How a Dashboard can Drive Success

Alexandra Lowell, Program Manager, Student Health Centers
Brady McAllister, Business Intelligence Developer

Our Program

- 9 Student Health Centers
- FQHC and PCPCH Tier 3
- Full primary care services
- Integrated behavioral health
- Co-located mental health
- No out of pocket costs
- K-12 children/youth
- 5 school districts
- Student Health Action Councils

2023/24 school year thru May:

- 6,406 clients
- 15,332 visits

Objectives

As a participant you will:

- Identify key elements of a dashboard;

- Build awareness of how a dashboard is used to advance operations and clinical performance, demand generation, stakeholder engagement; and

- Build awareness in using a dashboard in a SBHC performance review and improvement discussion.

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Discussion in Small Groups - 10 Minutes

1. What data do you currently use for your program and how?

2. What data do you want to have for your program and why?

Introducing Our Dashboard
Live Demo

Process of Building our Dashboard

- Selection of metrics and prioritization -State and Coordinated Care Organization metrics, our own interests

- Collaboration of super users & key stakeholders that understand data needs. Business Intelligence & SHC program staff

- Socializing with SHC clinic teams

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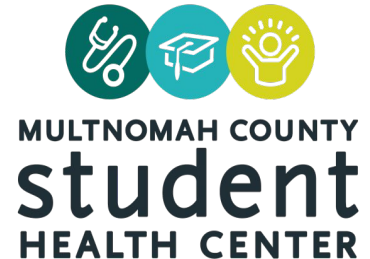
Technical Aspects

- Our dashboard is built using Tableau

- Performance Optimization: Data is preprocessed, cleaned, and optimized for ingestion each time a new extract refresh is performed

- Refresh cadence is weekly

- Interactivity: Designed to promote interactivity using filters to allow users to explore specific datasets and leveraging parameters to change displayed data

- Documentation: Where applicable, additional documentation added to our visualizations for contextual insights

Data Validation

- Agile development

    - Iterative approach with feedback gathered with each draft

    - Work collaboratively, answer questions as we go

- Most challenging metrics were clinical measures with diagnosis codes

- Source of truth

    - Previous development work on same metrics

    - Metric definition from the State SBHC office

- Work with OCHIN with questions

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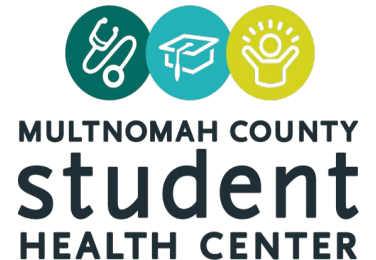
Team Engagement -Monthly Performance Review

- Leadership monthly review

- Dashboard review is a standing item on team meeting agenda

- Review online, modeling for team how they can use the dashboard

- Include in minutes - highlights from reviews and action items for quality improvement

- Document Plan Do Study Act

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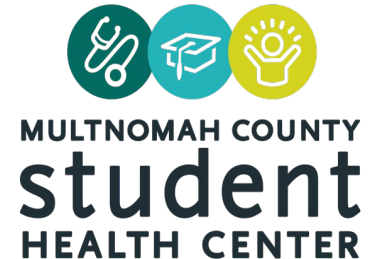
Team Engagement - Meeting Agenda

FY 24 Team Meeting Agenda

Month: **Site: Roosevelt High School**

Participants:

Vision: Healthy Students in Health Schools.
Mission: Through partnerships, we promote whole community, whole school, and whole child health, wellness, and readiness to learn by being located in schools.

FY 24 Team Goals: [Insert here]

Topic & Desired Outcome	Decisions/Action Items	Who/By When
Team Specific Topics		
Successes to Celebrate		
Important Dates/Clinic Schedule ● Upcoming school or clinic closures ● Any PTO and coverage ● Template checks		
Mental Health Care: ● Suicide High Risk List ● Open/Pended Referral Review ● Relevant Topics		
Review Past Month's Notes to Follow Up on Action Items		

Workflows ● Updates ● Questions ● What is working well/not well		
Safety Check ● Share Concerns ● Environment Of Care ● Check-In (Mtg Minutes, Drills, Quarterly Report) ● Fire Extinguisher Check		
School/Community Engagement and Promotion /SHAC ● Review Outreach Plan ● Upcoming Events ● Available Materials	FY 24 School & Community Engagement Worksheet	
Plan-Do-Study-Act Document any program improvement activities including stakeholder involvement (clients, YAC, school, etc)		
Status of Team Goals		
Review Performance Metrics / **Dashboard**		
Leadership Announcements		

Use case: Health Assessment - Reynolds SHC

- Fall review: comparison, asked more questions
- High newcomer population- coming in for vaccines to get into school and don't return
- Reviewed workflow - MA misunderstood responsibility to enter assessment in the EHR. BHP and Provider also focused on clicking the buttons.
- Monthly discussion and monitoring at team meeting and full program transparency
- 13 percentage point increase (50% to 63%)

SHC % Health Assessment
Percentage of active SBHC clients ages 5-21 with evidence of a completed comprehensive health assessment.

State Benchmark: 70%

Department	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
MC CENTENNIAL SBHC	67.64%	66.03%	63.90%	64.76%	63.33%	63.96%	64.18%	64.82%	67.35%	68.55%
MC CLEVELAND SBHC	72.51%	70.38%	67.00%	65.91%	63.21%	61.65%	63.30%	65.87%	66.79%	70.44%
MC DAVID DOUGLAS SBHC	66.88%	66.94%	66.43%	64.69%	66.73%	65.65%	65.30%	65.01%	66.58%	66.18%
MC FRANKLIN SBHC	51.26%	51.26%	52.49%	53.07%	52.53%	50.25%	52.62%	55.78%	57.56%	59.13%
MC JEFFERSON SBHC	75.67%	68.54%	68.45%	67.72%	67.89%	66.84%	65.19%	63.81%	62.99%	62.22%
MC LEODIS V. MCDANIEL SBHC	69.03%	69.98%	70.20%	70.92%	72.70%	70.86%	67.70%	68.89%	68.32%	68.34%
MC PARKROSE SBHC	79.32%	77.11%	75.86%	72.77%	71.27%	70.09%	68.60%	68.57%	68.16%	67.79%
MC REYNOLDS SBHC	50.17%	50.80%	50.46%	51.39%	51.90%	54.09%	55.50%	58.72%	60.71%	63.38%
MC ROOSEVELT SBHC	77.26%	74.88%	72.90%	71.54%	73.68%	70.87%	66.13%	65.50%	65.04%	64.77%
Grand Total	**60.49%**	**59.59%**	**59.23%**	**58.65%**	**58.96%**	**58.54%**	**58.05%**	**58.89%**	**59.81%**	**60.43%**

Use case: Chlamydia Screening - Jefferson SHC

- Fall review showed lowest performance in program- first time seeing metric and defining it.
- Root cause analysis exercise
- Quality improvement: MA scrub, upskilling MA comfort level asking if sexually active, provider following CDC recommendations to screen based on age (15<) (not sexual activity), urine screen rather than self swab due to clinic facilities
- 18 percentage point increase (58% to 86%)

Multnomah County
Community Health Center

School Health Centers (SHC)
Chlamydia Screening & HPV Vaccine (KPM)

Month
July 2023 to May 2024
and Null values

SHC % Chlamydia Screening
Percentage of active and sexually active SBHC female clients ages 12-21 with a documented chlamydia screening.

State Benchmark: 70%

Department	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
MC CENTENNIAL SBHC	83.44%	80.39%	84.15%	83.54%	85.28%	85.28%	86.88%	87.58%	86.83%	85.19%
MC CLEVELAND SBHC	84.00%	84.47%	78.10%	81.00%	79.41%	77.45%	77.36%	75.76%	74.53%	75.25%
MC DAVID DOUGLAS SBHC	91.33%	88.69%	85.56%	87.64%	87.13%	85.63%	86.52%	85.11%	87.03%	93.55%
MC FRANKLIN SBHC	87.67%	81.61%	79.78%	81.18%	81.93%	81.48%	79.55%	82.61%	84.27%	87.06%
MC JEFFERSON SBHC	55.24%	57.00%	58.25%	59.41%	61.54%	68.42%	68.89%	75.29%	81.82%	86.30%
MC LEODIS V. MCDANIEL SBHC	70.00%	72.58%	69.47%	69.47%	70.99%	70.31%	72.58%	71.54%	79.03%	83.93%
MC PARKROSE SBHC	88.74%	90.75%	89.32%	86.27%	86.07%	86.55%	84.10%	80.85%	78.75%	77.09%
MC REYNOLDS SBHC	77.14%	77.46%	77.14%	78.24%	79.17%	75.00%	76.50%	76.53%	78.50%	77.34%
MC ROOSEVELT SBHC	74.04%	74.77%	75.00%	75.00%	78.95%	82.05%	80.62%	83.59%	80.30%	84.25%
Grand Total	73.13%	73.38%	73.01%	73.54%	73.98%	73.96%	74.57%	74.71%	76.23%	77.75%

Use case: Program Visit Targets

- Projecting visit targets

- Budget revenue

- Monitoring

All Encounters by Month

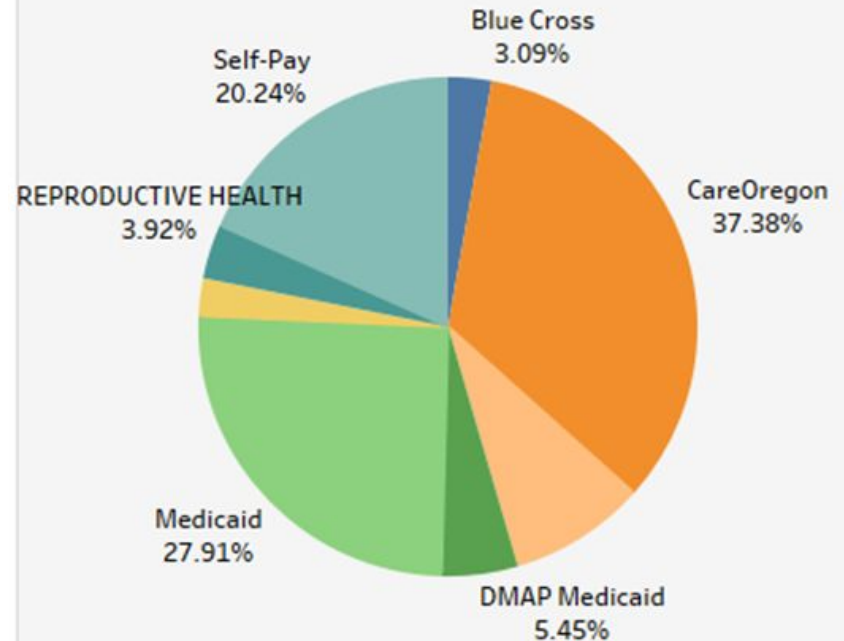| Department	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Grand Total
MC CENTENNIAL SBHC	0	27	168	152	148	101	162	254	172	237	203	1,624
MC CLEVELAND SBHC	0	51	86	119	70	66	99	174	121			1,073
MC DAVID DOUGLAS SBHC	37	93	260	346	339	191	312	416	310			3,066
MC FRANKLIN SBHC	0	50	131	144	69	84	131	224	147			1,310
MC JEFFERSON SBHC	0	34	120	101	54	67	83	118	112			840
MC LEODIS V. MCDANIEL ..	0	57	173	190	118	82	148	263	178	249	188	1,646
MC PARKROSE SBHC	262	272	150	130	134	175	123	197	208	151	140	1,942
MC REYNOLDS DENTAL	0	9	21	15	19	5	22	17	10	22	34	174
MC REYNOLDS SBHC	0	30	193	211	306	160	228	332	179	266	262	2,167
MC ROOSEVELT SBHC	0	31	121	177	80	92	119	235	160	173	154	1,342
Grand Total	299	654	1,423	1,585	1,337	1,023	1,427	2,230	1,597	1,895	1,714	15,184

Month: Mar 24
Department: MC CENTENNIAL SBHC
Target: 162
Encounters: 172

Use case: Payer Mix

- Self pay

- Budget revenue

- Monitoring

July 23 - May 24

Financial Class (click to filter)

Blue Cross 3.09%

Self-Pay 20.24%

REPRODUCTIVE HEALTH 3.92%

CareOregon 37.38%

Medicaid 27.91%

DMAP Medicaid 5.45%

Creating an Infographic for Stakeholders

All Student Health Centers Year in Review 2022-2023

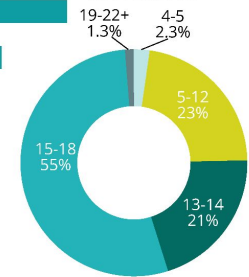**MULTNOMAH COUNTY student HEALTH CENTER**

STUDENTS SERVED

5,880 clients served

14,335 medical visits provided, including **1,770** behavioral health visits

419 mental health referrals, with **184** students in counseling

126 dental visits at Reynolds SHC

2.41 average client visits per year

CLIENT DEMOGRAPHICS

- White 32%
- Hispanic/Latinx 25%
- Unknown/Refused 18%
- Black/African American 16%
- Asian 8%
- Pacific Islander 3%
- Native American 1.2%

0 5 10 15 20 25 30

CLIENTS BY AGE GROUP

- 19-22+ 1.3%
- 4-5 2.3%
- 5-12 23%
- 13-14 21%
- 15-18 55%
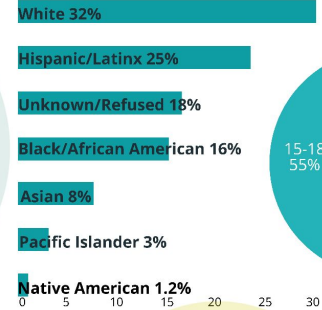
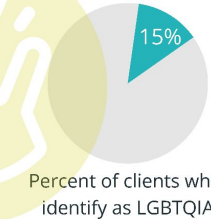### TOP REASONS FOR VISITS

1. Well Visit/Sports Physical
2. Immunizations
3. Anxiety/Depression

7,834 Vaccines Administered

15%
Percent of clients who identify as LGBTQIA

SCHOOL ENGAGEMENT

▶ **Outreach, Class Presentations & Clinic Tours**
reached 29,306 students, parents & community members,

Student Health Action Councils
Members brought therapy animals, self defense, and community strengthening activities to their schools and awareness to their classmates about SHC services through classroom presentations.

▶ **Telehealth Pilot Project**
With state funding and in partnership with Reynolds, PPS, and MESD, we provided telehealth services at two middle schools.

THANK YOU

for your continued support and partnership to keep students healthy and ready to learn.
multco.us/student-health

Our Mission: Through partnerships we promote whole community, whole school, and whole child health and readiness to learn by being located in schools.

Data represents services for 7/1/22-6/30/23

Challenges with our Data

- Race and ethnicity

    - Modeling and data collection

    - Mixed race

- Telehealth pilot - collecting school of origin for host schools

- Maintaining optimization and ensuring the dashboard remains performant over time.

The Future of our Dashboard

- Enable more equity work:
  - Breakdown of clinical and operational metrics by race and ethnicity
- Contraceptive mix and LARC removals
- Drive program development - coaching opportunities / workflow uptake
- Suggestions?

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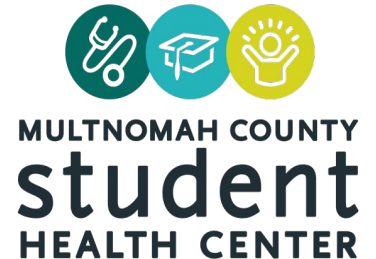
Thank you!

alexandra.lowell@multco.us
brady.mcallister5@multco.us

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