



Population Health Assessment Engine

Population Health Assessment Engine Curriculum

BACKGROUND

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Introduction to
Population Health

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Introduction to
Geospatial Concepts

BEGINNER

03

Introduction to the
Population Health
Assessment Engine

04

How to use My
Community

05

How to use Community
HotSpots

ADVANCED

06

Getting the Most out of
My Community

07

Getting the Most out of
Community Hotspots

Overall goal for the PHATE Curriculum

To integrate community data, clinical data, and community resources in order to address social determinants of health and improve the health of patients and populations.

Target audience

- Anyone interested in learning about improving the health of populations
 - Providers
 - Staff
 - Learners
 - Residents
 - Medical students

Abbreviations

- PHATE: Population Health Assessment Engine

HOW TO USE COMMUNITY HOTSPOTS

BEGINNER 05

Nuts and Bolts 05: How to use Community HotSpots

Learning Objectives

- Define hot spot
- Define heat map
- Demonstrate competency in navigating the Community HotSpots tool
- List two types of community resources that can be identified using the Community HotSpots tool

Relevant family medicine milestones

Family Medicine Milestone
Identifies specific community characteristics that impact specific patients' health.
Collaborates with the participants necessary to address important health problems for both individuals and communities.
Identifies the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention.
Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals.
Partners with the community to improve population health.
Recognizes social context and environment, and how a community's public policy decisions affect individual and community health.
Lists ways in which community characteristics and resources affect the health of patients and communities.
Integrates practice and community data to improve population health.
Uses an organized method, such as a registry, to assess and manage population health.
Facilitates patients' and families' efforts at self- management of their chronic conditions, including use of community resources and services.
Uses experience with patient panels to address population health.
Uses quality markers to evaluate the care of patients with chronic conditions.
Understands the role of registries in managing patient and population health.
Maintains key patient-specific databases, such as problem lists, medications, health maintenance, chronic disease registries.
Identifies health inequities and social determinants of health and their impact on individual and family health.

Relevant nurse practitioner competencies

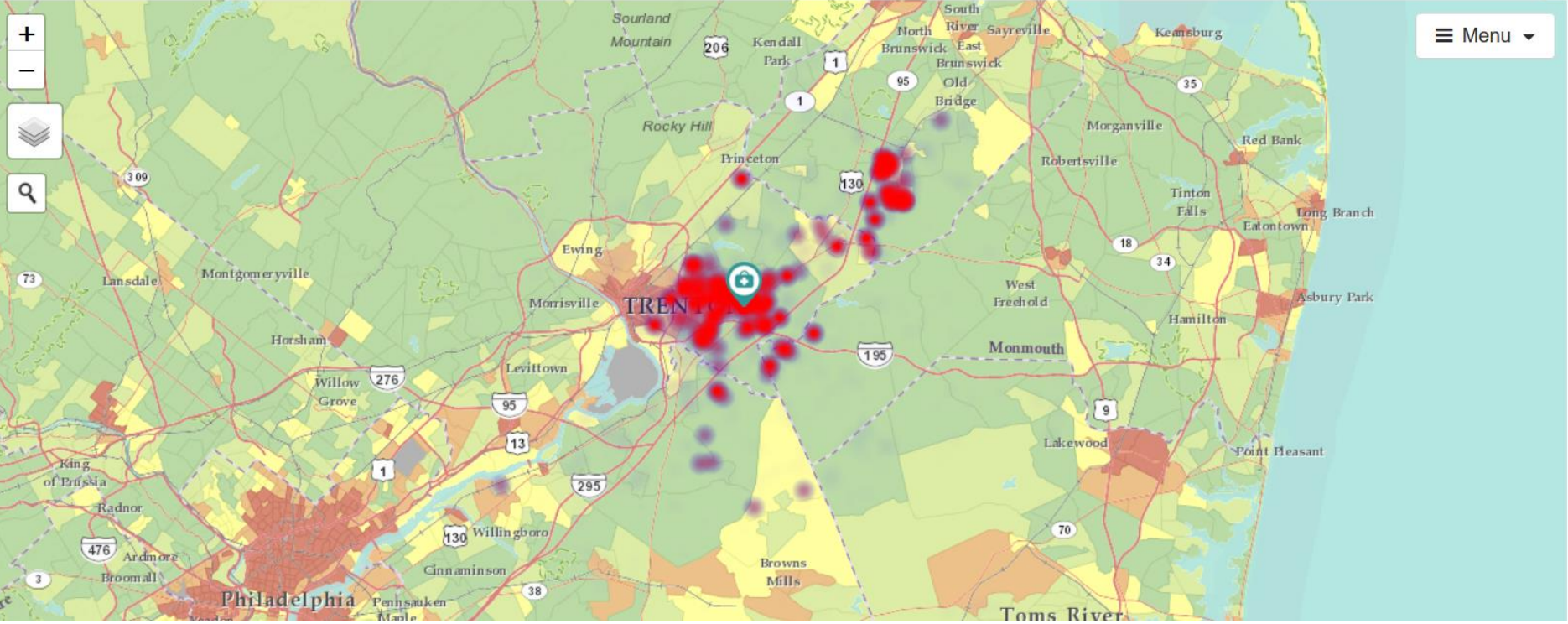
Competency
Uses technology systems that capture data on variables for the evaluation of nursing care.
Anticipates variations in practice and is proactive in implementing interventions to ensure quality
Applies clinical investigative skills to improve health outcomes.
Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.
Use information technology and research methods appropriately to collect appropriate and accurate data to generate
Integrates appropriate technologies for knowledge management to improve health care.
Ensure accountability for quality of health care and patient safety for populations with whom they work.

Community HotSpots

MAP DATA ABOUT



Menu



What you can do using Community HotSpots:

- View community characteristics
- View hot spots (clusters of poor disease control or gaps in quality) from your electronic health record data
- View how hot spots relate to community characteristics
- Download community characteristics

Welcome to the Hotspotting Data Toolkit
Created with support from the Commonwealth Fund

Camden Coalition
of Healthcare Providers

www.healthcarehotspotting.com

GET INVOLVED

Email Address *

First Name *

Last Name *

Company/Organization (optional)

Job Title (optional)

Hotspotting

The use of data to reallocate resources to a small subset of high-need, high-cost patients

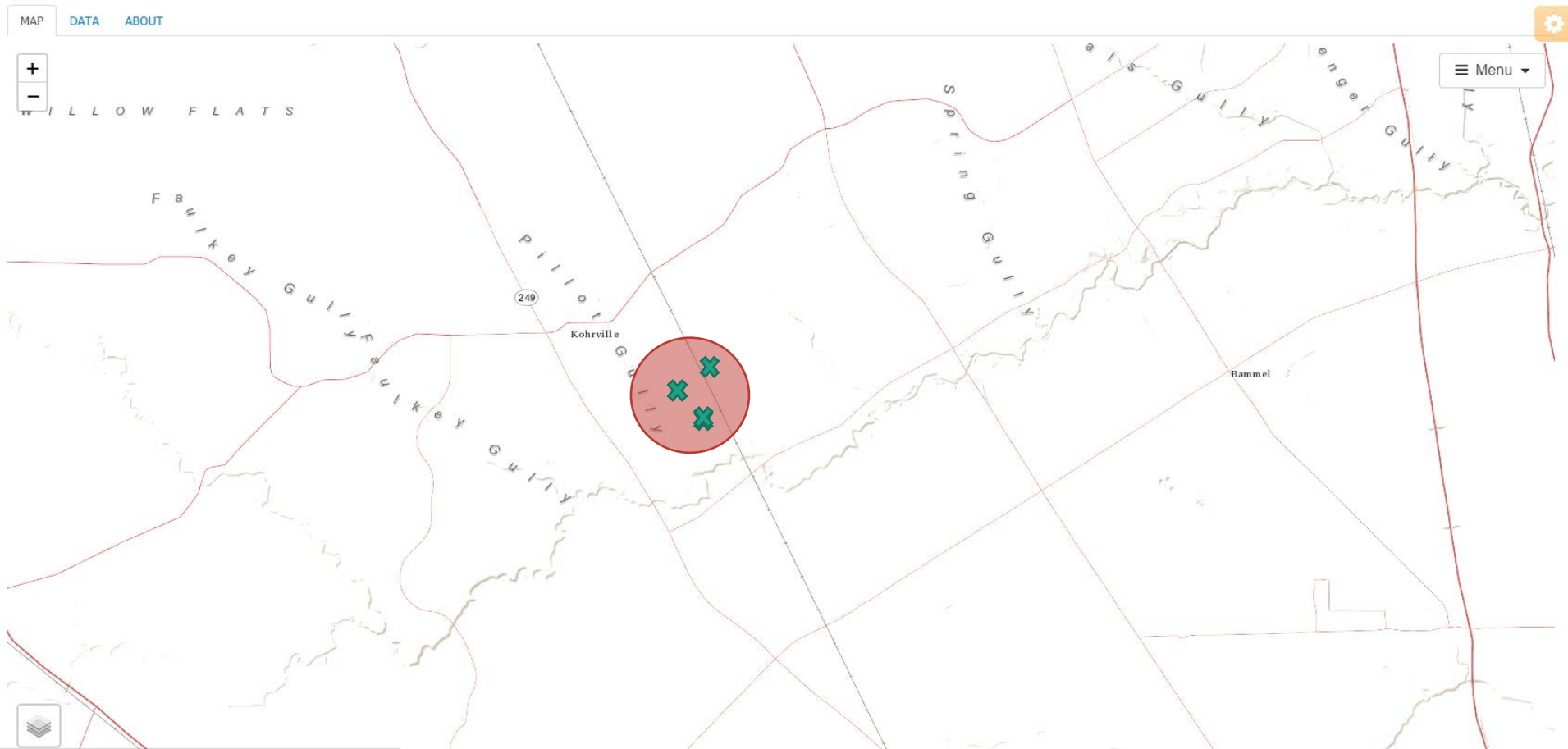
What is a Hot Spot?

- Merriam-Webster: a place of more than usual activity
- Brenner: high-utilizing, high-spending patients
- Can look across a multitude of measures:
 - Crime
 - Pollution
 - Disparities
 - PHATE: poor disease control and gaps in quality

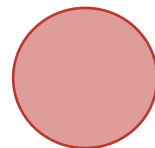
What is a Heat Map?

- A heat map is a representation of data in which values are represented as colors and is a method for visualizing hot spots
- The Community HotSpots tool uses different colors to represent differences in densities or clusters of activity.
- For this tool, hot spots are clusters of individuals with poor disease control or gaps in quality.

What is a Hot Spot?

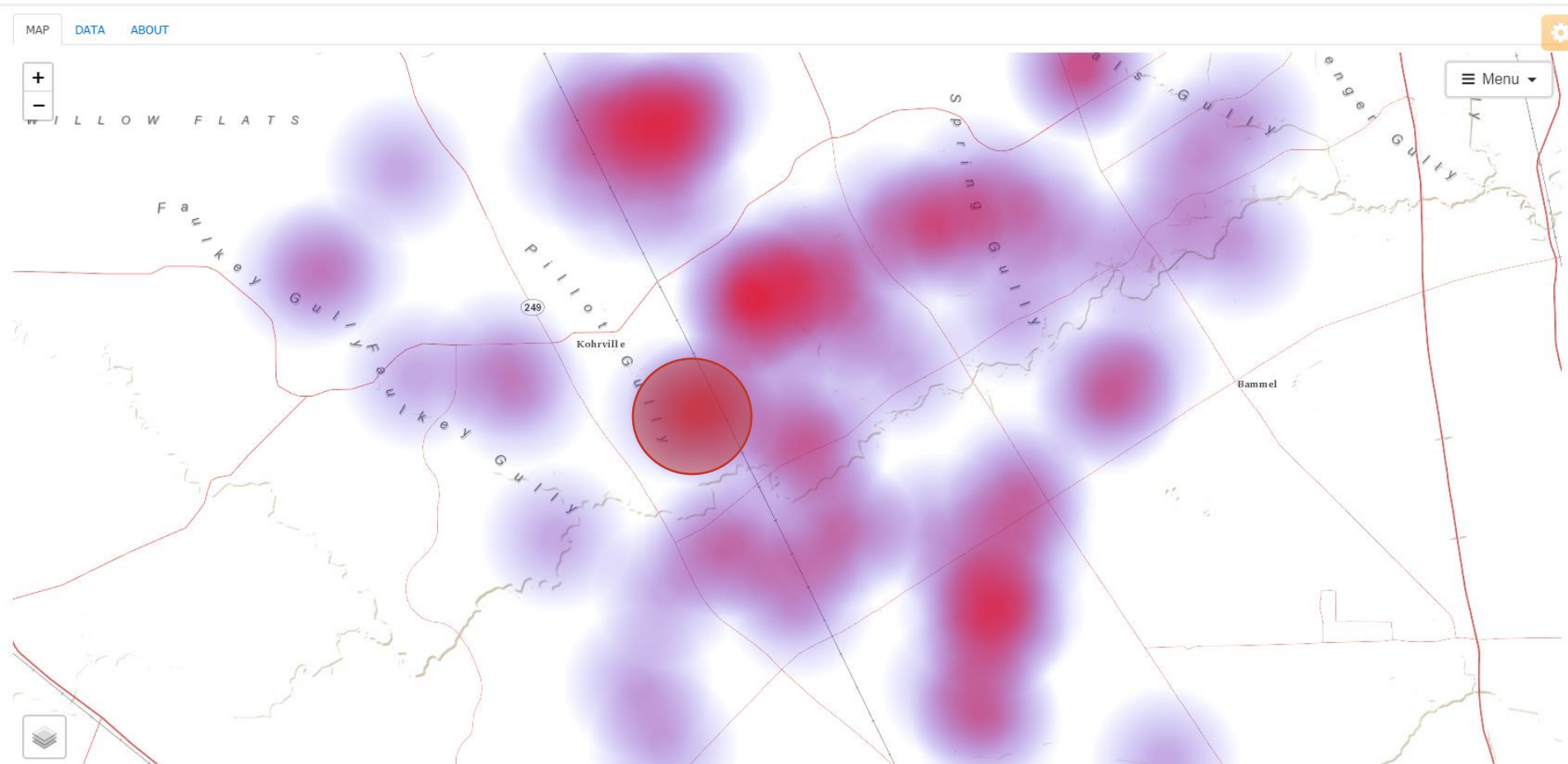


✕ Hemoglobin A1c > 9%



1 kilometer radius

What is a Hot Spot?



Community HotSpots

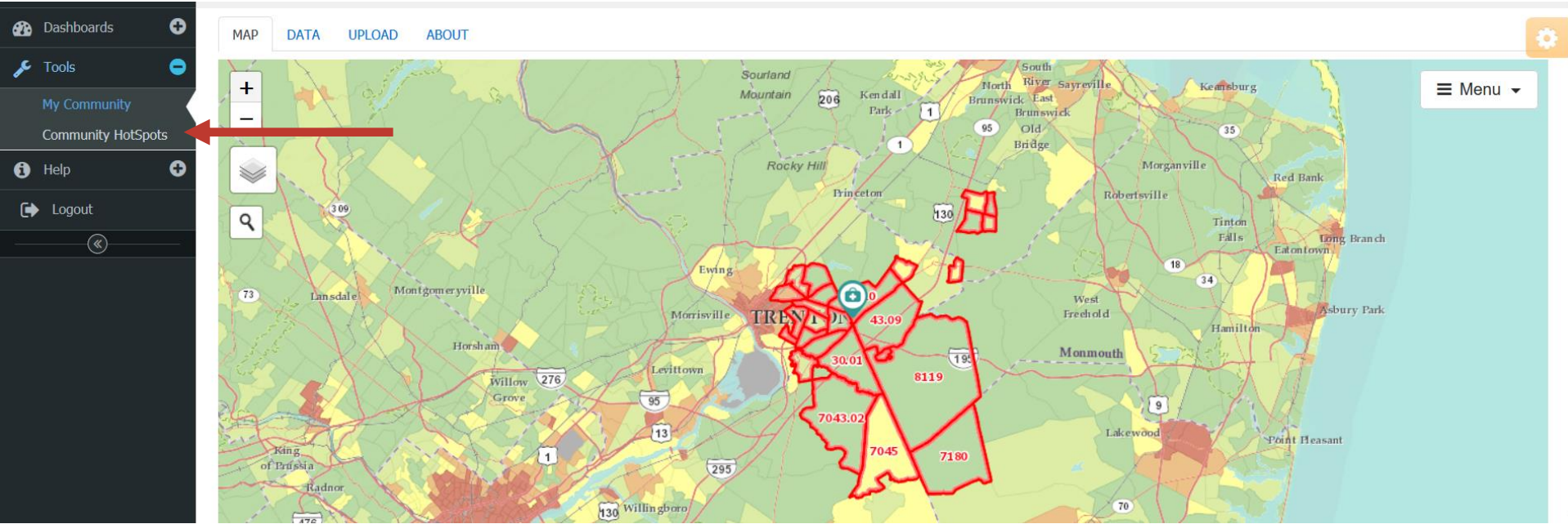
- Red = 3 patients or more are within a 1 kilometer radius distance
- Only includes patients that live within the 70% service area

Community HotSpots

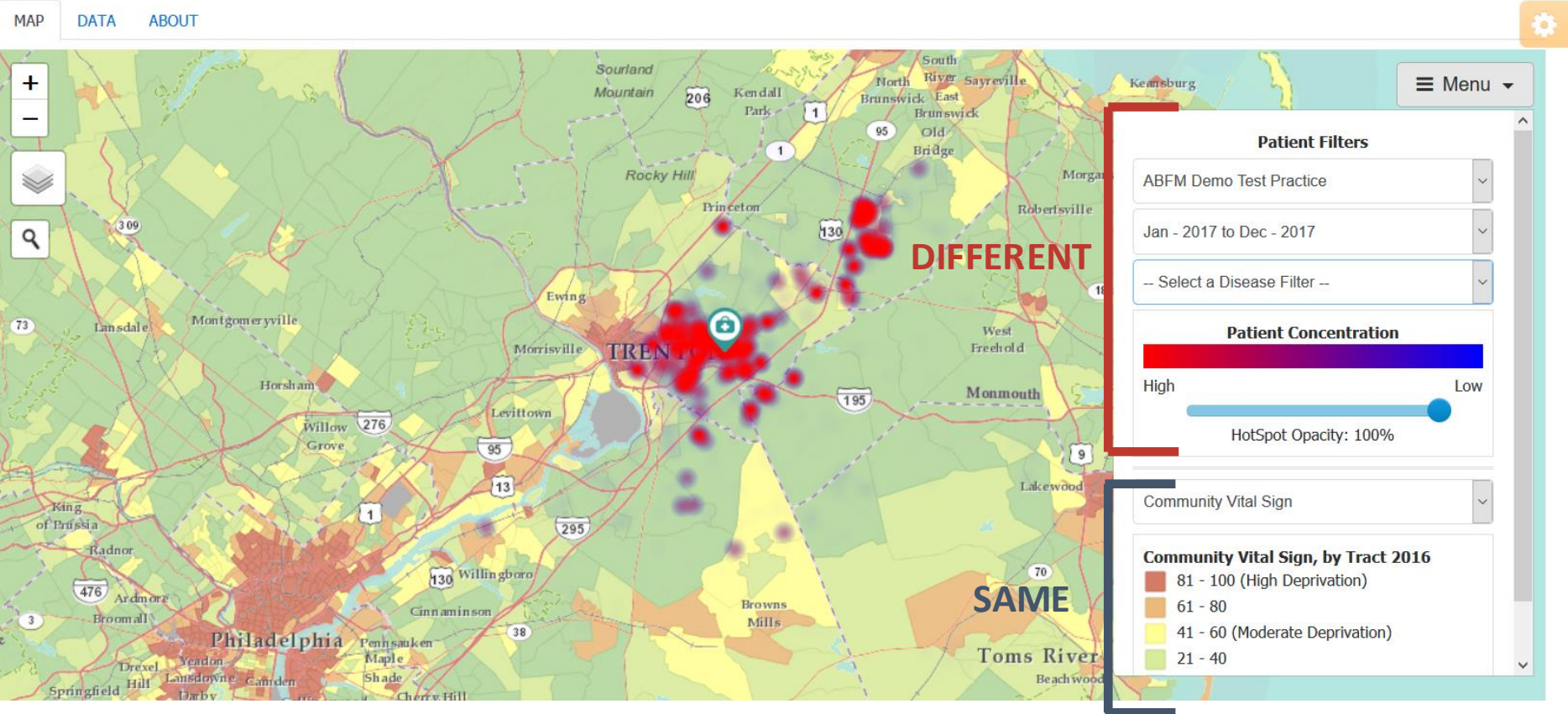
- Measures

- Include measures from the National Quality Forum and Centers for Medicare & Medicaid Services
- Prevention: such as immunizations and weight counseling
- Acute: such as otitis externa, pharyngitis, sinusitis
- Chronic: such as diabetes, heart failure, asthma, heart disease

Community HotSpots

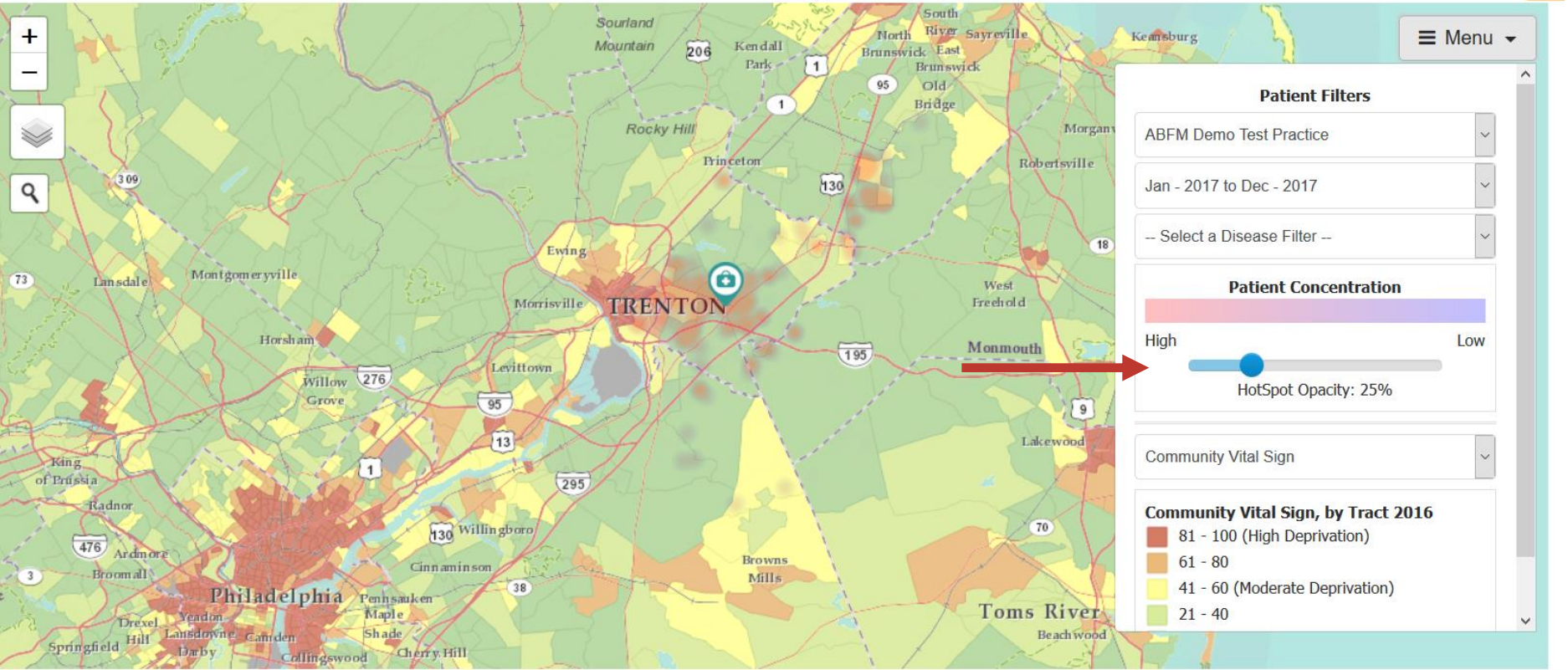


Community HotSpots

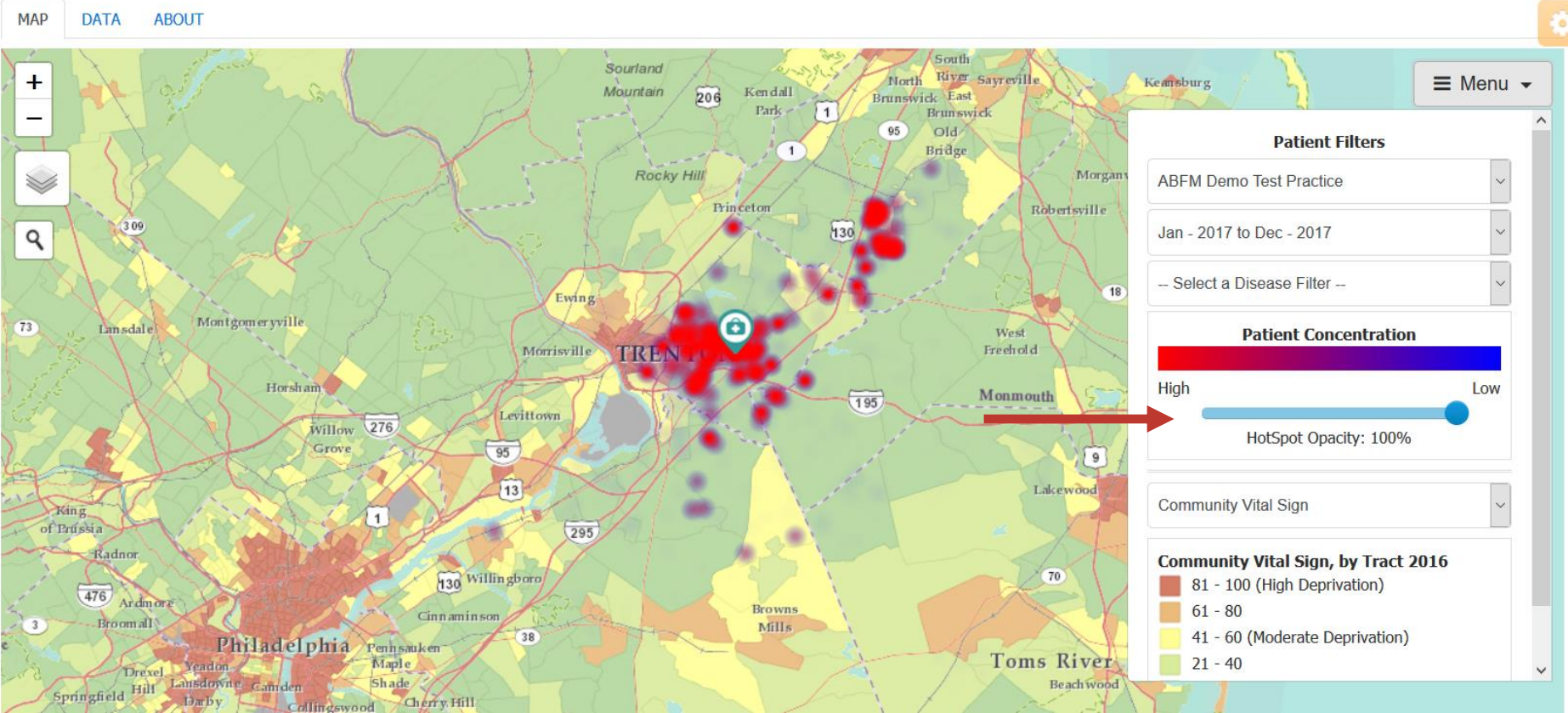


Community HotSpots

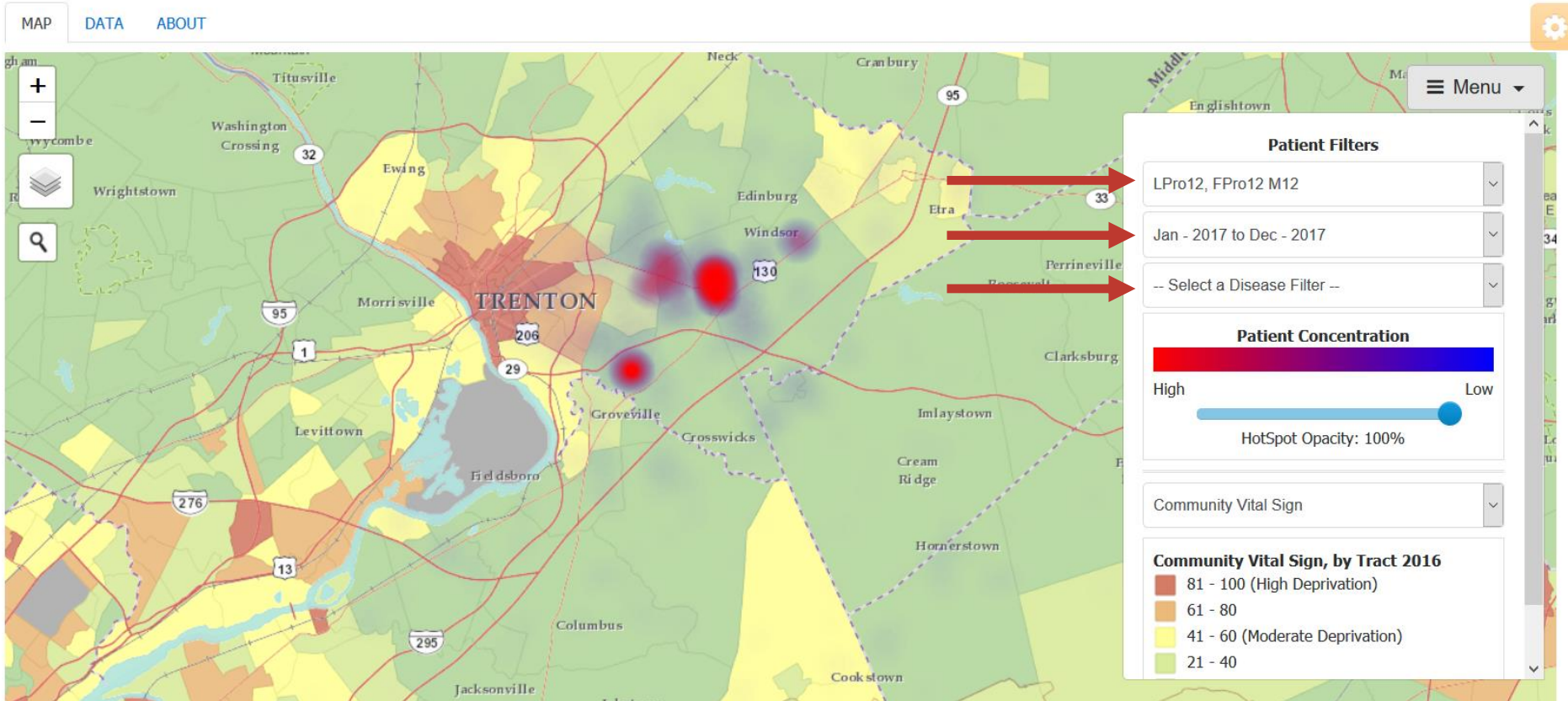
MAP DATA ABOUT



Community HotSpots



Community HotSpots

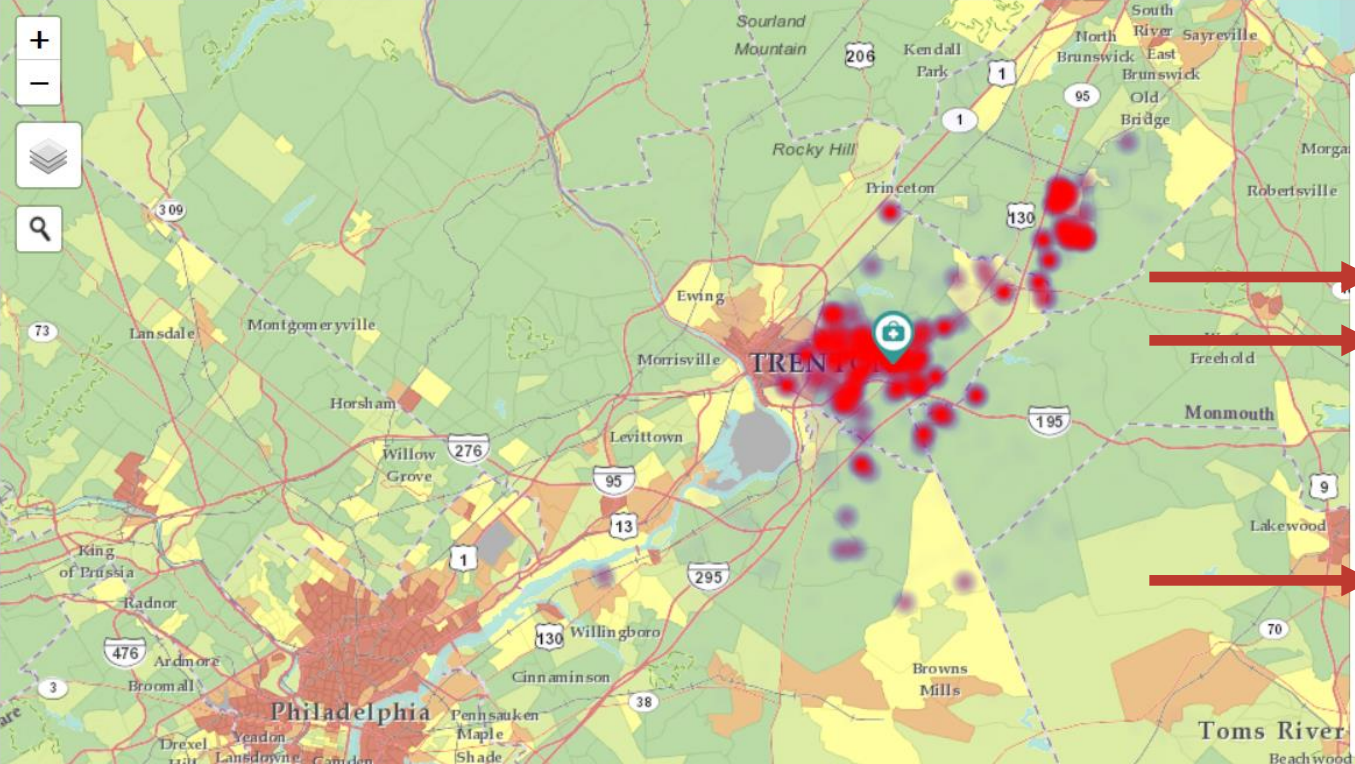


Community HotSpots

MAP DATA ABOUT



Menu



Patient Filters

- ABFM Demo Test Practice
- 2017Q1
- Annual**
 - Jan - 2017 to Dec - 2017
- Quarterly**
 - 2017Q4
 - 2017Q3
 - 2017Q2
 - 2017Q1**
 - 2016Q4
 - 2016Q3
- Monthly**
 - Dec - 2017
 - Nov - 2017
 - Oct - 2017
 - Sep - 2017
 - Aug - 2017

Community HotSpots

MAP DATA ABOUT



Download Table

State	County	Census Tract	Patients (%)	Community Vital Sign	Households with No Vehicle (%)	Nonemployed Workers (%)	Overcrowded Housing (%)	Population Below the Poverty Level (%)	Population with No High School Diploma (%)	Renter-Occupied Housing Units (%)	Single Parent Households with Children (%)	Local Resources (Aunt BERTHA)
US					9.09	32.43	3.33	15.47	13.48	36.1	34.61	
NJ					11.68	30.61	3.25	10.82	11.49	35.53	30.51	
NJ	Mercer	43.10	12.64	10	6.37	24.7	0.33	1.27	3.92	18.64	10.4	health, transit, housing, care, food, work
NJ	Mercer	43.09	5.78	3	2.37	24.53		1.07	3.23	14.53	11.67	health, transit, housing, care, food, work
NJ	Mercer	30.02	4.02	8	2.45	22.54		1.16	6.09	5.73	22.34	health, transit, housing, care, food, work
NJ	Mercer	30.06	3.45	5	6.95	19.7		0.63	3.74	7.33	7.67	health, transit, housing, care, food, work
NJ	Mercer	30.01	3.43	7	1.14	33.23	1	2.93	5.15	11.77	11.88	health, transit, housing, care, food, work

Community Resources

MAP DATA ABOUT



Download Table

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Community Resources

Zip or keyword or program name



Select Language



FOOD



HOUSING



GOODS



TRANSIT



HEALTH



MONEY



CARE



EDUCATION



WORK



LEGAL

Trenton, NJ (08691) / showing results for search: housing < 1 - 50 of 283 >

Sort by Best Match Closest

Program Filters

Personal Filters

Income Eligibility

Open Hours

- Open Now
- Open Late
- Open Early
- Open Weekends
- Open 24 Hours

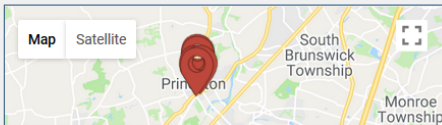
Cost

- Free
- Reduced Cost

Program communicates in

select language

Filter Search



Best Matches

These programs contain all of the word(s) you searched in the provider name, program name, or description and are likely to be the most relevant matches.

Serves your local area

Take Home Points

- Hot spots are clusters of individuals with poor disease control or gaps in quality
- Community HotSpots can be used to
 - View hot spots a wide variety of diseases and quality measures
 - Connect to community resources

Nuts and Bolts 05: How to use Community HotSpots

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