

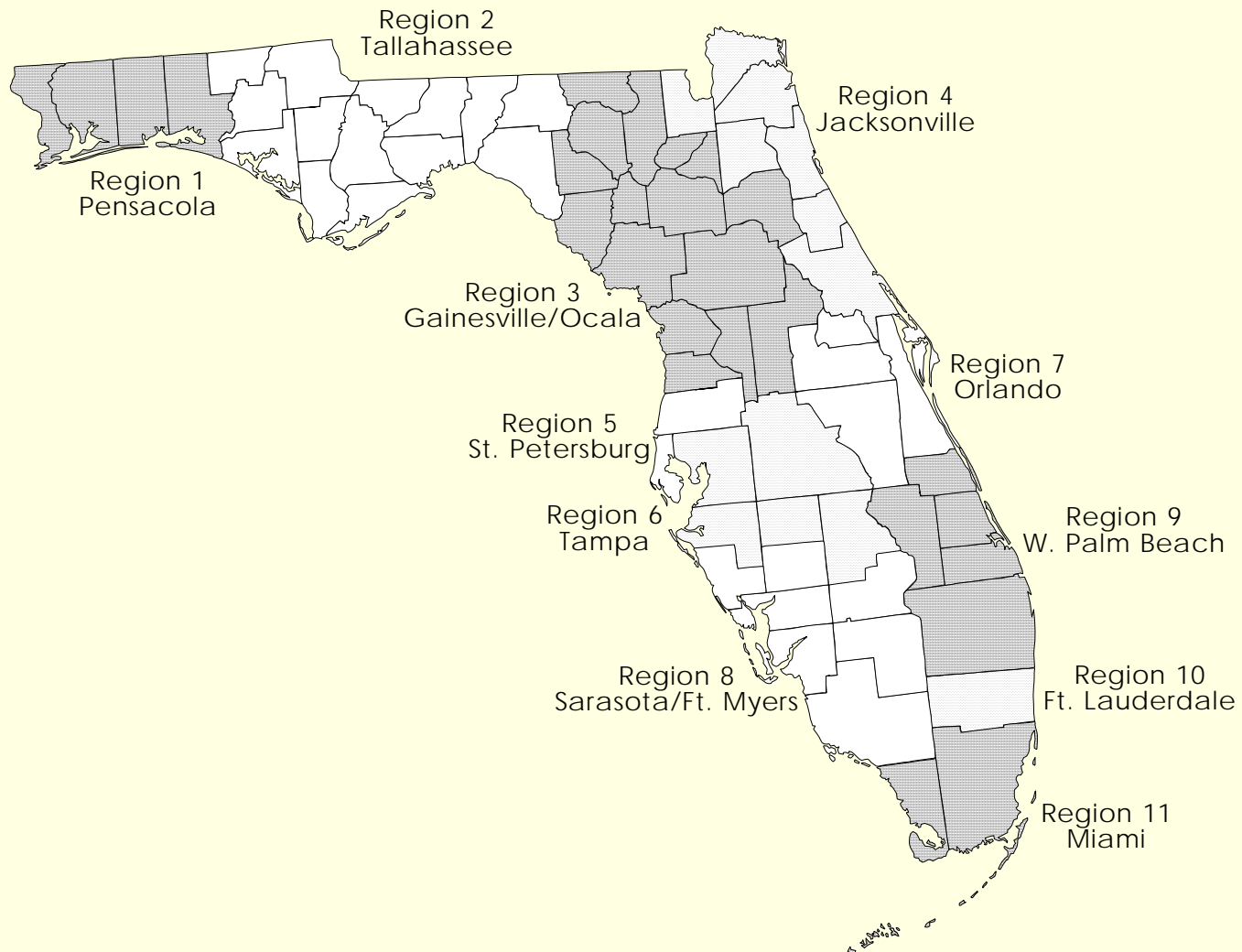
Local Health Planning Councils of Florida

*Your Keys to Unlocking the Evaluation
Edge of Data Driven Success Stories*

History...

- **Created by Florida Legislature in 1982**
 - 11 Districts in Florida
 - Non-governmental 501(c)(3) organizations
- **Responsible for *regional* healthcare planning**
 - Needs assessment, trends analysis, best practice research, policy development & program design and implementation
- **Public policy recommendations**
 - Boards appointed by County Commissions to represent the interests and concerns of Consumers, Providers, and Purchasers of health care services

Florida's Local Health Councils



Mission of the Local Health Councils

- To improve the health of Florida residents by promoting access to affordable, quality health care services at the local level.
 - Research, planning and evaluation
 - Targeting local health needs
 - Affecting health policy
 - Implementing community based programs

Health Planning Council Functions

- Forecast the health care needs of Florida's growing population.
- Recommend changes in the health care delivery system to make it more responsive to community needs
- Collect, analyze and interpret health care data to achieve more effective service delivery.

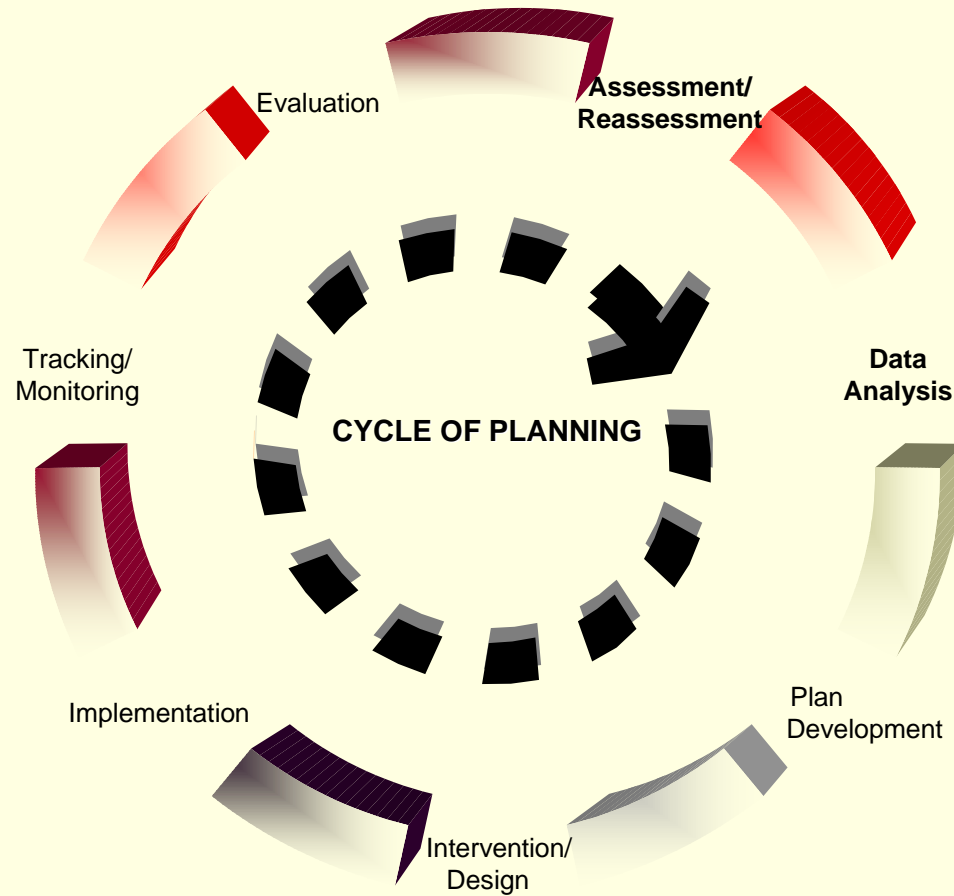
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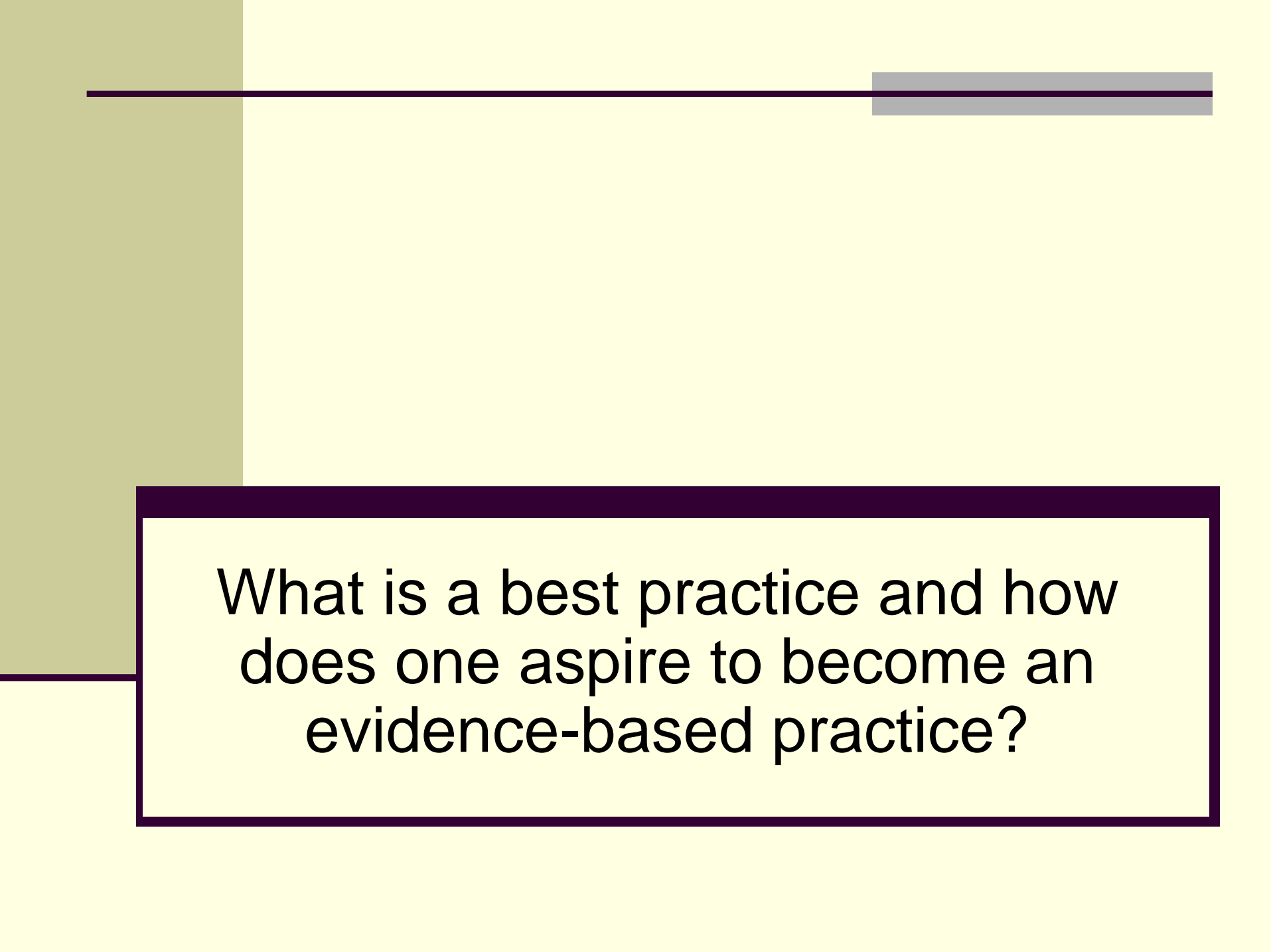
- Develop public and private partnerships to meet community needs.
- Promote responsible health care policy.
- Educate the public and increase awareness of health issues.

Sample Activities

- HIV/AIDS prevention and treatment
- Insurance continuation and support services
- Chronic disease management
- Prescription drug access programs
- Community education programs
- Community planning and needs assessments
- Provider outreach to promote volunteerism and expand access to care for uninsured and medically underserved residents
- Grant development and project evaluation for community providers

Cycle of Planning





What is a best practice and how
does one aspire to become an
evidence-based practice?

Evidence-Based Definitions

Evidence-Based	Identified as an ultimate level of development as a concept moves from initial design as a " promising practice " through validation in " field testing " to " best and model " approaches, and finally to evidence-based .
Model	The process of transferring an evidence-based strategy or intervention , through adaptation, to another site .
Best Practices	Processes, practices or systems widely recognized as improving the performance and efficiency and outcomes .
Research Validated Best Practice	Program, activity or strategy that has the highest degree of proven effectiveness supported by objective and comprehensive research and evaluation .
Field Tested Best Practice	Program, activity or strategy that has demonstrated effectiveness in an implementation setting but has not yet undergone a regimented validation process .
Promising Practice	Program, activity or strategy that has worked within one organization and shows promise during its early stages for becoming a best practice with long-term sustainable impact . The sustainable impact must undergo some objective review and have demonstrated potential for replication.



Examples

Data Driven Success Stories

Primary Care Access Network, Orange County

Inappropriate use of the emergency room by the uninsured for non-urgent purposes....

Impacts on community:

- Expensive use of limited resources
- Diversion of resources from more acute needs

Bold Action:

Increase awareness, access and capacity of community health centers for the uninsured.

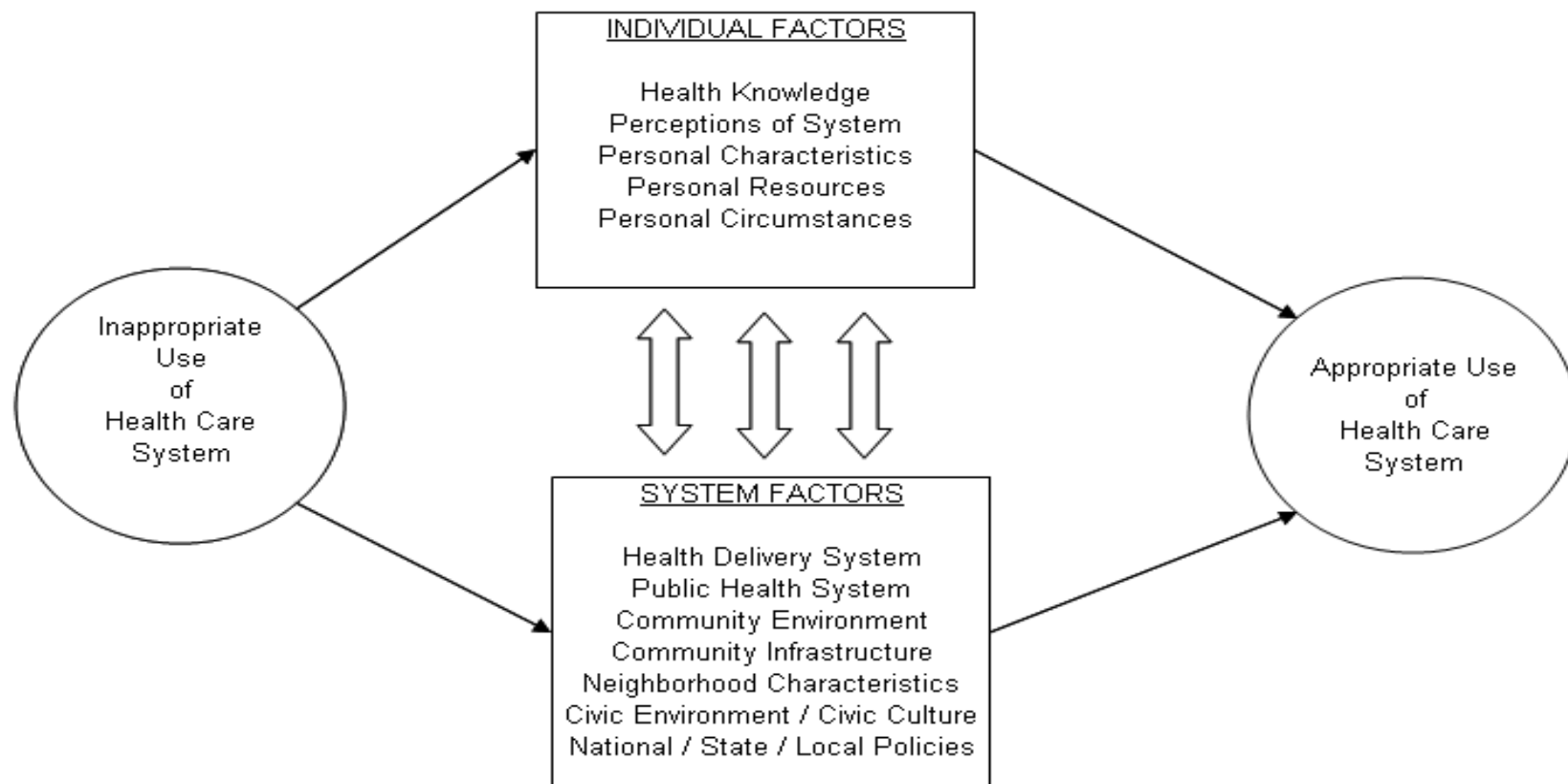
Project Intervention steps:

Expand capacity of community health centers by adding new sites, enhance referral relationship between ER's and CHC's, improve community case management/navigators, explain importance of medical home to uninsured, refer ED follow up to CHC's.

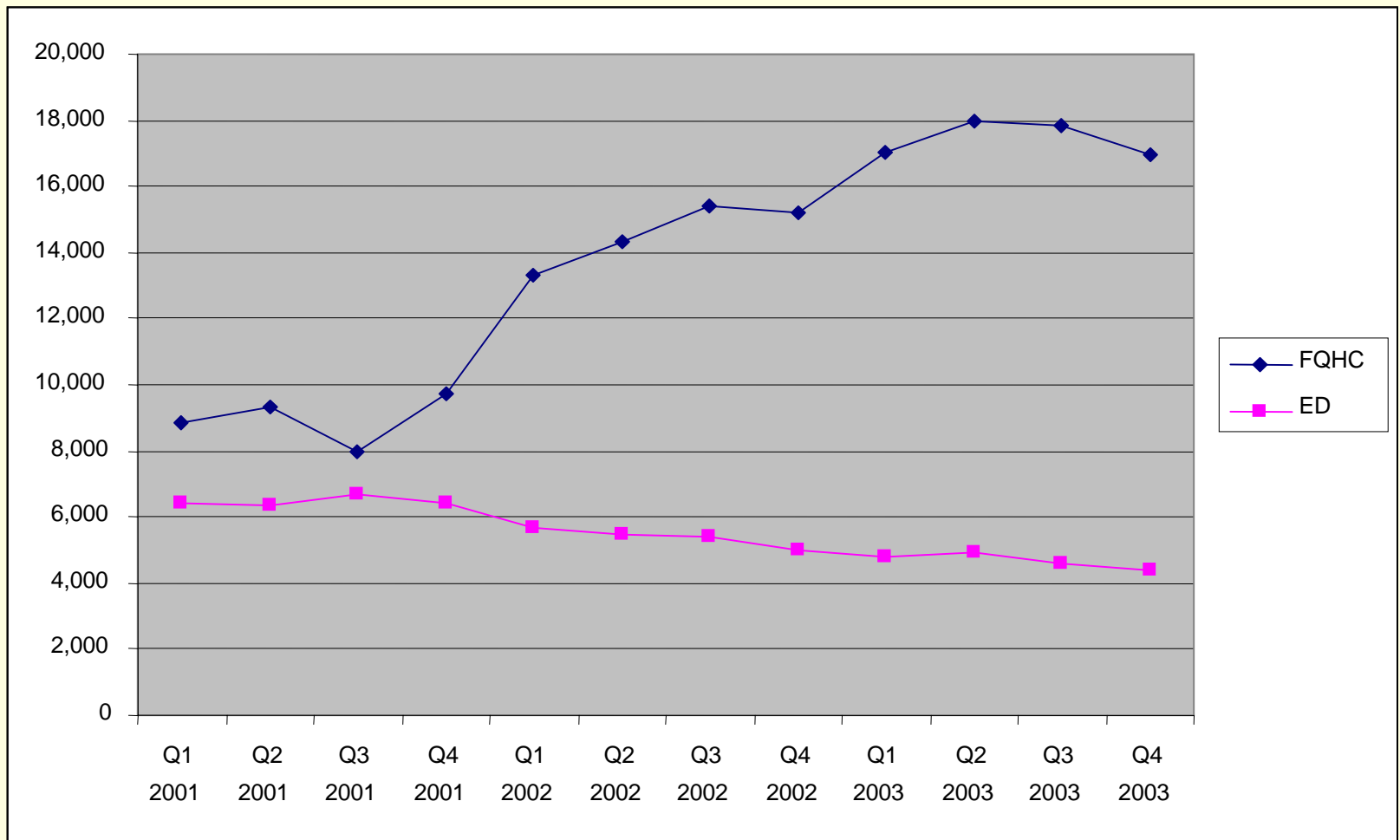
Theoretical Framework

Integrated Model: Health Behavior Changes With Systems Support

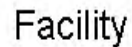
Theoretical Framework



ED Non-Urgent Visits vs. FQHC Visits for Self Pay Patients 2001-2003, by quarter

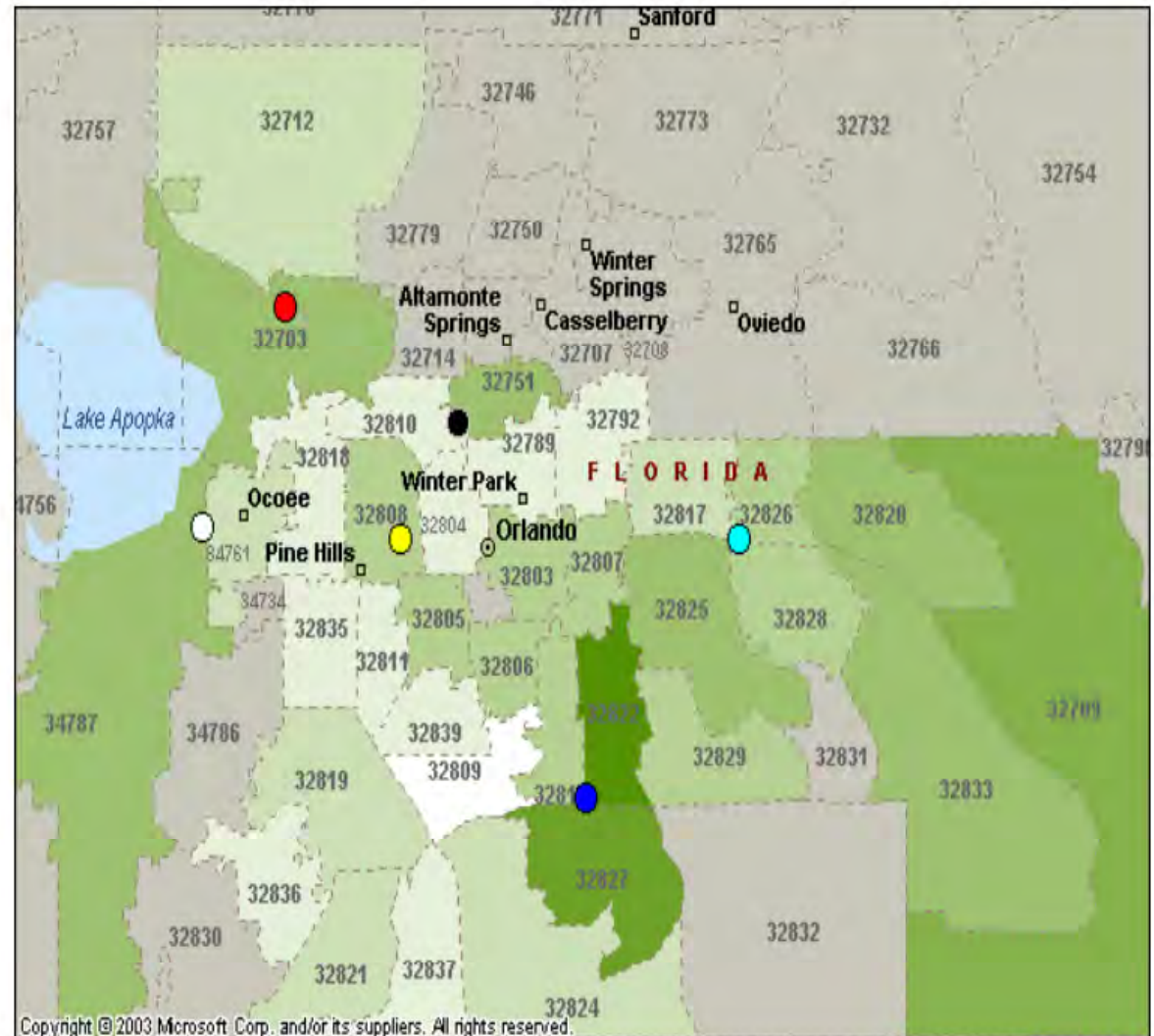
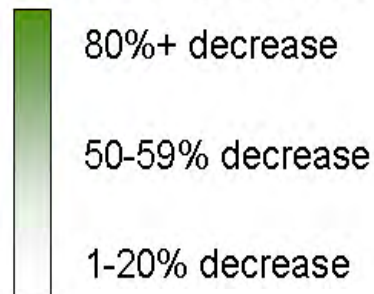


Non-Urgent ED Visits Decrease by Zip Code, 2001-2003



- FQHC A
- FQHC B
- FQHC C
- FQHC D
- FQHC E
- FQHC F

Decrease by Zip Code



Demographic Analysis

- Significant change in percentage of men using the ED
- Significant change in number of Hispanics using FQHC's.
- Significant differences in all age, race/ethnicity and gender subpopulations in pre-test and post-test populations.

Financial Impact – \$1.6M/year

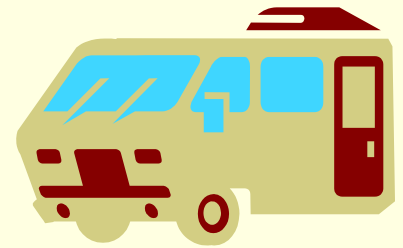
- 32.2% drop in ED non-urgent visits from first quarter of 2001 to last quarter of 2003 = 2,080 visits/quarter:

ED visits “saved” per quarter x average charge for ED non-urgent visit =
ED charges in a quarter
 $2,080 \text{ ED visits} \times \$289.33 = \$601,806.40$

ED visits “saved” per quarter x average charge for primary care visit =
FQHC charges in a quarter
 $2,080 \text{ Clinic visits} \times \$94.63 = \$196,830.40$

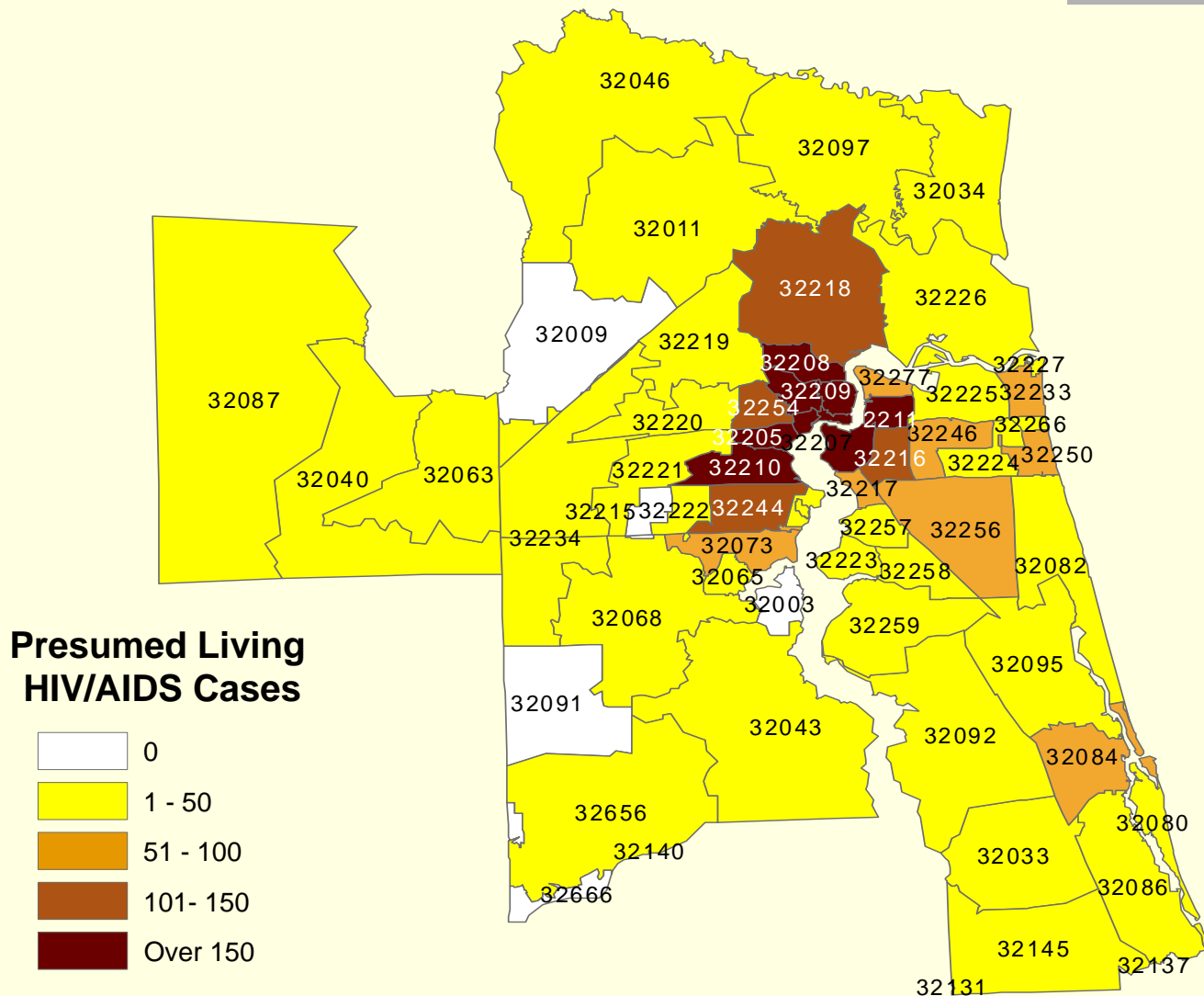
ED charges – FQHC charges =
savings per quarter
 $\$601,806.40 - \$196,830.40 = \$404,976$

HIV/STD Mobile Unit



- Mobile testing van began operations in 2003
- Tests for Gonorrhea, Chlamydia, Syphilis, HIV and Hepatitis
- Joint project between the Duval County Health Dept and the Health Planning Council.
- Duval County had the highest infection rate for Gonorrhea and Chlamydia in the state; 6th highest for HIV.
- Targeted outreach to the neighborhoods with the highest prevalence.

Living HIV/AIDS Cases by Zip Code through 2005, Area 4



Tracking and Monitoring

- Collect number of tests performed, positivity rates, demographics and risk factors by venue location.
- Evaluate each venue's testing data to determine if the location is viable for future testing. Also monitor epidemiology data from the state to target hot spots.
- Some venues are on a weekly schedule, bi-weekly schedule or monthly. Also tests at special events.
- Total of 51 locations were used for the mobile unit

Evaluation

- Track testing data to assure meeting testing goals and reaching target population
- Conduct client surveys to evaluate client needs, satisfaction with services and behavior modification
- Track linkages to health services for those testing positive

Demonstrating Success in Assessing Health Literacy

- What is health literacy?
 - Health literacy as defined by *Healthy People 2010* is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
- Why is health literacy important?
 - Health literacy is related to an individual's capacity to understand prescription labels, appointment slips, and health instructions
- Why is health literacy an issue?
 - Findings from the National Adult Literacy Survey indicate that 47% of the American adult population has limited literacy skills
 - Research indicates that individuals with limited health literacy have:
 - Less knowledge about health issues
 - Worse health status
 - Higher rates of hospitalization
 - Higher healthcare costs



Current Health Literacy Tools

- There are two most commonly used health literacy tools

Rapid Estimate of Adult Learning in Medicine (REALM)		Test of Functional Health Literacy in Adults (TOFHLA)	
<u>PROS</u>	<u>CONS</u>	<u>PROS</u>	<u>CONS</u>
1. Can be administered in 2 minutes, or less	1. A word recognition test based on arranging words by syllables 2. Only available in English	1. Available in English and Spanish 2. Measures patients' ability to read and understand health related matters	1. The short version can take up to 12 minutes to administer

- To address the need for an effective, brief assessment tool, the Newest Vital Sign (NVS) was created

NVS Tool Development

■ Pfizer, Inc.

- Assumed lead role in developing a health literacy screening tool adaptable and sensitive to the constraints of modern-day physician-patient visits
- Collaborated with the **University of Arizona College of Medicine**, Department of Family and Community Medicine and the **University of North Carolina, Chapel Hill**, Department of Internal Medicine.

■ The Newest Vital Sign

- Developed from a **series of scenarios** in which **patients were presented with health-related information or medical instructions**.
- Patients read and then demonstrated their ability to use the information by **answering questions about the scenarios**.

■ Final Five Candidate Scenarios

- Instructions from a **prescription for headache medication**
- A **consent form** for coronary angiography with stent placement
- Heart failure **self-care instructions**
- A **nutrition label** from a container of ice cream
- **Instructions for taking asthma medication** that included a tapering dose of prednisone

Testing NVS

- Recruited 500 adult English and Spanish speaking patients from three primary care clinics in Tucson, Arizona
- The Newest Vital Sign tool was tested against the TOFHLA and found to have a higher degree of accuracy for registering risk for poor health literacy
- The English and Spanish versions of the Newest Vital Sign tool were found to be reliable and valid

Properties of the Newest Vital Sign Tool

- A six-question interview offered in both English and Spanish focused on interpreting an ice cream nutritional label
- Can be administered in two minutes, or less
- Yields an overall health literacy score based on a 6 point rating system
 - 0-1 suggests high likelihood of limited health literacy
 - 2-3 indicates the possibility of limited health literacy
 - 4-6 almost always indicates adequate health literacy



The Newest Vital Sign (English)

Nutrition Facts

Serving Size $\frac{1}{2}$ cup
Servings per container 4

Amount per serving

Calories 250 Fat Cal 120

%DV

Total Fat 13g 20%

Sat Fat 9g 40%

Cholesterol 28mg 12%

Sodium 55mg 2%

Total Carbohydrate 30g 12%

Dietary Fiber 2g

Sugars 23g

Protein 4g 8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

Questions and Answers Score Sheet for the Newest Vital Sign

READ TO SUBJECT: This information is on the back of a container of a pint of ice cream.

1. If you eat the entire container, how many calories will you eat?

Answer: 1,000 is the only correct answer right ☐ wrong ☐

2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have?

right ☐ wrong ☐

Answer: Any of the following is correct:
1 cup (or any amount up to 1 cup), Half the container

Note: If patient answers "two servings," ask "How much ice cream would that be if you were to measure it into a bowl."

3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

Answer: 33 is the only correct answer right ☐ wrong ☐

4. If you usually eat 2500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

Answer: 10% is the only correct answer right ☐ wrong ☐

**Pretend that you are allergic to the following substances:
Penicillin, peanuts, latex gloves, and bee stings.**

5. Is it safe for you to eat this ice cream? right ☐ wrong ☐

Answer: No

6. (Ask only if the patient responds "no" to question 5): Why not?

Answer: Because it has peanut oil. right ☐ wrong ☐

Number of correct answers: _____

The Newest Vital Sign (Spanish)

Información Nutricional

Tamaño de la Porción $\frac{1}{2}$ taza

Porciones por envase 4

Cantidad por porción

Calorías 250 Cal Grasa 120

%DV

Grasa Total 13g 20%

Grasas Sat 9g 40%

Colesterol 28mg 12%

Sodio 55mg 2%

Total Carbohidratos 30g 12%

Fibras Dietéticas 2g

Azúcares 23g

Proteína 4g 8%

*Porcentaje de Valores Diarios (DV) se basan en una dieta de 2.000 calorías. Sus valores diarios pueden ser mayores o menores dependiendo de las calorías que usted necesite.

Ingredientes: Crema, Leche Descremada, Azúcar Líquida, Agua, Yemas de Huevo, Azúcar Morena, Aceite de Cacahuate (Maní), Azúcar, Mantequilla, Sal, Carragenina, Extracto de Vainilla

Hoja de Resultados para el Nuevo Signo Vital

Preguntas y Respuestas

LEA AL PACIENTE: Esta Información aparece en el Reverso de un envase de helado.

Si No

1. Si usted se come todo el helado en el envase,

¿cuántas calorías habrá consumido?

Respuesta: 1,000

2. Si a usted le recomendaron consumir 60 gramos de carbohidratos en la merienda, **¿cuánto helado puede comer?**

Respuesta: Cualquier de: Hasta un máximo de una taza, una taza, la mitad del envase.

3. Si usted normalmente come 2500 calorías en un día, **¿qué porcentaje de su valor diario de calorías habrá consumido si se come una porción?**

Respuesta: 33 gramos

4. Su médico le aconseja reducir la cantidad de grasas saturadas en su dieta. Usted normalmente consume 42 gramos de grasa saturada al día, que incluye una porción de helado. Si deja de comer helado, **¿cuántos gramos de grasa saturada consumiría cada día?**

Respuesta: 10%

LEA AL PACIENTE: Usted es alérgico a las siguientes sustancias: Penicilina, cacahuate (maní) guantes de latex, y picaduras de abeja.

5. **¿Puede comer este helado con seguridad?**

Respuesta: No

6. (Solamente si responde "no" a pregunta 5): **¿Por que no?**

Respuesta: Porque tiene aceite de cacahuate (maní)

Disease Management with Risk Populations

MEDNET

- MedNet is a neighborhood-based community education and capacity building initiative designed to secure free prescription drugs for uninsured, economically poor, minority and/or otherwise disenfranchised residents in Pinellas and Hillsborough counties.
- MedNet was created to address several critical objectives adopted by Healthy People 2010 to detect and treat specific coronary risk factors such as high blood pressure, diabetes, and increased cholesterol levels.



MedNet Goals

- Manage chronic conditions by securing free prescription drugs for uninsured adults, including the working poor
- Reduce the incidence and impact of “avoidable admissions” to local hospitals, particularly safety net hospitals
- Reduce the cost of chronic disease for low-income residents, including the working poor

Current project being evaluated:

- Expand program to six sites, including a mobile medical van (evaluate implementation of these programs and suggest improvements and enhancements, if needed)
- Advocate for ongoing funding to sustain the program into the future (identify data/information to be used to show the program's value and impact – i.e. return on investment, etc.)

Critical Data

- Track number of prescriptions
- Most requested prescriptions
- Type of prescriptions
- Cost (value) of prescription
- Demographics of clients, identify chronic diseases being treated
- Time from initiation of request to receipt of prescription (range and average)
- Overall success rate with obtaining requested prescriptions

Design Long-term Evaluation

- Obtain IRB approval to study a cohort of patients who access their pharmaceuticals via MedNet
- Design quantitative “before/after” study accessing archived records
- Qualitative patient survey to inquire about hospital utilization before and after MedNet

Cycle of Planning

