Is a goal when we get our quality initiative coordinator. * Tiffany (ND) – HIE is very new, so not consistent data or queriable * Adrian (MI) – have a state-wide and regional HIE, but just starting to work with them for 1817 and 1815. * Lara (NY)– for NYS, not mandatory to join as well, region by region and practice by practice. * Are states working with HIEs for population health surveillance –if yes, are these yielding local level clinical data? * Lara (NY)– sounds like more in the future unless anyone is receiving local-level data this way. * Adrian (MI) – not receiving that data yet * Paul (VT) – in VT, we do have an HIE, but it is not very useful. We do have another system that is collected through a different state – VT Blueprint for Health – facilitator for PCMH who have a database called the VT Clinical Registry. Collect info from their practices which utilize that model (96% of practice is the state), so are able to get local level data through them. Willing partner. * Dierdre (San Diego) – for those using HIE, did you use any particular standards as developing this or did you utilize it for reporting for these projects? * Rachael (NY) – for the work we have done for HTN and diabetes, we used clinical quality measures which are available, and started with those specifications. Used available guidelines. The NAC has undiagnosed HTN measure recommendation. Also an article about that. We used what we could find from the literature, worked with clinical consultants to figure out where we needed to modify specifications. A long process to get from initial specification to what worked well at the local level. * For 1817:   + Strategy B.7 – what telehealth approaches are states using and what data are they collecting for evaluation?   + Rachael (NY) – working with HIE partner on a mobile app regarding self-monitored BP to enter home readings. Have to work with practices to distribute monitors, but here will be a portal where BP values get pushed back into the EMR. Still under development, but will be tracking use of the app, who is getting referred, actions taken on reviewing the data together.   + Emily (MN) – also using a mobile app developed thru group at Mayo clinical, and adapting it to our priority populations, so also using app data. Hoping linking to EMR for that data too.   + Shelby (WI) – also using an app, but contracting through healthio – watch, scale, BP monitor, which will feed into community health record. CHR is Pathways community hub model. Each hub has their own health record, which can do direct messaging with and feed into health systems’ EHR.   + Strategy B.3 – how are states defining “innovative team based care” and differentiating it from TBC in 1815   + Emily (MN) – main difference between the two is that for 1817, target pop is going to be mental health clinics, so looking at TBC thru partnership between behavioral health and primary care.   + Carrie (MT) – Telehealth – one project we are working on is with community pharmacy, working on an app to improve adherence. |  |
| Adjourn  Shelby | Next meeting Wednesday, May 8 at 2pm ET. Please email any agenda items to MaryCatherine | | |

# Other News and Updates