Camden Coalition of Healthcare Providers

The National Center for Complex Health & Social Needs
An initiative of the Camden Coalition

Complex Care Startup Toolkit

nationalcomplex.care/startup-toolkit | June 2021

Data and process improvements**: Data collection and analysis**

This document is part of the *Complex Care Startup Toolkit*, a practical collection of guides, templates, and other tools to launch and grow a new complex care program. Find the full toolkit at **www.nationalcomplex.care/startup-toolkit.**

A key element of complex care programs is the ability to collect and analyze diverse sources of information to both monitor and evaluate targeted population health outcomes and the effectiveness of interventions. Data points measuring key processes, outcomes, and the experience of care from both the perspective of the participant and staff/providers are important inputs for establishing effectiveness and value. Data analytic skills and capacities will vary across organizations and partners often collaborate to complement each other's information management and analysis capabilities. Consider creating an inventory of data resources and mapping those resources to key program process and outcome metrics. This will help you identify and organize what data is accessible.

Access to retrospective and prospective data sets is helpful for evaluations of outcomes. Consider adapting techniques from other programs and partnering to complement both your access to diverse data sources and analytic capabilities.

Key considerations

1. What is the targeted population of your intervention? For more information, see **Understanding population root cause needs.**
2. Programs often develop their data management capabilities as they mature. Dedicated staff and complementary software solutions should be part of mid- to long-term strategy.
3. Applying a mix of programmatic, clinical, financial, and experience-based data will enable a holistic view of your program.
4. Managers should consider creating ways in which they can feed data back to program staff to support quality improvement and uplifting of best practices.

Below, find resources you can use as you work through each of these key considerations.

Resources

Key consideration #1: What's the targeted population of your intervention?

- **Segmenting high-need, high-cost patients: A video presentation by Dr. Jose Figueroa**
  These short videos help you to learn about a model for identifying population segments within the broad category of "high-need, high-cost patients."

- For more information, see **Understanding population root cause needs**.

Key consideration #2: Programs often develop their data management capabilities as they mature. Dedicated staff and complementary software solutions should be part of mid- to long-term strategy.

- **Data tracking template**
  This template helps you to track individual data across domains such as basic demographics, healthcare, behavioral health, housing, community resources, and financial variables.

- **Digital health products for complex populations**
  This database helps you to identify tools that are designed to improve care, engage individuals, and address the complex health and social needs of individuals.

- **Dashboard example 1**
  This example helps you to inform your data dashboard including a utilization matrix, a population health intelligence report, and participant detail.

- **Dashboard example 2**
  This example helps you to inform your data dashboard including encounters, financial savings, and a summary.

Key consideration #3: Applying a mix of programmatic, clinical, financial, and experience-based data will enable a holistic view of your program.

- **AHA disparities toolkit**
  This toolkit helps hospitals, health systems, clinics, and health plans to understand information and resources for systematically collecting race, ethnicity, and primary language data from patients.

- **Exit interviews**
  These examples help you to inform qualitative exit surveys with individuals. They are from an analysis focused on behavioral health satisfaction entitled: "Perceptions of public mental health services in the District of Columbia among adults and caregivers of children and youth." See pages 25-28 for example questions for an exit survey.

- **Client Perceptions of Coordination Questionnaire (CPCQ)**
  This survey helps you to measure person-centered care and care coordination in health care delivery from a consumer perspective.

Key consideration #4: Managers should consider creating ways in which they can feed data back to program staff to support quality improvement and uplifting of best practices.

- For more information on this, see **Process and outcomes improvement.**

About the Camden Coalition of Healthcare Providers

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of **complex care** by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and well-being. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based pro-grams deliver better care to the most vulnerable individuals **in Camden** and **regionally**.

The **National Center for Complex Health and Social Needs** (National Center), an initiative of the Camden Coalition, connects complex care practitioners with each other and supports the field with tools and resources that move complex care forward. The National Center's founding sponsors are the Atlantic Philanthropies, the Robert Wood Johnson Foundation, and AARP.