

using data for planning, process improvement, and evaluating impact

Panel Participants:

Aaron Truchil & Maggie Hawthorne (Coalition of HealthCare Providers)

Kenneth Coburn (Health Quality Partners)

Mary Ann Bates (J-PAL)

Jefferson Population Health Colloquium

March 18th, 2014

Speaker Bios



Mary Ann Bates
Deputy Director
J-PAL North America



Kenneth Coburn
Co-Founder, CEO & Medical Director
Health Quality Partners

advanced preventive care

a system design for population health

Ken Coburn, MD, MPH

CEO and Medical Director

Health Quality Partners

data and design principle #3

reliability

[and fidelity]

data and design principle #3

why does reliability matter?

why does fidelity to design matter?

what role do reliability and fidelity to

design play in program

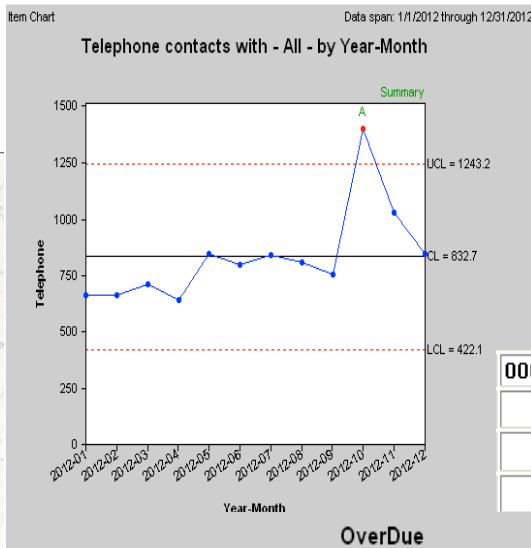
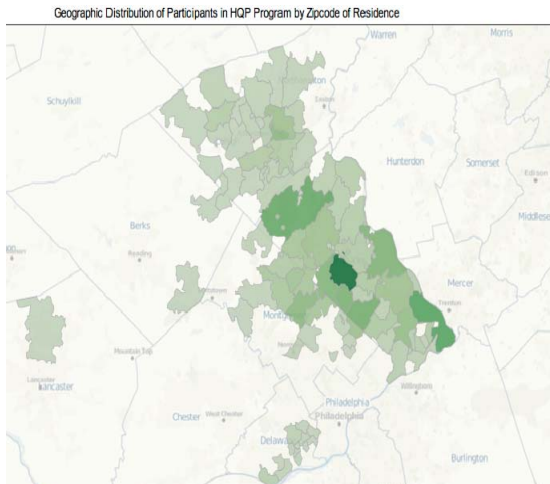
performance, and evaluation?

data and design principle #3

how do you measure fidelity to
program design?

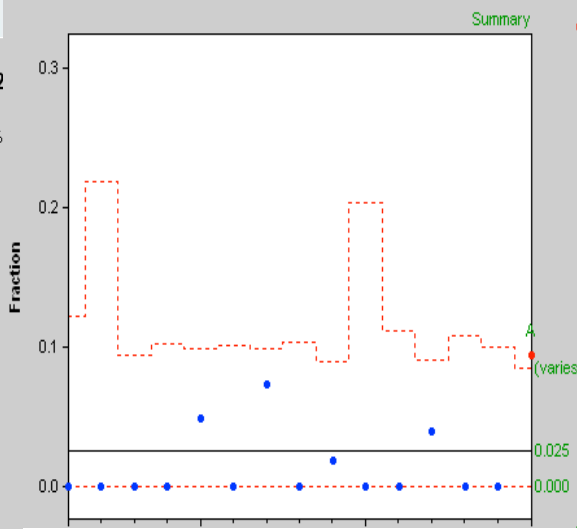
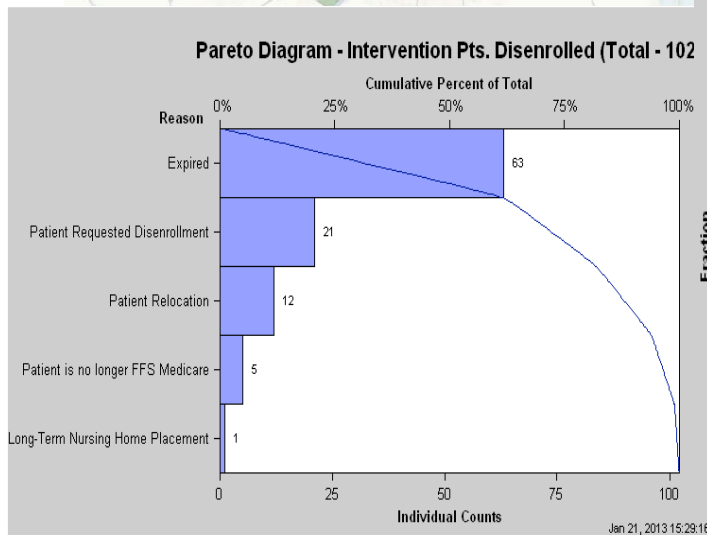
how do you measure reliability?

reliability requires new data, analytics, reports, and dashboards *focusing on service delivery*



SBP_Value	LDL_Value	HDL_Value	TG_Value	A1C_Value	Waist_C	AST	CAD	COPD	DM	HF	HTN	LPD
110	100	55	224	71	41		X		X			
122	125	50	141	51	47.5		X		X		X	X
111	101	125	151	5.5	41				X			
125	115	70	99	6	41				X		X	X
145	80	55	94	6	40.5		X				X	X
120	120	48	98	6	46		X	X				
145	77	57	101	5.8	45		X		X		X	X
110	117	84	58	5.9	31				X	X	X	X
122	54	62	70	7.2	49		X		X	X	X	X
115	54	62	124	6	37		X					

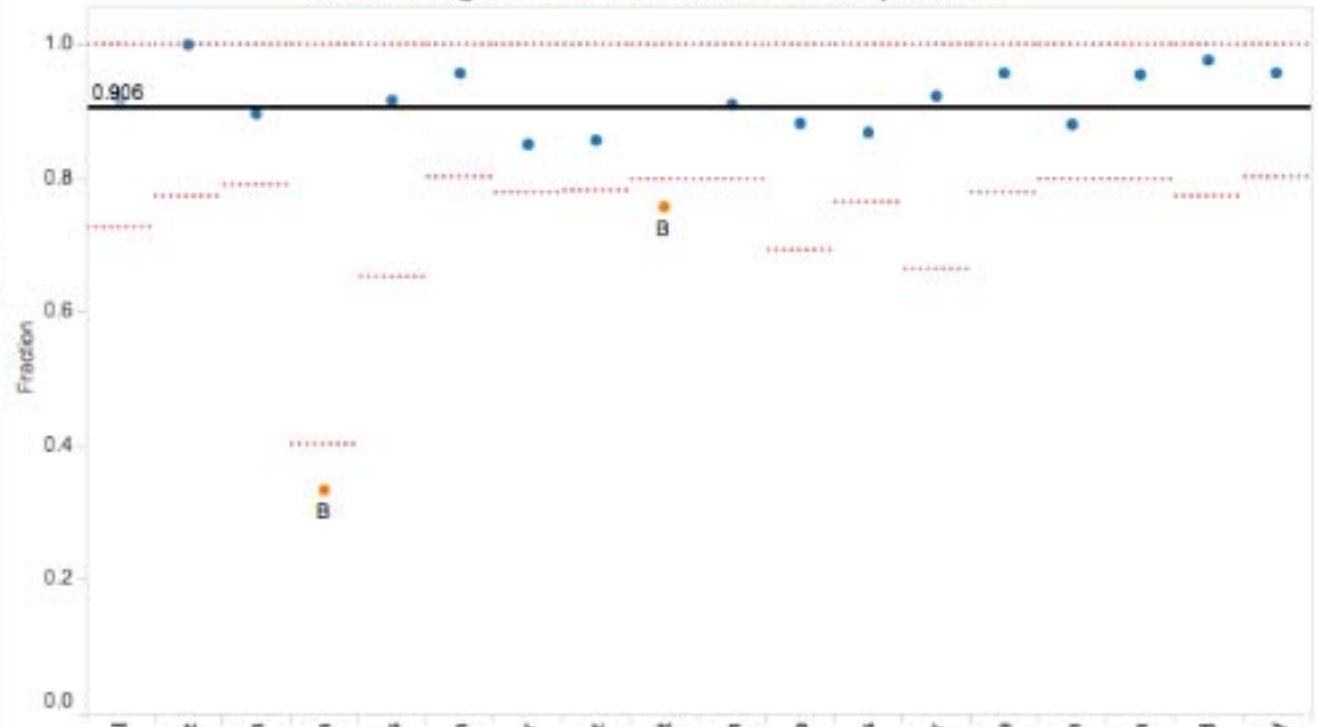
OOO_Overdue	OOO	Overdue	Good	status	Roster
41%	16%	16%	25%		
?	?	?	?		
31%	22%	18%	27%		
		10%	31%		
		19%	19%		
		15%	17%		
		9%	24%		
		13%	32%		
		12%	20%		
		5%	42%		
		?	?		
		10%	30%		
		15%	23%		
		15%	30%		
		2%	37%		
		30%	12%		



- General Admin
 - CM Caseload
 - CM Caseload Bar Graph
 - HQP Caseload Report
 - MCCD Enroll, Disenroll
 - Active Members by Month
 - MCCD2 Randomized Monthly
 - MCCD2 Randomized w/Drilldown by
 - MCCD2 Randomized w/Drilldown by
 - MCCD2 Randomized w/Drilldown by
 - Disenroll Pareto - date range
 - Disenroll Pareto
 - Disenroll MCCD2
 - HQP Care Manager Reports
 - Abnormal Values
 - Abnormal Values-All
 - Assessments/Preventive Care
 - Flu Vaccine 2013

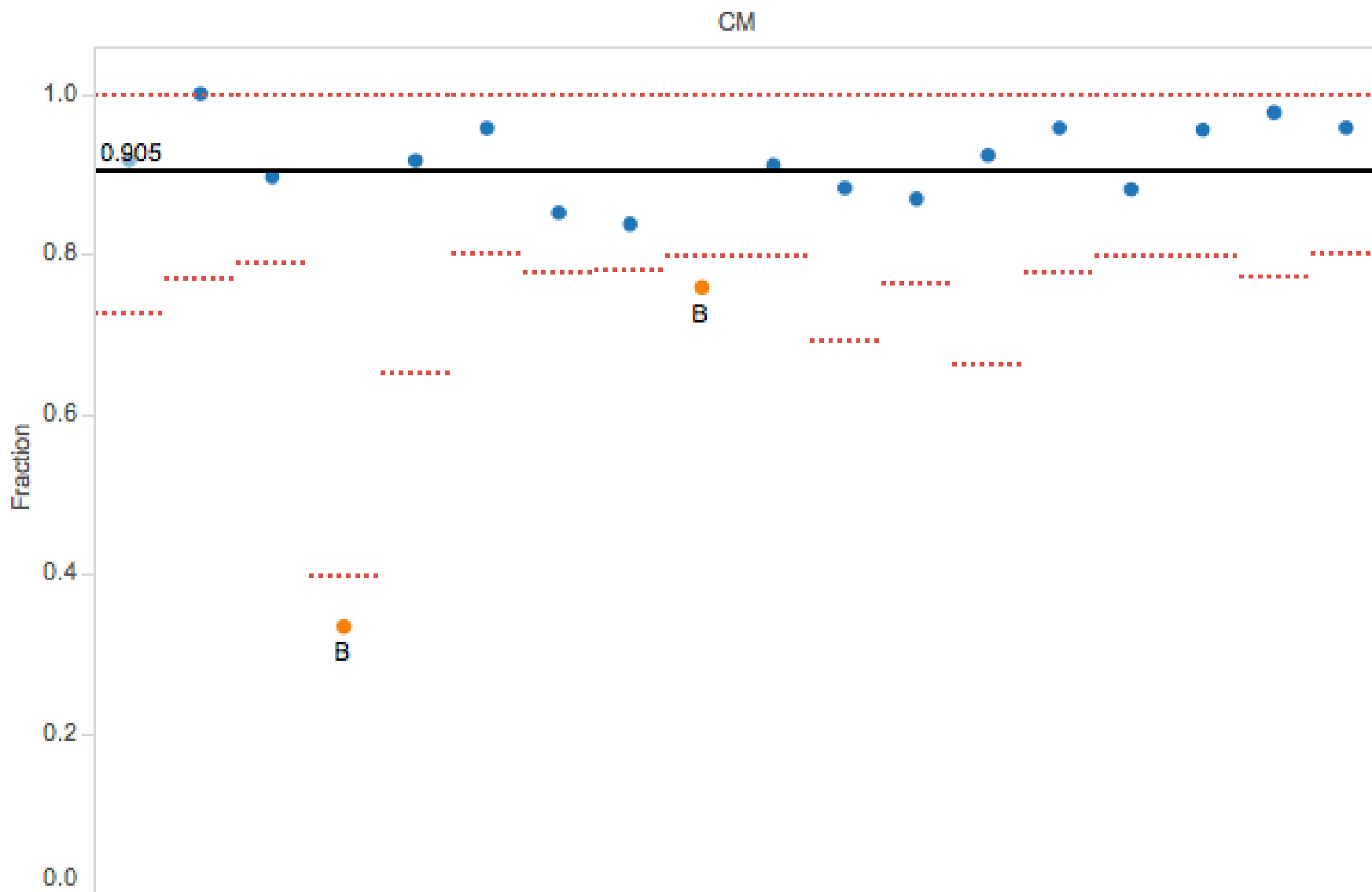
Patients active as of: 2/7/2014. (n = 802).

Abuse/Neglect Scr Documented for All patients



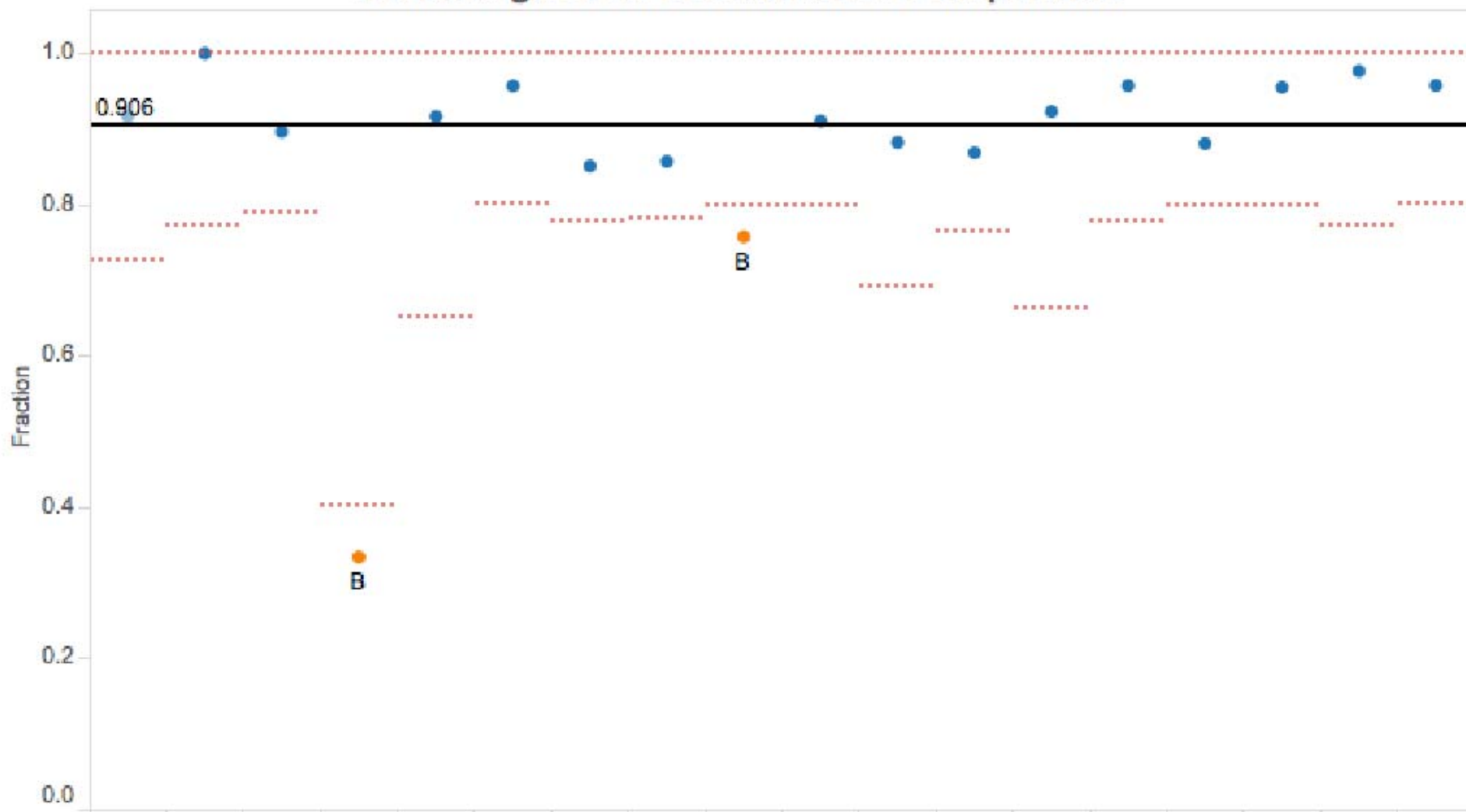
Patients active as of: 2/5/2014. (n = 801)

Domestic Violence Scr Documented for All patients

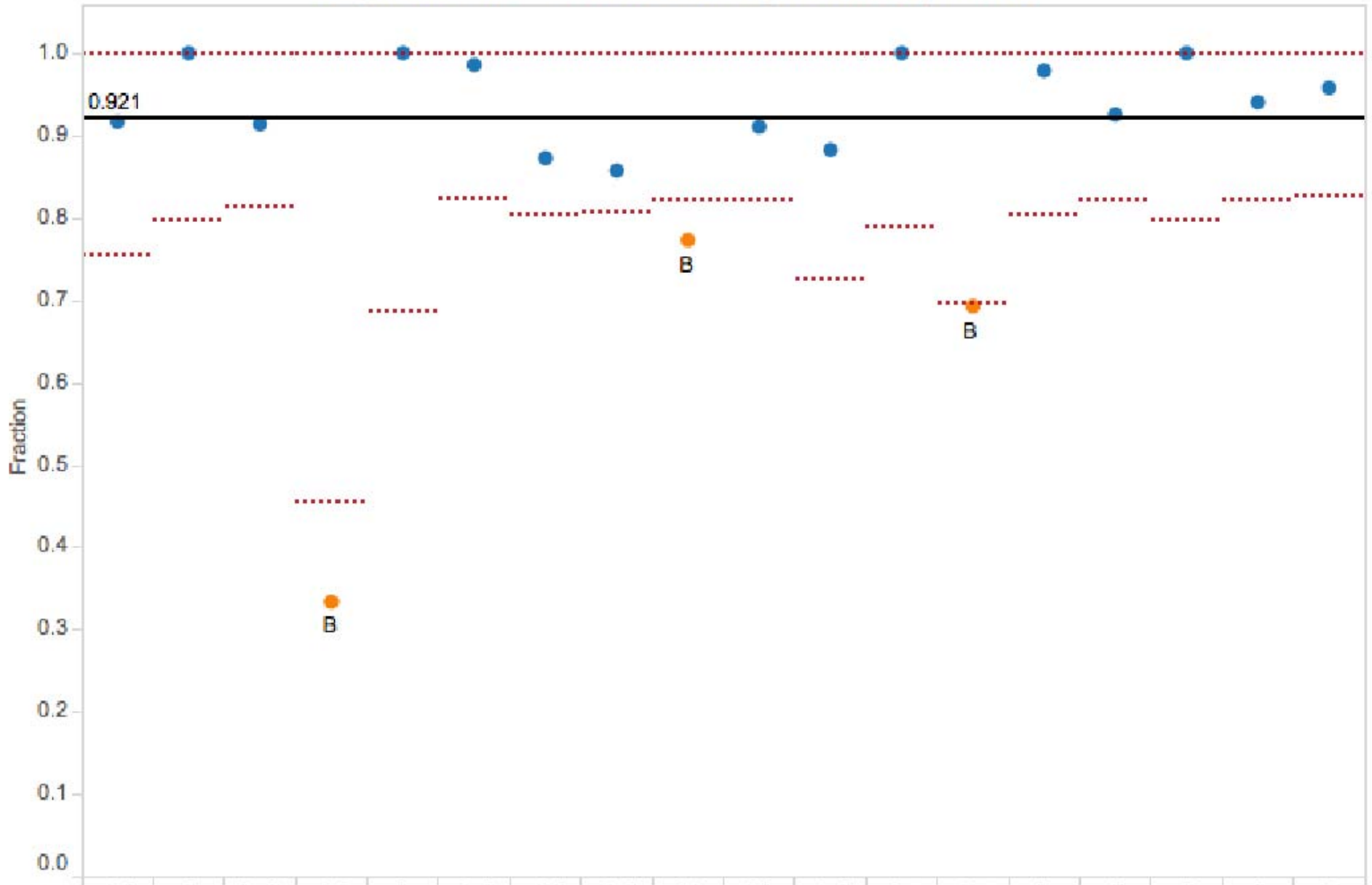


Patients active as of: 2/7/2014. (n = 802).

Abuse/Neglect Scr Documented for All patients

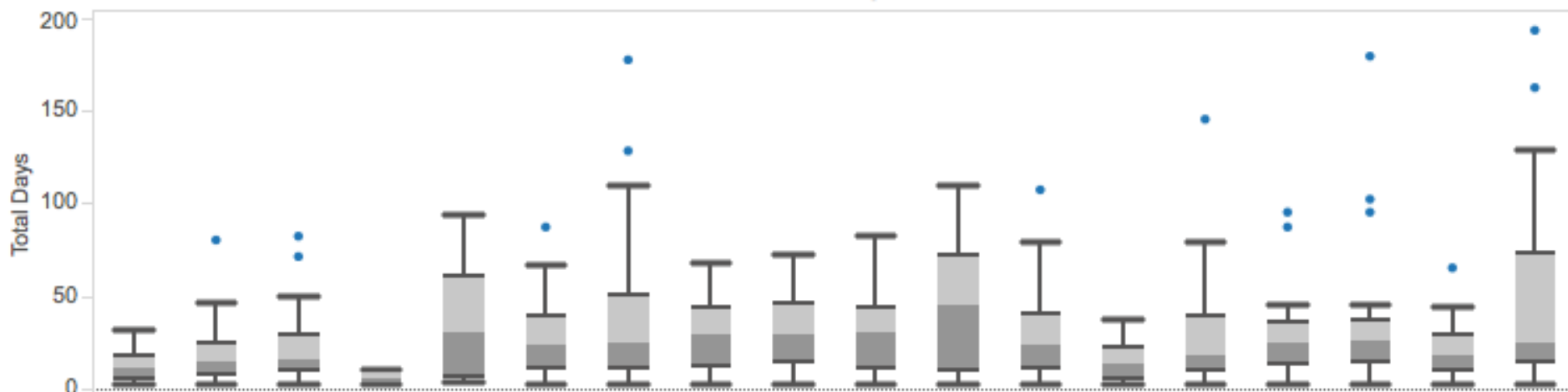


Depr Screen Documented for pts for All patients

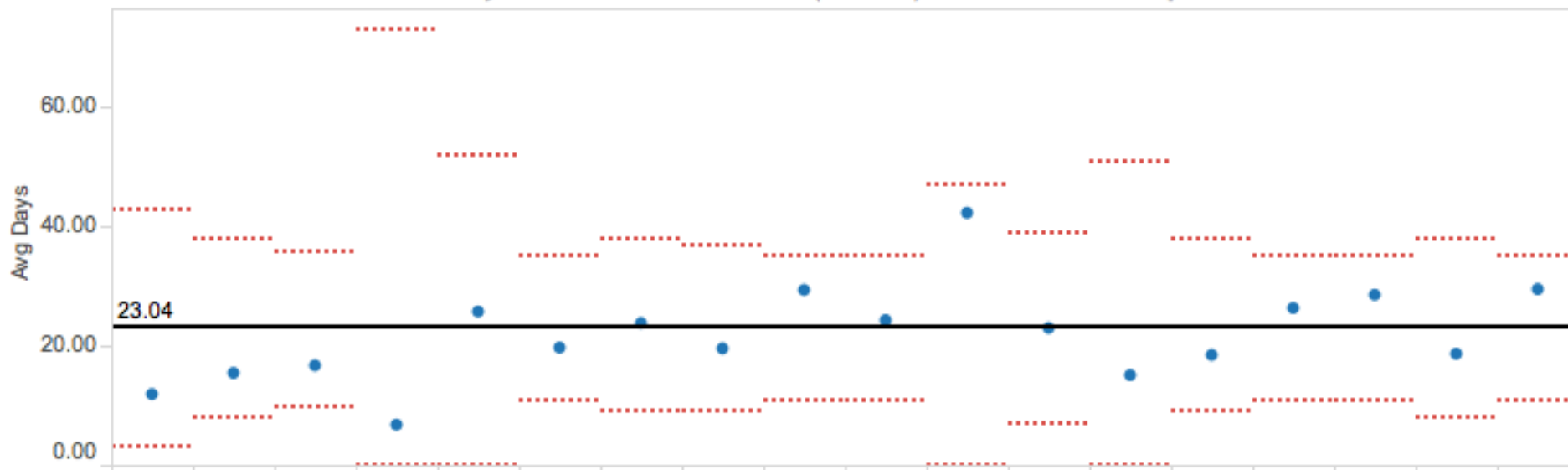


Median days for last One to One contact (Not group) with pts.

CareManager

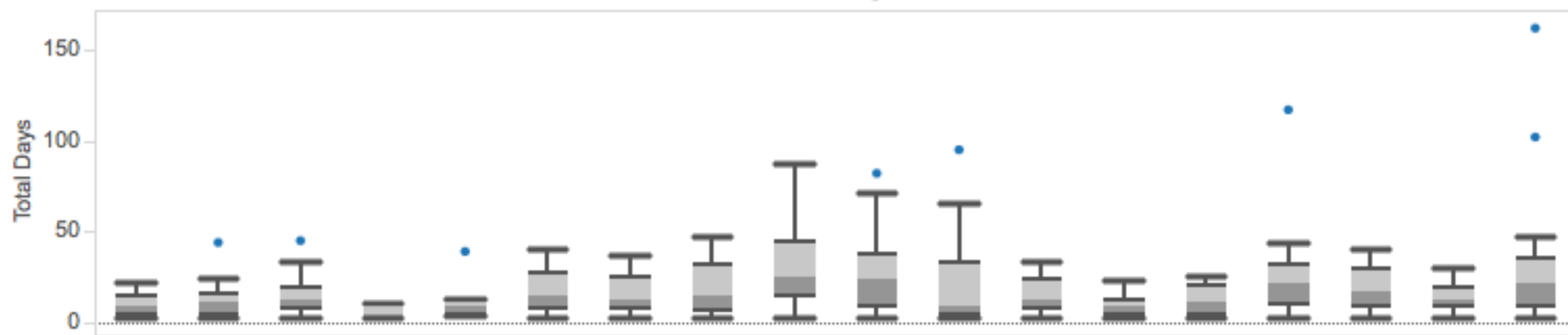


Mean days since last contact (1 to 1) with all active pts.

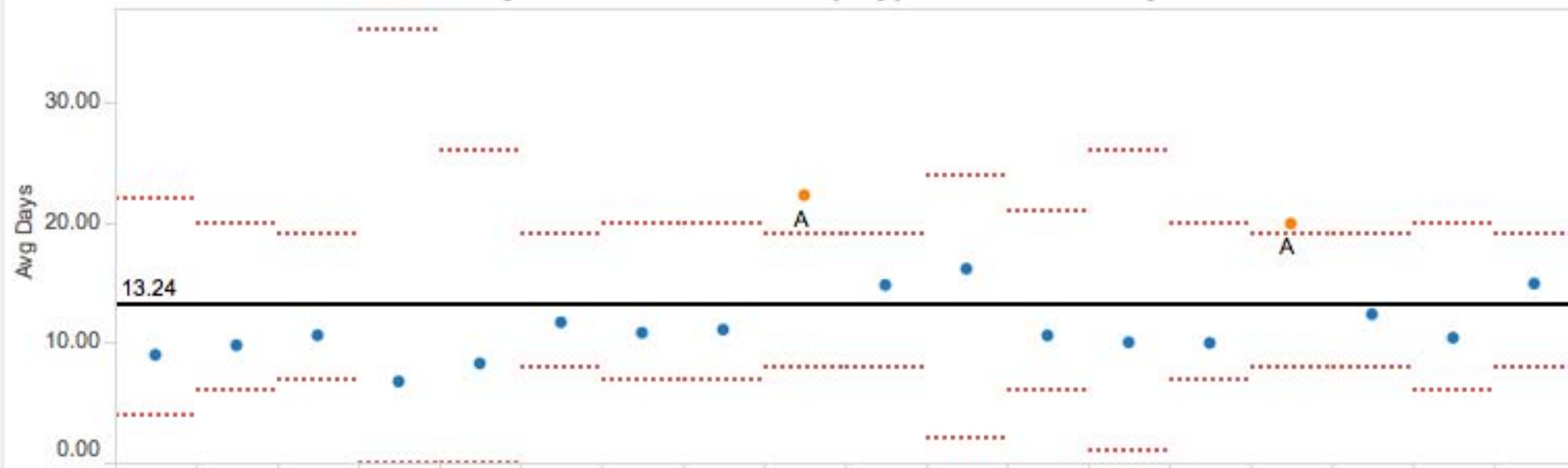


Median days for last contact (Any) with pts.

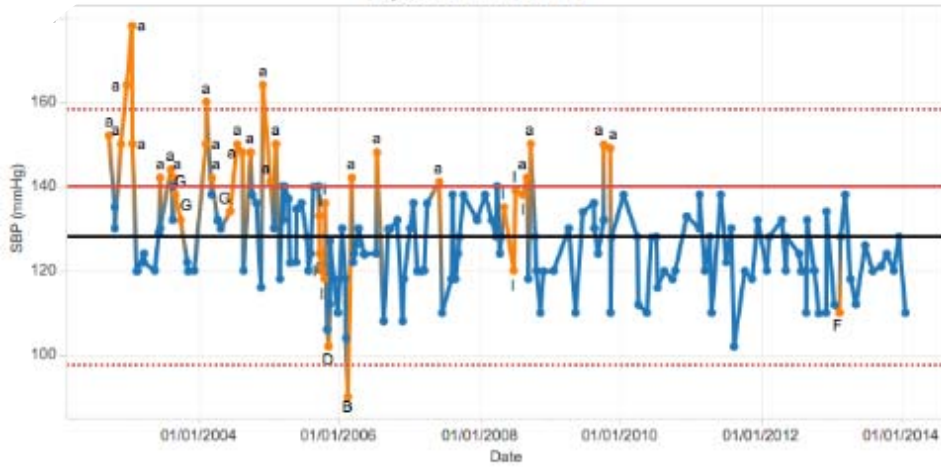
CareManager



Mean days since last contact (any) with all active pts.

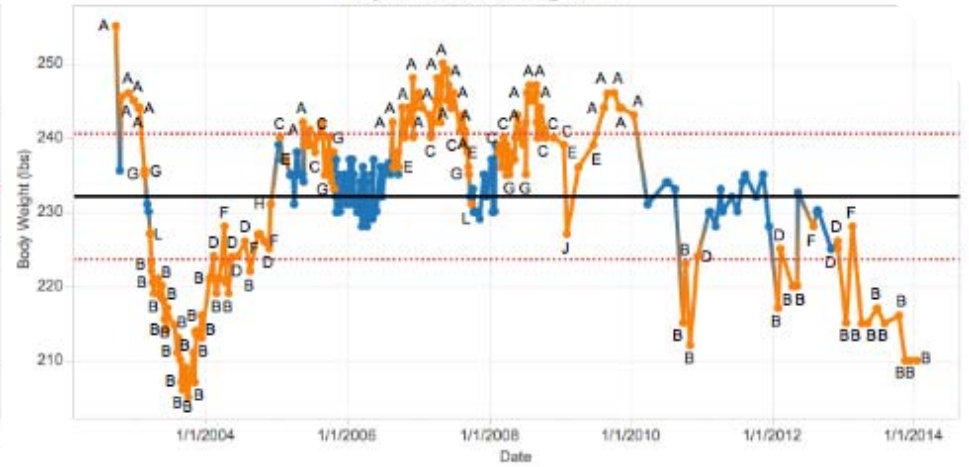


Days since last BP:39



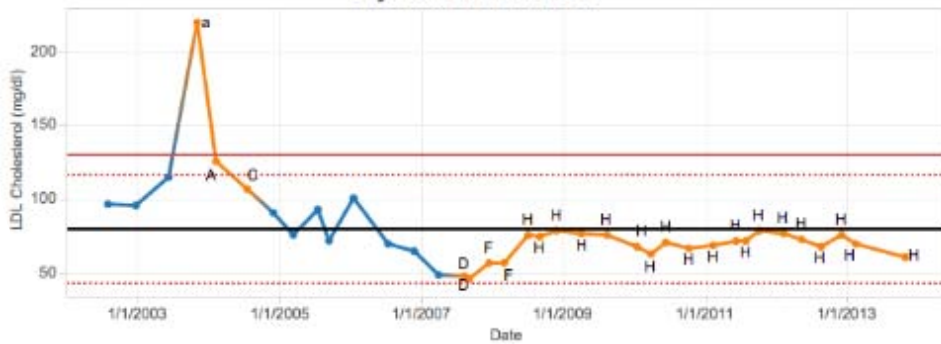
	11/14/2013	12/11/2013	1/14/2014
SBP	120.00	128.00	110.00

Days since last Weight: 39

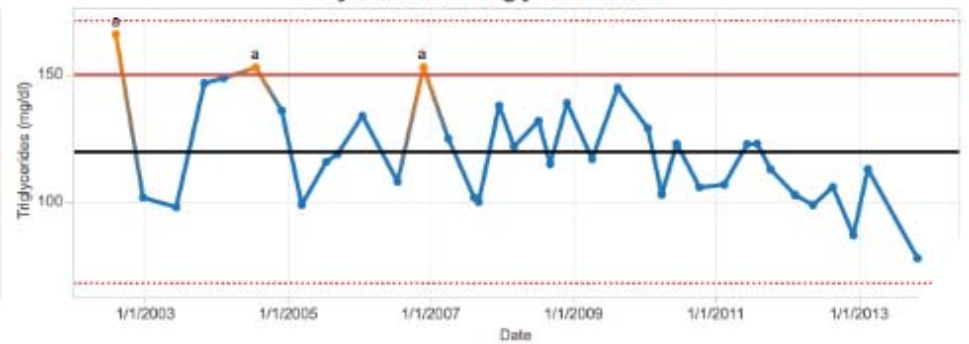


	11/14/2013	12/11/2013	1/14/2014
WGT	210.0	210.0	210.0

LDL Cholesterol
Days since last LDL:122



Triglycerides
Days since last Triglycerides:122



a plea (and checklist) for leaders

design with care, discipline, and a systems thinking perspective

verify fidelity to the design

ensure high reliability of key program elements

- seek out and understand variation

thank you

Ken Coburn, MD, MPH

if your organization is interested in replicating or scaling
HQP's advanced preventive care model or just busting
myths

- email me at coburn@hqp.org

ABDUL LATIF JAMEEL
Poverty Action Lab

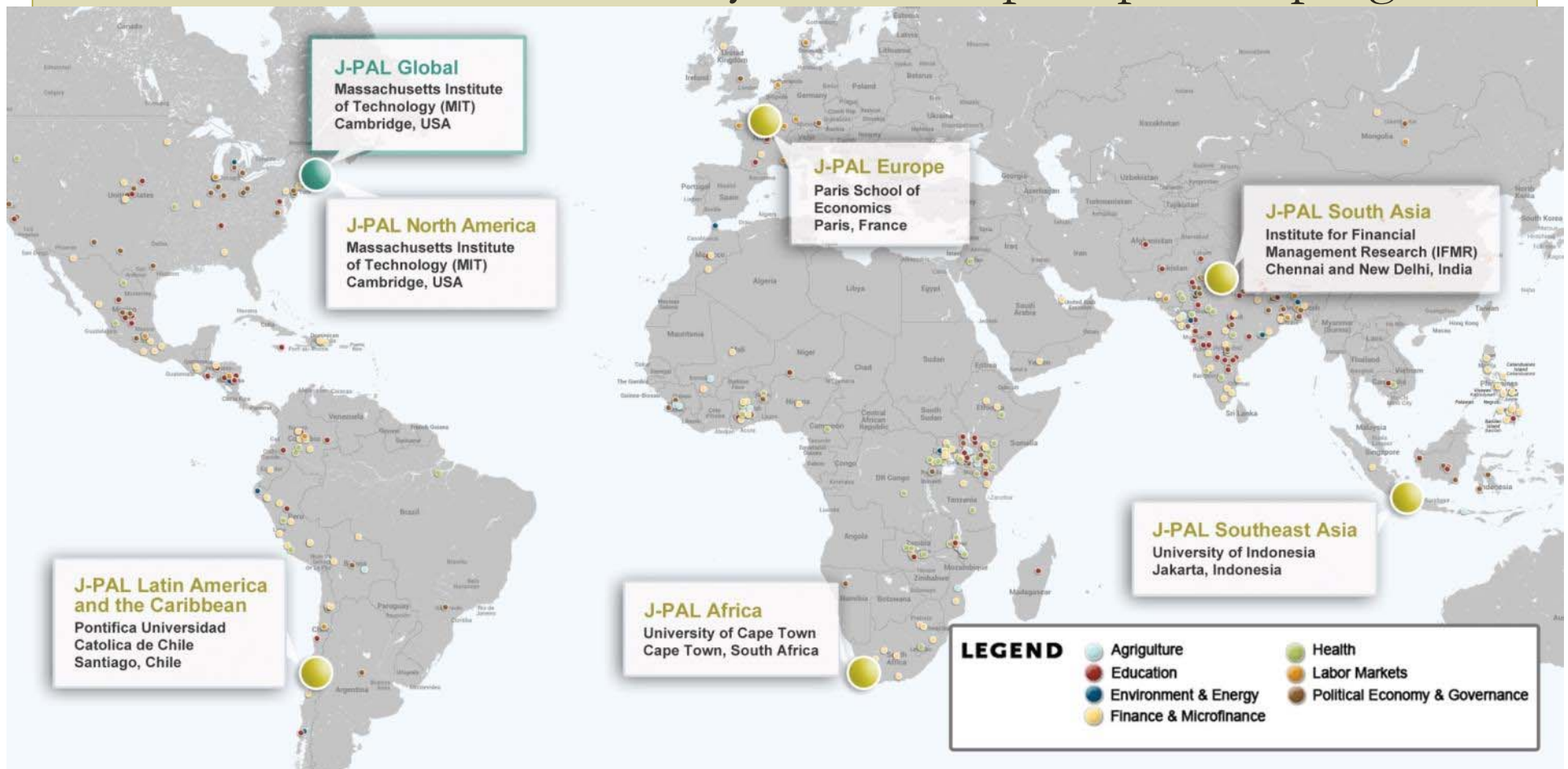
TRANSLATING RESEARCH INTO ACTION

MARY ANN BATES
DEPUTY DIRECTOR, J-PAL NORTH AMERICA
MIT

POPULATION HEALTH SUMMIT
PHILADELPHIA, PA
MARCH 19, 2014

J-PAL is an international network of 92 economists.

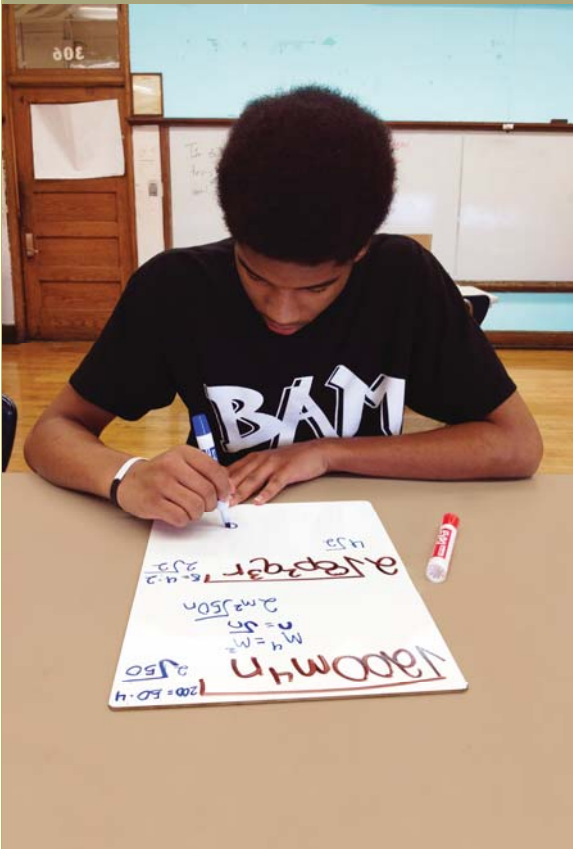
- 490+ randomized evaluations in 56 countries
- 164 million lives touched by the scale up of proven programs



THE POTENTIAL FOR RCTS IN POPULATION HEALTH



Innovations from practitioners



- Context: South side of Chicago, addressing high homicide rates for teen boys.
- “Becoming a Man” (BAM) program, developed by Youth Guidance
- Intervention:
 - Group sessions at school, using cognitive behavioral therapy to teach improved decision making
 - After school sports that require focus and channeled aggression (archery, boxing).

Study by University of Chicago Crime Lab (PI: Jens Ludwig)



Innovations from practitioners



- 44% reduction in arrests for violent crime
- Policy attention
 - Rahm Emanuel increased funding to expand BAM in Chicago.
 - Referenced for President Obama's "My Brother's Keeper" initiative
- Now scaling and testing new versions of the program with a larger RCT.

Innovations from practitioners go to scale



Why consider an RCT of your program?

- Clear, credible results on the causal effects
 - Randomized: Use random assignment of the program to create a control group, which creates a counterfactual (what would have happened in the absence of the program).
 - Non-randomized: Argue that a certain excluded group mimics the counterfactual.
- With the right administrative data systems in place, an RCT can be more feasible, lower-cost, and faster than you might expect.

What are some of the key issues?

- Sample size
 - Danger of underpowered RCTs
 - Coordination across multi-site trials
- Data
 - What data are already being collected administratively?
 - Are those data available for the control group? Non-participants?
- Outcomes
 - Observable and measurable
 - Detectable
 - Comprehensive
 - Reliable

Questions?

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- **Health Care Delivery Partnership Development Conference**
 - Practitioners partner with health economists to plan and conduct randomized evaluations of policies and programs in health care delivery
 - October 2014, Cambridge, MA
www.povertyactionlab.org/HCDI/partnership-conference
- **Executive Education Course**
 - Week-long course on designing and running RCTs.
 - June 9-13, 2014 at MIT.
www.povertyactionlab.org/course

Questions?