Leveraging Data to Guide Your Work

Chris Davis, PhD, MPH, CPH
NYSDOH, Manager, Population Health Data

Emily Hamilton, MPH
DataGen, Manager, Healthcare Data Analytics

Amanda Farrell, MSN, RN-BC
ECMC, Population Health Clinical Nurse Specialist

Agenda

Introductions

Our partners

Session 2: Leveraging data to guide your work

Questions & answers

HANYS Care Connections Team

Kathleen Rauch, RN, MSHQS, BSN, CPHQ
Vice President, Quality Advocacy, Research and Innovation and Post-acute and Continuing Care

Christina Miller-Foster, MPA
Senior Director, Quality Advocacy, Research and Innovation

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Maria Baum, MS, RN, CPHQ
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Project Coordinator, Care Connections

Theresa Green, PhD, MBA
Associate Director, Associate Professor, Center for Community Health & Prevention Public Health Sciences URMC, SON

Our partners

OUR FUNDER

Funding from the Mother Cabrini Health Foundation allows HANYS to expand its capacity to provide education, direct support, tools and data to our members. With Care Connections, we strive to build hospital-community partnerships and share evidence-based chronic disease prevention and management strategies to address healthcare access barriers at the local level.

OUR PARTNER

DataGen®, Inc. develops custom analytics for participants to help them understand healthcare access barriers and the chronic disease burden in their communities so they can develop tailored interventions.

Christopher F. Davis, PhD, MPH, CPH

Davis is a manager of population health data and lead for the Community Health Assessment Bureau in the Office of Science at the New York State DOH.

Dr. Davis works closely with DOH offices and external agencies to collect data and oversee the development of several data dashboards. He serves on numerous task forces and committees, and contributes to various legislative reports, with a focus on health equity.

Dr. Davis works with Local Health Departments on an annual performance incentive program to promote and enhance important and/or up and coming public health topics. He also supports LHDs with technical assistance on community health assessments and planning needs.

Previously, Dr. Davis worked as the policy coordinator for DOH's Office of Public Health. In his career he has served in many roles across diverse programs including nutrition, infectious disease and environmental health. He has instructed numerous courses at the University at Albany, SUNY.

Emily Hamilton, MPH

Hamilton is a Manager of Healthcare Data Analytics at DataGen, a subsidiary of HANYS.

Hamilton has been a part of DataGen for 10 years, where she has worked on an assortment of projects that include topics such as readmissions, quality improvement, population health and advanced payment models.

Hamilton leads the work on a data quality measures platform that DataGen facilitates for another hospital association, as well as the work with the Care Connections team and other readmissions related output.

Prior to working at DataGen, Hamilton worked at NYSDOH as a research scientist within both informatics and environmental epidemiology bureaus. She graduated from the UAlbany School of Public Health with an MPH in Epidemiology.

Amanda Farrell, MSN, RN-BC

Farrell, Population Health Clinical Nurse Specialist at Erie County Medical Center, brings over a decade of leadership and nursing experience across diverse specialties, including population health, ambulatory care and inpatient settings. She holds board certification in Ambulatory Care Nursing.

Farrell leads ECMC's Population Health Team, directing numerous quality-improvement initiatives and collaborating with the interdisciplinary team to develop innovative policies, procedures and workflows that enhance clinical outcomes.

She demonstrates a strong commitment to community outreach and public education, regularly participating in health events throughout the Buffalo community where she provides education on chronic disease management, preventative care and wellness.

Amanda Farrell, MSN, RN, AMB-BC
Clinical Nurse Specialist - Population Health
at Erie County Medical Center

Question 1 - Chris Davis

How can hospitals compare their service area to county, regional or state benchmarks to identify opportunities for improvement?

What are some pitfalls to avoid?

Question 2 - Emily Hamilton

How can zip code level hotspot maps help hospitals better understand where to focus interventions, outreach or resource allocation?

What are the limitations of zip-code level mapping and how can organizations avoid over-interpreting geographic data?

Question 3 - Amanda Farrell

How do you recommend hospitals use chronic disease prevalence and patient demographic data to identify and prioritize target populations or interventions?

Question 4 - Emily Hamilton & Chris Davis

What are some underutilized public data sets that you believe hospital teams should be paying more attention to?

Question 5 - Chris Davis

How can hospitals navigate multiple data sources to build a unified picture of community health? Particularly when the data sources have different formats, timeframes and definitions.

Question 6 - Amanda Farrell

How can community level chronic disease data and internal clinical data be integrated to strengthen population health strategy?

Question 7 - Emily Hamilton

How can a hospital use data visualization to influence decision making?

Question 8 - Amanda Farrell

Can you describe a time when data visualization revealed a pattern or disparity that changed your approach to population health?

Question 9 - Chris Davis

What data sources are most helpful to small and rural communities?

Question 10 - Amanda Farrell

Can you share an example where data shifted your organization's priorities or revealed a need that wasn't previously on the radar?

Recommended Reading

Partnership Building Toolkit

Section:

Setting and Attaining Shared Goals

Why this section?

Now that you learned more about leveraging data, let's turn that into SMARTIE goals!

Upcoming sessions

Wednesday, March 18 | 10 – 11 a.m.

Finding and engaging community partners

Panelists will share best practices for assembling a planning team to focus on a specific need, thoughtfully identifying potential partners and examining the history — good and bad — of engaging with these partners and their community.

Remaining sessions in this series:

- March 25 | How to launch projects with a community partner
- April 1| Ensuring that the project is worth the investment
- April 8| Centering community voices
- April 15| Extend your hospital's reach with community health workers

Questions?

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