Lake County General Health District

Access to Care Technical Assistance Project

July 2018 – December 2018

Lake County
General Health District
Public Health
Prevent. Promote. Protect.

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Project Background

Comprehensively assessing access to care has historically been a challenge for Lake County General Health District (LCGHD). When applying for pubic heath accreditation under version 1.0., actions plans were required for *Measure 7.1.2A: Identify populations who experience barriers to health care services*, and *Measure 7.1.3A: Identify gaps in access to health care services*. While LCGHD was successfully able to meet both standards during the action plan and achieve accreditation in August 2016, upon review of the reaccreditation requirements based on version 1.5, it became clear that more advanced assessment was necessary. Additionally, Lake County is serviced by three hospital systems, Lake Health, which operates two hospitals within the county, and University Hospitals of Greater Cleveland and Cleveland Clinic, who both have a growing presence in Lake County in terms of physician offices and auxiliary services. The relationships between those three entities vary greatly, as do the relationships that LCGHD holds between the three entities. It is quite difficult to hold a meeting or activity in which all three systems are engaged participants.

LCGHD was also in a position where the most recent Community Health Assessment was conducted in 2015, and access to care to was not identified as a priority in the corresponding Community Health Improvement Plan. Staffing limitations at LCGHD led to limited internal infrastructure to properly address the issue, lack of expertise, and lack of a dedicated county committee or workgroup to provide support for activities.

In March 2018, LCGHD applied for technical assistance via the Ohio Public Health Accreditation Support Grant Round 4, and was notified in May 2018 that the request was approved. The original project request detailed a five-month project period that identified four actions key steps.

1. Identify traditional and non-traditional partners
2. Identify local data sources for assessment of capacity, availability, gaps, and barriers

3. Identify coordinated method for data gathering and dissemination with roles and responsibilities identified

4. Formalized methodology agree upon by community partners.

Project Description & Selection

In July 2019, LCGHD began working with Ms. Anne Goon, the contractor selected by Ohio State University's College of Public Health Practice, on this project. Ms. Goon has extensive knowledge in public health accreditation standards, having served as both as a Health Commissioner and volunteer site visitor for the Public Health Accreditation Board. She also holds a wealth of knowledge in many levels of community assessment and planning, including extensive experience assessing access to care. Her selection as a technical advisor was the perfect choice for this project.

In the two month time between the project application and the notice of award, LCHGD's needs and focus changed slightly. In an organizational restructure, *The Office of Health Policy & Performance Improvement* was formed within LCGHD, increasing the agency's capacity to focus on systems changes activities pertaining to accreditation activities, data analysis, health policy, and performance improvement. Additionally, a tentative agreement had been forged between Lake Health and LCGHD to undertake a joint community health assessment process in early 2019, with LCGHD conducting all survey administration, data analysis, and document organization in-house. A long term objective of this collaboration is also the identification of a best practice solution to reduce the considerable time and costs associated with conducting health assessments that meet both hospital IRS requirements, and public health accreditation standards. LCGHD was now seeking guidance and expertise on how best to identify and access existing data sources, both local and statewide, that could be used in not only Lake County's assessment, but also as part of a best practice model that could be implemented on a larger scale. After discussion, Ms. Goon was accommodating to the request and agreed to limit the scope of work accordingly.

Project Activities

The revised scope of work consisted of three primary activities:

1. Identification of previously-unused local data sources that could be used to assess access to care needs within Lake County.
2. Identification of previously-unused regional, state, or national sources that could be used to assess access to care needs within Lake County.
3. Identification of process and costs associated with a local health department obtaining discharge and admission data from Ohio Hospital Association (OHA), as well as data from Ohio Government Resource Center (GRC) - Ohio Medicaid Assessment Survey (OMAS).

LCGHD staff began work on activity ones and two, with Ms. Goon taking the lead on activities three. Staff members Christine Margalis, Quality Assurance & Special Projects Coordinator, and Matthew Nichols, Policy, Research & Planning Coordinator II, brainstormed all potential partners within the local public health system that could be potential sources of data. This included the local drug addiction and mental health services board and its providers, local emergency services providers, the emergency management agency, local primary health care providers, and the local United Way office. LCGHD staff also began work identifying regional, state, and national data sources which may also contain county-level data. This list include Agency for Healthcare Research and Quality, U.S. Census, Community Commons, County Health Rankings and Roadmaps, DataUSA Circle Health Services, and State of Ohio Facts.

Ms. Goon spend considerable time and effort researching how best to obtain data from OHA, what the approximate costs would be, what additional data breakouts are available, and how the data request would be processed. Ms. Goon provided extensive explanation and guidance on how to obtain OMAS data, including what specific data is available, limitations on certain data set,

and contact information of someone who can assist at the GRC. This was essential work that at the time, LCGHD did not have the capacity to address. Ms. Goon also provided LCGHD with a previously-created template for compiling a comprehensive access to care report, which has proved useful in determining measures to include in the Lake County 2019's Community Health Assessment.

Project Outcomes

A chart composed of all identified data sources, contact information, and informational notes from Ms. Goon was created as a result of this project. While not formatted for widespread use, this listing of resources has assisted LCGHD with identifying not only sources, but also potential partners for access to collaborative efforts. The chart is located as Appendix A.

Lessons Learned

Through working with Ms. Goon, LCGHD was reminded of the importance of clearly identifying scope of work, but also the value of flexibility. When LCGHD initially applied for assistance, the goals were straight forward, and followed what would seem to be a more traditional model of addressing access to care at the county-level. At the time of award though, LCGHD's needs had changed, and the organization was primarily looking for expertise in reaching difficult-to-access data sets. Thankfully, Ms. Goon was amenable to the organization's changing needs, and pivoted her focus to forward that agenda. The outcome became simple, working document that the organization can refer to when seeking data sources. If receiving technical assistance in the future, LCHGD will better define its needs during the initial project request period, as scope of work is not always easy to amend.

This project also reinforced that this type of analysis takes time. While questions pertaining to access to care can easily be included as part of a community health assessment survey instrument, relationship building at the local level is just as significant. These relationships can lead to

information that is just as important in not only framing the issue, but in building collaborative partnerships that identify meaningful solutions.

Appendix A: Access to Care Data Sources 2018

Access to Care Data Sources 2018

National Data Sources		
Source	**Data Points**	**Notes**
AHRQ (Agency for Healthcare Research and Quality) https://www.ahrq.gov/research/data/dataresources/index.html	• Medical Expenditure Panel Survey-Access to Care	https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=1&subcomponent=0&tableSeries=6&year=-1&SearchMethod=1&Action=Search
U.S Census https://www.census.gov/quickfacts/fact/table/lakecountyohio/PST045217	• Population Estimates • Age & Sex • Race & Hispanic Origin • Population Characteristics • Housing • Family & Living Arrangements • Education • Health • Economy • Transportation • Income & Poverty	
Community Commons https://maps.communitycommons.org/viewer/datalist.aspx	• Social & Economic Factors • Clinical Care • Health Insurance • Health Outcomes	• This URL makes it easier to look through the data list to find what you want. There are some useful county-level maps (e.g., HPSAs, MUA/MUPs, no primary care physician), but this information is also available on the HRSA website). • The "Build A Report" feature can be very helpful. In addition to the CHNA report builder, the Vulnerable Populations Footprint would be helpful in showing the location of populations that may face poorer health outcomes and/or barriers to health care.

National Data Sources, continued		
Source	**Data Points**	**Notes**
County Health Rankings & Roadmaps http://www.countyhealthrankings.org/	• Uninsured • Primary Care Physicians • Dentists • Mental Health Providers • Uninsured Adults • Uninsured Children • Health Care Costs • Other Primary Care Providers	• While easily accessible, it's important to keep in mind that the County Health Rankings are built on secondary data pulled from other sources. That being said, it's easier and quicker to let CHR gather the data than to go to each of these individual sources yourself. • This site obviously provides county-level data.
DataUSA https://datausa.io/	• Clinician to Patient Ratios • Insurance Coverage by Age & Gender • Medicare Enrollment/Reimbursements & Trends • Hospital Care for Medicare Patients by Condition	• Double-check the data against other sources (e.g. primary care provider ratio, dentist ratio), to make sure the various sources are consistent.

Regional/State Sources		
Source	**Data Points**	**Notes**
Circle Health Services (formerly The Free Medical Clinical of Greater Cleveland	• Client Demographics (# of Lake County Clients Served)	
State of Ohio Health Facts https://healthfacts.ohio.gov	• Community Health Profile: • Includes the following data for each county (among other data): o Uninsured adults o Primary care physicians o Dentists o Mental health providers o Child poverty o Unemployment o Disability prevalence estimates	• Site for each county shows county value and state average, as well as a graphic showing county's percent from average • While the 2016 County Health Rankings is listed as the source (which represents 2011-2013 data), some data is newer and therefore must be from other sources.

Regional/State Sources, continued		
Source	**Data Points**	**Notes**
Ohio Hospital Association	• Discharge Data/Admission Data	• Hospital admission or discharge data can be obtained from OHA for a fee. If the request is funneled through a member hospital (which is strongly recommended), it costs $50 per data set, according to Jeff Klingler, CEO of the Central Ohio Hospital Council. {HPIO reported a higher cost per data set, but also said that the pricing wasn't very clear!} o All data breakouts (e.g., age groupings, gender, race) are an additional $50 per breakout. For example, if you are seeking data for 1 indicator, that costs $50. If you want data for this indicator broken down by gender, that would be an additional $100 ($50 for indicator+ $50 for males and $50 for females= $150 total). If you want data for this indicator broken down into 5 age groupings, that would be an additional $250 (or $300 total). If you want the data broken down by gender and 5 age groupings, this would cost a total of $550 (2x 5= 10 groupings x $50@ + $50 for the indicator). o OHA has a standard form that must be completed. Once your data request is finalized, OHA will provide a cost quote so that you know up front what it will cost you. o Will need to work with coders at a local hospital to identify the specific ICD-10 codes or other codes needed, so that OHA pulls the exact data you wish to receive. o Have not confirmed that data can be sorted by patient county of residence.
Ohio Government Resource Center- Ohio Medicaid Assessment Survey (OMAS) http://grc.osu.edu/OMAS GRC contact info for 2017 OMAS datasets: Colin.Odden@osumc.edu General Phone # (614) 366-0017	• Health care access, utilization, and health status information about residential Ohioans at the state, regional and county levels, with a concentration on Ohio's Medicaid, Medicaid-eligible,	• OMAS is an Ohio-specific assessment that provides health care access, utilization, and health status information about residential Ohioans at the state, regional and county levels, with a concentration on Ohio's Medicaid, Medicaid-eligible, and non-Medicaid populations. OMAS data is currently available for 2008, 2010, 2012, and 2015; 2017 data was collected in Dec 2017 and is currently being analyzed. o County-level data is available for many, but not all, counties. Some counties are grouped together (e.g., Ashland/Huron; Holmes/Wayne; Allen/Auglaize/Hardin; Defiance/Fulton/Henry/Williams.) o There are separate dashboards for children and adults; each has the ability to breakout data for Males, Females, Persons with Special Health Care Needs, and Persons with Disabilities/Developmental Disabilities. Each

	and non-Medicaid populations	also has ability to provide breakouts by race and ethnicity (Caucasian, African American, Hispanic, Other Races) *CAVEAT*: While these stratifications are possible, it appears that much of the data can't be broken out in these ways- perhaps due to small numbers or the data not being collected or analyzed in these ways in previous versions of the survey. o 11/26/18 Update- 2017 data still being analyzed. The site does indicates "2017 OMAS public use dataset and associated documentation will be available for download. This public use dataset contains all of the data collected from the adult and child questionnaires, except select geographic identifiers, including county of residence and zip code. Researchers interested in obtaining a dataset with these identifiers should contact GRC to learn more about the process for acquiring the restricted access research dataset."

There are a variety of data sources that can help identify the disease burden experienced by county residents, which can then be used to identify types of providers or provider settings that may be especially needed in certain counties.

- For example, the Ohio Diabetes Action Plan 2018 (https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/diabetes/DAP-FINAL_2018.pdf?la=end) provides the following data:
  - Age-adjusted diabetes death rates by county (Figure 33 on page 30; 2014-2015 data)
  - Average annual number of diabetes deaths and rates by county (Table A1 in Appendix G, page 84; 2015 data)
  - Diabetes cases, prevalence, inpatient hospital admissions and Emergency Department visits among Medicaid beneficiaries by county (Table A2 in Appendix G, pages 86-86; 2015 data)

See Franklin County HealthMap 2016 for examples of data they purchased from the Ohio Hospital Association
https://centralohiohospitals.org/documents/HealthMap_2016.pdf

See State Health Assessment List of Recommended Metrics, April 2016 for Access to Care Metrics and their sources
https://www.healthpolicyohio.org/wp-content/uploads/2016/04/SHA-recommended-metrics-master-list.4.22.pdf

Local Data Sources	
Source	**Data Points**
211/Lifeline http://www.referweb.net/lake/	Lake County Service Providers and Locations • Emergency Medical Care • Health Screening/Diagnostic Services • Health Supportive Services • Human Reproduction • Inpatient Health Facilities • Outpatient Health Facilities • Rehabilitation/Habilitation Services • Specialized Treatment • Specialty Medicine
Compass Line/Lake County ADAMHS Board	• Call Summaries • Treatment Availability (average wait for services)
Lake County Emergency Services (Fire Departments)	• Use of 911 for Non-Emergency Situations
Lake County Emergency Management Agency	• Pending Discussion
Lake County Free Medical Clinic	• Client Use Data
Lake Health	• Use of Emergency Room for Non-Emergency Situations o Madison, Tripoint, and West Emergency Rooms
Laketran	• Dial-a-Ride Usage (demographics, medical appt. use)
United Way of Lake County	• Community Conversations Focus Group Results o To be conducted Fall 2018