



DGIS USER GUIDE

Part 4: DGIS User Guide Key Terms Definitions

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Note: The DGIS User Guide is split into four separate documents.

- DGIS User Guide Part 1 contains the User Guide Instructions and DGIS Overview
- DGIS User Guide Part 2 contains the Financial Forms, Domain Specific Measures, and Other Data Elements
- DGIS User Guide Part 3 contains Program Specific Measures
- DGIS User Guide Part 4 contains the DGIS User Guide Key Terms Definitions

DGIS USER GUIDE KEY TERMS DEFINITIONS

Types of Services:

1. **Direct Services** – Preventive, primary, or specialty clinical services, where MCHB program funds are used to reimburse or fund individually delivered services through a formal process similar to paying a medical billing claim or managed care contracts. The goal of direct services is to improve individual/family receipt of and access to services.
 - a. Relevant activities include clinical services (screening, treatment, immunization, etc.) paid for by the program, which are NOT reimbursed by another payer.
2. **Enabling Services** – Non-clinical services that enable individuals to access health care and improve health outcomes. The goal of enabling services is to improve individual/family receipt of and access to services.
 - a. Enabling services include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families on relevant health topics (ex. breast feeding, safe sleep), environmental health risk reduction, health literacy, and screenings, referrals, etc. provided by funded providers but where the service is reimbursed by another payer.
 - i. **NOTE:** If health education is provided to a general population rather than specifically tailored to an individual, this will go under Public Health Services and Systems.
3. **Public Health Services and Systems** – Activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services.
 - a. Relevant activities include the development of standards and guidelines, needs assessment, program planning, implementation, and evaluation, policy development, quality assurance and improvement, workforce development, and population-based disease prevention and health promotion campaigns for services such as newborn screening, immunization, injury prevention, safe-sleep education and anti-smoking.

Tier 2 Activities:

1. **Technical Assistance** – Provide services such as support, training, and education with the intent of facilitating and achieving shared organizational goals and outcomes. While individuals in an organization may be the recipient of technical assistance, the goal of technical assistance is to address and improve organizational needs, not the individual's needs.
 - a. Activities include training, one-on-one support, site visits, collaborative networks, running peer-to-peer forums.
2. **Training & Workforce Development** – Provide educational activities to improve the knowledge, skills, and capacity of future and practicing MCH workforce members. Training and workforce

development is provided directly to individual trainees or practicing professionals with the goal of addressing those individuals' needs.

- a. Activities include undergraduate, graduate and post-graduate education and training, continuing education, and applied learning.
3. **Product Development**- Creation of new resources or tools that may be disseminated to appropriate audiences.
4. **Research/Peer-Reviewed Publications** –The goal of research is to support or conduct a systematic investigation on a topic related to MCH populations and their health in order to increase field knowledge/ understanding of an MCH topic and the evidence-base. A peer-reviewed publication is a scholarly publication that has been vetted by others who are experts in the same field in order to ensure academic scientific quality.
 - a. Activities include creating or updating a research agenda, designing and implementing research studies, developing and implementing a dissemination plan for communicating research findings, such as publications in a journal.
5. **Outreach/ Information/Dissemination/Education** - Provide information and messaging to MCH populations through more generalized and passive mechanisms in order to improve general awareness and knowledge of health conditions, issues, services, etc.
 - a. Activities include public health campaigns, educational pamphlets, fact sheets, or webinars available to the public.
6. **Tracking/Surveillance** - The ongoing systematic collection, monitoring, and analysis of health-related data.
7. **Screening/Assessment** - An evaluation used to detect potential health problems, disorders, or diseases, and the subsequent processes needed to define the scope and nature of that problem, often including a plan for improvement or resolution.
8. **Referral/Care Coordination** - Care coordination is a function that supports information sharing across providers, patients, types and levels of service, sites and time frames. The goal of coordination is to ensure that patients' needs and preferences are achieved and that care is efficient and of high quality. Care coordination is most needed by persons who have multiple needs that cannot be met by a single clinician or by a single clinical organization, and which are ongoing, with their mix and intensity subject to change over time
 - a. Scholle, S.H. (2009, October 13). *Meaningful Measures of Care Coordination* [PowerPoint slides]. National Committee on Vital and Health Statistics, NCQA. www.ncvhs.hhs.gov/wp-content/uploads/2014/05/091013p9.pdf
9. **Direct Service** - see above under types of services.
10. **Assessment, Quality Improvement, and Evaluation** – Assessment of the current needs or state of a problem or program; use of deliberate processes to improve the efficacy of activities, programs or systems; and systematically collecting information to assess a program's or system's performance or outcomes.
 - a. Activities include environmental scans, needs assessments, measures/evidence-based strategy validation, implementing QI collaboratives, participating in/conducting QI, evaluating outcome and impact, developing evaluation plan and design, and conducting

long-term follow-up of program participants. NOTE: Evaluation of something other than the program will generally fall under Research.

Other Terms:

1. **Education (Enabling Service)** – Provide information, messaging and discussion directly with individuals/families in MCH populations. This entails more intensive, personalized health education services. The goal of education is to improve individual/family knowledge and capacity to access services and improve health outcomes.
 - a. Activities include one-on-one educational counseling and support.
2. **Partnership, Collaboration, and Family Engagement** – Family engagement entails family and community members serving as stakeholders and leaders who build and strengthen programs and systems rather than (or in addition to) being the direct recipient of services. Partnership and collaboration include the creation or strengthening of relevant organizational relationships that serve to expand the capacity and reach of a program in meeting the needs of its MCH population. The goal is to improve information sharing, learning, and capacity building between organizations/individuals to improve organizational/ program/ community capacity and reach.
 - a. Relevant activities include ensuring family/ youth/ community member participation in program and policy activities, collaborating with State Title V agencies, other MCH or MCH-related programs and other professional organizations, developing and maintaining partnerships, establishing learning collaboratives/ communities, and facilitating peer-to-peer information sharing.
3. **Standards, Guidelines, Policy** – Develop, modify or implement standards, guidelines and policies within or between organizations, institutions, or at the local level with the goal of creating and increasing the use of consistent and shared protocols or guidelines.
 - a. Related activities include integrating cultural and linguistic competence into policies, guidelines, and training, establishing permanence of program by integrating program priorities into statutes/regulations, developing/supporting state recognition programs, and creating and verifying recommendations for quality of care.
4. **Data & Information Systems** – Improve program/organization ability to collect, access, link, and analyze timely data.
 - a. Examples of activities include regular submission of data to standardized system, creating datasets and making them public, creating a common database, and supporting linkages and data systems integration.
5. **Capacity building** – Initiatives that build and strengthen structures that support other health and public health services and infrastructure. Includes supporting infrastructure needed to maintain service delivery and policymaking activities.
 - a. Activities include strategic plans and sustainability plans.
6. **Health equity** – The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address

avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

- a. *Healthy People 2030 Questions & Answers*. health.gov. (n.d.). Retrieved October 28, 2021, from <https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers#q9>.
7. **Rural** - Please see definitions on the Federal Office of Rural Health Policy website: <https://www.hrsa.gov/rural-health/about-us/definition/index.html>
8. **Memorandum of Understanding** – A formalized statement or commitment of mutual expectations between two or more agencies or stakeholders.

EMSC Form Specific Definitions:

Note: Definitions are only applicable to EMSC programs

1. **Care Coordination** – The facilitation of optimal care of children across the emergency care continuum, to include the transfer of care from and between the medical home and subspecialists and between institutions, to ensure high quality care to children. Care coordination ensures an individual patient's needs are communicated and organized (or coordinated) timely and effectively across all aspects of care.
2. **Pediatric Emergency Care Coordinator** - An individual who oversees all aspects of pediatric care in a given setting to include day-to-day operations, policy and protocol development, availability of equipment and supplies, staff competencies, and quality improvement processes to ensure the delivery of high quality care to pediatric patients in a designated setting. A Pediatric Emergency Care Coordinator (PECC) is an individual who oversees both pediatric care in the emergency care setting (ED or EMS) and transitions of care.
3. **Quality Improvement (QI) Collaborative** – Networks designed for shared learning, driven by evidence-based content to overcome gaps in care. QI collaboratives facilitate rapid transformation of clinical practice through the use of Plan-Do-Study-Act cycles or other QI methodologies to measure, reflect, and improve systems of care. Within the pediatric emergency medical services system, prehospital and hospital personnel engage in varied QI collaboratives to improve care of children through a better understanding of healthcare system design and mechanisms to ensure evidence-based outcomes. QI collaborative participants benefit from project management, information technology infrastructure, data management, analytics, and coaching from subject matter and QI experts.
4. **Pediatric Skills-Check** - The process for evaluating psychomotor (proper use of equipment) and behavioral skills of EMS providers.
5. **Pediatric Skills** – Competencies needed to care for pediatric patients.