

SHIP Data Analytics Use Cases – State / Regional Users

USE CASE – Macro User		
Persona / Role SHIP Leadership		
Scenario:	Task:	Requirement:
The SHIP Operations Team has the responsibility of managing and reporting on the overall SHIP initiative	<ol style="list-style-type: none"> 1. Evaluate progress toward SHIP goals. 2. Coordinate with SHIP stakeholders to facilitate continued progression toward SHIP goals. 	<ol style="list-style-type: none"> 1. Identify practices in SHIP. 2. Identify Practices / Stakeholders within a given cohort. 3. Stratify individuals to clinics based upon agreed upon attribution. 4. Provide data gap analysis reports on SHIP measure compliance, i.e., supplying enough data for CQM reporting for each practice, stratified by measure identifying missing value sets for each measure selected for each source. 5. Provide reports on SHIP measure reporting for each county, stratified by county then by measure or by measure then by county. 6. Provide ability to stratify by any derivative of: <ol style="list-style-type: none"> a. Cohort b. State c. Public Health District d. County* e. Zip Code f. Age g. Ethnicity/Race h. Gender <p>*Only display county level if there are more than 3 clinics reporting data in a county. Level should be unavailable if less than 3 clinics sites.</p>

** For all of the sections that note “Added Benefit,” SHIP is exploring if these items can be done within the current data analytics contract scope.

USE CASE – Macro User		
Persona / Role Public Health District Leadership		
Scenario:	Task:	Requirement:
Public Health Districts will use information gathered to inform district level interventions and public health targets for improvement.	<ol style="list-style-type: none"> 1. Identify key public health risk factors within the Public Health District. 2. Coordinate with key stakeholders in the Public Health District to design quality improvement initiatives for initiation within the district. 3. Evaluate efficacy of district interventions. 	<ol style="list-style-type: none"> 1. Identify key risk factors within the district from available SHIP measures. 2. Identify Practices / Stakeholders within a given cohort. 3. Provide reports on SHIP measure compliance, i.e., supplying enough data for CQM reporting for each practice, stratified by measure. 4. Stratify patients based upon agreed upon attribution. 5. Provide reports on SHIP measure reporting for each county, stratified by county then by measure. 6. Provide ability to stratify by any derivative of: <ol style="list-style-type: none"> a. Cohort b. State c. Public Health District d. County* e. Measure f. Zip Code g. Age h. Ethnicity/Race i. Gender <p>*Only display county level if there are more than 3 clinics reporting data in a county. Level should be unavailable if less than 3 clinics sites.</p>
		<p><u>Added Benefit</u></p> <ol style="list-style-type: none"> 1. Add quality targets for each measure. 2. Ability to change stratification order (i.e. if by public health district then by measure can stratify by measure then by public health district. 3. Provide longitudinal progress for each measure.

USE CASE – Macro User		
Persona / Role State SHIP Evaluator		
Scenario:	Task:	Requirement:
State SHIP Evaluator will use information gathered to inform effectiveness of state and district level interventions.	<ol style="list-style-type: none"> 1. Identify key public health risk factors within the Public Health District. 2. Coordinate with key stakeholders in the Public Health District to design quality improvement initiatives for initiation within the district. 3. Evaluate efficacy of district and state interventions. 	<ol style="list-style-type: none"> 1. Identify key risk factors within the district from available SHIP measures. 2. Identify Practices / Stakeholders within a given cohort. 3. Provide reports on SHIP measure compliance, i.e., supplying enough data for CQM reporting for each practice, stratified by measure. 4. Stratify patients based upon agreed upon attribution. 5. Provide reports on SHIP measure reporting for each county, stratified by county then by measure. 6. Provide ability to stratify by any derivative of: <ol style="list-style-type: none"> a. Cohort b. State c. Public Health District d. County* e. Measure f. Zip Code g. Age h. Ethnicity/Race i. Gender <p>*Only display county level if there are more than 3 clinics reporting data in a county. Level should be unavailable if less than 3 clinics sites.</p>

USE CASE – Macro User		
Persona / Role Regional Collaborative		
Scenario:	Task:	Requirement:
Regional Collaborative will utilize information gathered from SHIP to inform regional or multi district public health interventions.	<ol style="list-style-type: none"> 1. Identify key public health risk factors within the Public Health District. 2. Coordinate with key stakeholders in the Public Health District to design quality improvement initiatives for initiation within the district. 3. Evaluate efficacy of district interventions. 	<ol style="list-style-type: none"> 1. Identify key risk factors within the district from available SHIP measures. 2. Identify Practices / Stakeholders within a given cohort. 3. Stratify patients based upon agreed upon attribution. 4. Provide reports on SHIP measure reporting for each county, stratified by county then by measure. 5. Provide ability to stratify by any derivative of: <ol style="list-style-type: none"> a. Cohort b. State c. Public Health District d. Risk Factor / measure e. Zip Code f. Age g. Ethnicity/Race h. Gender

USE CASE – Macro User		
Persona / Role State Policy & Public Health Leadership		
Scenario:	Task:	Requirement:
State policy and public health leadership will utilize information gathered from SHIP to inform state, regional or multi district public health interventions.	<ol style="list-style-type: none"> 1. Identify key public health risk factors within the Public Health District. 2. Coordinate with key stakeholders in the Public Health District to design quality improvement initiatives for initiation within the district. 3. Evaluate efficacy of district interventions. 	<ol style="list-style-type: none"> 1. Identify key risk factors within the district from available SHIP measures. 2. Identify Practices / Stakeholders within a given cohort. 3. Stratify patients based upon agreed upon attribution. 4. Provide reports on SHIP measure reporting for each county, stratified by county then by measure. 5. Provide ability to stratify by any derivative of: <ol style="list-style-type: none"> a. Cohort b. State c. Public Health District d. Risk Factor / measure e. Zip Code f. Age g. Ethnicity/Race h. Gender
		<p><u>Added Benefit</u></p> <ol style="list-style-type: none"> 1. Add quality targets for each measure. 2. Ability to change stratification order (i.e. if by public health district then by measure can stratify by measure then by public health district. 3. Provide longitudinal progress for each measure.

USE CASE – Macro User		
Persona / Role Payers		
Scenario:	Task:	Requirement:
Payers have a need to utilize SHIP information or derivatives of SHIP information to identify potential measures and other information to enhance their transition to Value Based Payment models.	<ol style="list-style-type: none"> 1. Identify key measures that can be implemented within a Value Based Payment Model. 2. Coordinate with SHIP stakeholders to facilitate continued progression toward SHIP goals by aligning Value Based Payment model measures with SHIP measures. 	<ol style="list-style-type: none"> 1. Identify practices in SHIP. 2. Identify individuals in a given cohort. 3. Stratify patients based upon agreed upon attribution. 4. Provide de-identified/aggregate reports on SHIP measure compliance for each county*, stratified by county then by measure. 5. Provide ability to stratify by any derivative of: <ol style="list-style-type: none"> a. Public Health District b. Zip Code c. Age d. Ethnicity/Race e. Gender <p>*Only display county level if there are more than 3 clinics reporting data in a county. Level should be unavailable if less than 3 clinics sites.</p>
		<p><u>Added Benefit</u></p> <ol style="list-style-type: none"> 1. Add quality targets for each measure. 2. Ability to change stratification order (i.e. if by public health district then by measure can stratify by measure then by public health district. 3. Provide longitudinal progress for each measure.