State Systems Development Initiative (SSDI) 3.0

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State Systems Development Initiative (SSDI)

- Previous focus on linkages
- States used in a variety of ways
  - Staffing, linkages, timeliness
- 3.0 Goals
  - Maintain Flexibility
  - Reduce Burden
  - Improve Accountability
Three Components of SSDI 3.0

1) General data capacity support for Title V

2) Infant Mortality CoIIN data capacity

3) Minimum/core dataset
Goal 1: General Data Capacity Support for Title V Block Grant

- Data Support for 5-year Needs Assessment
- Submission of Annual Block Grant Application and Report
- Identification and Monitoring of Structural/Process Measures
- Development of State Performance Measures
Expectations Over 3 Years

• FY15 – Data support to needs assessment in identifying state priorities, national and state performance measures

• FY16 – Data support for developing/monitoring state structural/process measures

• FY17 – Continued reporting on structural/process measures, evaluating effectiveness and identifying new measures as appropriate in QI cycle
Goal 2: Infant Mortality CoIN
Data Support

- Infrastructure investments in existing systems
  - Implement electronic death certificate, develop provisional vital statistics system
  - Evaluate and improve validity of birth certificate data through clerk training
  - Medicaid linkages

- Development, implementation of new surveys
  - Hospital surveys
  - Tracking process measures
  - Small scale PDSA tests of change

- Staffing to conduct analyses, report and evaluate progress
  - Data reporting/monitoring of outcome and process measures
  - Conducting analyses to help inform state efforts and identify opportunities for improvement
  - Evaluate progress/impact of strategies
Expectations Over 3 Years

- **FY15** – Assisting in development and reporting of common measures on a timely basis
- **FY16** – Efforts to support CoIIN work in evaluating variation to inform and improve strategies and targets
- **FY17** – Sustaining the work of CoIIN
Goal 3: Minimum/Core Data Set

- Evolved from workgroup to improve standardization, address unevenness in data capacity led by Dr. Mary Kay Kenney

  - Minimum Data Set
    - Indicators that all states should be able to report
      - e.g., Infant mortality rate, children’s health insurance

  - Core Data Set
    - Measures that involve linkages, non-standard data sets PRAMS
      - e.g., Safe sleep, ED visits in Medicaid
Expectations Over 3 Years

• *Not* reporting measures; just reporting what States have access to and can measure to support Block Grant activities

• FY15 - Ability to assess all minimum data set measures; plan for working toward core

• FY16 – Ability to assess any added minimum measures; progress toward core

• FY17 - Ability to assess any added minimum measures; further progress toward core
Alignment and Application Details

- Common measures between Block Grant National Outcome and Performance measures and CoIIIN, Minimum/core data set to support Block Grant programs
- Data availability, timeliness, quality are central to all efforts
- Application due date: September 2, 2014
- Funding to begin in December for 3 years
- $100,000 available per year
Additional Opportunities to Build Staff Capacity

• Acquiring New Staff
  • CDC MCH Epidemiology Assignee Program
  • CDC/CSTE Fellowship Program
  • Graduate Student Epidemiology Program

• Training Existing Staff
  • MCH Epidemiology Training Course
  • Annual AMCHP/MCH Epi Pre-conference trainings
  • MCH Navigator

• SSDI Workgroup; mchepi.org
  • Share code, linkage agreements, timeliness guidelines