Setting the Table: Using Data Placemats to Tell your Title V Story
Learning Objectives

• Ability to develop a data placemat
• Ability to effectively communicate data using a data placemat
• Ability to use a data placemat to facilitate a meeting
Data analytics: Leverage, synthesize, and analyze multiple sources of electronic data, and use informatics to identify and act on health priorities, population impacts, evidence-based approaches, and health and cost-related outcomes.

An example of the skill in action: Data placemats
What do you use data for?

Let’s take 5 minutes
• Individual – record ideas on sticky notes
• Post – post your notes in the front of the room
• Group – report out
Types of Data

Quantitative Data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Mean</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can apply the tools/skills I learned at the Learning Institute in my Title V program/agency beyond this project.</td>
<td>4.7</td>
<td>29</td>
</tr>
<tr>
<td>Beyond our state project, the Learning Institute will help me engage meaningfully/lead my state in health transformation.</td>
<td>4.5</td>
<td>29</td>
</tr>
</tbody>
</table>

5=strongly agree, 4=agree, 3=neither, 2=disagree, 1=strongly disagree

Qualitative Data

“The tools provided are great springboards for implementing new processes for transformation.”
-Cohort Participant
Quantitative Data Sources

- Vital records (birth, death, fetal death records)
- Surveys (national or state)
- Hospital discharge and emergency department data
- Examples of quantitative program data (# of participants, # of trainings provided, % participants with improved behavioral functioning)
Qualitative Data Sources

• Focus Groups
• Interviews (e.g. in-depth, structured, semi-structured)
• Open-ended survey questions
• Examples of qualitative program data (participant feedback through suggestion boxes, observational data, meeting notes)
Types of Data

Primary Data

Secondary Data
How do you communicate data?

Let’s take 5 minutes

- Individual – record ideas on sticky notes
- Post – post your notes in the front of the room
- Group – report out
Data Placemats
Data Placemats 101

Know your audience

Be relatable

Provide a hook or compelling stat
Know your Audience
Be Relatable: Terminology

- Avoid technical terms: e.g., “cohort”
- Avoid difficult math concepts: e.g., “relative risk”
- Focus on main message: Instead of detailed argument
- Explain impact of data: Make data’s relevance clear
Be Relatable: Avoid Complex Graphics
Figure 4.2 More than One-Third of Expenditures were Home-Based

Source: Money Follows the Person 2015 Annual Evaluation Report
Be Relatable: When numbers are different or alike

Percentage of respondents that agree with several statements about provider services

<table>
<thead>
<tr>
<th>Statement</th>
<th>Providers (%)</th>
<th>Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of service is trauma-informed</td>
<td>81</td>
<td>42</td>
</tr>
<tr>
<td>Location of office is accessible</td>
<td>73</td>
<td>67</td>
</tr>
<tr>
<td>Wait times are reasonable</td>
<td>52</td>
<td>49</td>
</tr>
</tbody>
</table>

Providers: Blue
Patients: Orange
Be Relatable: Try this instead

Providers

Wait times are reasonable: 81%
Office location is accessible: 81%
Place of service is trauma-informed: 42%

Patients

Wait times are reasonable: 81%
Office location is accessible: 81%
Place of service is trauma-informed: 42%
Provide a hook: Infographics

• Pictures can be more powerful than words
• Combining images with statistics can help explain and increase information retention
• The compelling hook or stat is your headline
14% of Georgians do not have health insurance. 1 in 7 Georgians Are Uninsured.
West Virginia Cohort 2018
Team West Virginia

• Stacy Collins – Associate Director, Health Systems Transformation, AMCHP (Team Coach)
• Richard Ernest, Jr. – Program Manager, WV Medicaid
• Julie Jackson, RDH – Workforce Coordinator, WV Oral Health Program (Team Co-Lead)
• Teresa Marks – Program Director, WV Oral Health Program (Team Co-Lead)
• Jennifer Myers – Program Manager, WV Children’s Health Insurance Program (CHIP)
Team West Virginia – 2018 Cohort Proposal


• Piloting perinatal incentives with four Medicaid managed care organizations

• Focussing “practice laboratory” efforts on the infant/early childhood population:
  - Policy change and quality improvement within WV Children’s Health Insurance Program (CHIP) and WV Medicaid for fluoride varnish services (medical and dental)
  - Education to medical providers on correct billing procedure
  - Communication of system change to both medical and dental providers about perinatal and infant oral health
Qualitative Process

- Survey of attendees at West Virginia Medicaid and WV CHIP semi-annual provider workshops
- All attendees had access to evaluation (including non-service providers, i.e., billing, administration, reception, etc.)

**Workshop Evaluation**

**PLEASE CIRCLE THE NUMBER WHICH BEST INDICATES YOUR LEVEL OF SATISFACTION, ONE (1) BEING THE LOWEST AND FIVE (5) BEING THE HIGHEST.**

1. The Spring 2018 Provider Workshop provided practical and useful information.
   1 2 3 4 5
2. The Spring 2018 Provider Workshop addressed its objectives.
   1 2 3 4 5
3. The program was well organized.
   1 2 3 4 5
4. Rate the quality of the presentations based on the speaker(s) knowledge and ability to communicate.
   1 2 3 4 5
5. Rate the location for the Spring 2018 Provider Workshop you attended.
   1 2 3 4 5

Would your organization be interested in participating in:

- The WV Medicaid Health Homes program to address the co-occurring conditions of Diabetes and Obesity? Yes* (provide contact information on reverse side) No
- The WV Medicaid Health Home program for members with bipolar disorder who have or are at risk of having Hepatitis B or C? Yes* (provide contact information on reverse side) No

What suggestions do you have for WVCHIP policies and benefits?

What topics would you be interested in having presented at future workshops from WV Medicaid or WVCHIP?
Team WV collaborated with WV Medicaid and WV CHIP to survey attendees to 8 Molina Provider Workshops held during April – May 2018

Who Responded?

178 Respondents

Workshop Sites

8

Who Responded?

Results

Responding participants indicated they were aware of the American Academy of Pediatrics recommendation to include fluoride varnish as part of the pediatric well visit.

50%

Responding participants indicated that fluoride varnish is NOT a common practice with their patients.

68%

Age of Dental Referral in West Virginia

• 0-11 Months: 14%
• 1-2 Years: 50%
• 3-4 Years: 33%
• 5+ Years: 3%

Age at which survey respondents make first referral for dental services

Topics for Discussion

• Opportunity for continuing education
• Disconnect between knowledge and implementation
• Bi-directional referral
Lessons Learned

• More study on the non-dental provider “referral” is needed
• Survey design is of utmost importance
• Opportunity for continuing education
• Disconnect between knowledge and implementation
• Bi-directional referral
Application - Let’s Practice

• Identify the data or **information sharing purpose**
  
  *what is the story you want to tell? The message you want to convey?*

• Identify a specific audience

• Decide what data you will use

• Brainstorm ways to present the data
Thank you!

mchwdc.unc.edu
Time to reflect

2018 MCH Strategic Skills Institute

July 31 – August 2, 2018
Tempe, Arizona
Tempe Mission Palms Conference Center

Agenda
Reflection Guide
Action Plan