Welcome to today’s Coffee Break presented by the Evaluation and Program Effectiveness Team in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

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Disclaimer: The information presented here is for training purposes and reflects the views of the presenter. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

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Today, I’ll be talking about Performance management and will touch on relevant definitions, important distinctions between performance management, performance measurement, and evaluation, AND conclude with an example of a performance management system used in a program supported by the Division of Cancer Prevention and Control where I work.
As most of you probably know, there has been a big emphasis on the use of performance management in government over the past 15 years or more – largely, this most recent performance management “movement” has been spurred by an emphasis on increasing government efficiency along with transparency through the use of performance data to improve decision making and strengthen accountability.

### What is Performance Management?

**Systematic, continuous process of:**
- Results-oriented, strategic planning
- Performance measurement to reflect progress toward results
- USE of performance information

**In order to:**
- Strengthen accountability
- Improve program effectiveness
- Inform decision making (including budgeting)


What exactly is performance management? Performance management involves the ongoing practice of several independent processes related to planning, measurement, analysis, and data use with the intention to strengthen accountability, improve program effectiveness, and support policy- and program-related decision making.¹
Here’s a pretty basic diagram of the idea. As you can see, the process is circular reflecting the continuous nature of performance management. Results-oriented strategic planning with clear goals is the driver. Performance measurement comes in next and involves the development of realistic, meaningful indicators that reflect progress toward your program goals or results. Performance measurement can be resource intensive because it demands not just good measures but high quality data collection and reporting systems along with the expertise to assure strong analysis. Finally, performance management is predicated on the use of results for varied purposes that we noted earlier such as program improvement, or budgeting. Overall, performance management is expected to lead to improved programs and allocation of resources as well as supporting greater accountability to stakeholders.
As noted in the previous slide, performance measurement is an important component of performance management. Here is a straightforward definition of performance measurement from a text by Ted Poister. I’ve included this reference on a final slide because this text is a good how-to for performance measurement. I am not going to get into any detail about actually developing performance measures or a measurement system today. Performance measurement is the process of defining, monitoring, and using objective indicators of programs on a regular basis. These are typically quantitative. Basically, the logic behind performance measurement is to communicate program priorities to implementers. Often targets or benchmarks are set for the indicators serving as an incentive for program improvement. Measures can also be used to spur friendly competition between programs when results are made transparent and shared with others.

- **Performance measurement is the process of defining, monitoring, and using objective (usually quantitative) indicators of the performance of programs on a regular basis.**

- **Logic of performance measurement**
  - “What gets measured gets done”
  - Serves as an incentive
  - Increases competition

In sum, then, performance measurement is a component of a broader performance management system and provides indicators of performance that are used in real-time to monitor program progress toward strategic goals. For performance measures to benefit programs, you need indicators that can be assessed fairly frequently to help you identify potential problems early and make needed mid-course corrections. In addition, measures can be used to compare performance to established targets and/or to other programs. Finally, performance measurement can help to identify areas for more in-depth evaluation. For instance, you may be struggling to meet a given indicator but not understand why – this might prompt you to design a qualitative evaluation to investigate that problem. Consequently, performance measurement is a monitoring strategy that goes hand in hand with program evaluation.
Next, I am going to describe a performance management system used by the Division of Cancer Prevention and Control for its National Breast and Cervical Cancer Early Detection Program. The B/C program involves the delivery of clinical services - breast and cervical cancer screening – to low income, under- and un-insured women. CDC funds 67 state, tribal, and territorial grantees to implement the NBCCEDP. The program has been in place over 20 years, and has screened millions of women and diagnosed thousands of cancers. It also has a robust performance management system.
The Performance management system for the B/C program reflects the three main components of the diagram shown earlier. First, CDC managers set program goals such as the number of cancers to be detected.

Next, all grantees collect and report standardized data on every woman screened through the program. These data are submitted to CDC semi-annually, the data are cleaned and a set of reports is produced for each grantee, including one report that summarizes a set of 11 core performance indicators with set targets. Next, the data reports are reviewed and areas of concern are documented – these may reflect issues of data quality or program implementation. A conference call is then conducted between a team at CDC and grantee staff to review all the reports and discuss those issues of concern. Grantees provide a written response to any outstanding issues with their next data submission. Another important feature of the performance measurement component is that grantees have been given an algorithm for their data systems that allow them to assess the core performance indicators on a provider basis within their state or tribe. Where we at CDC are looking at those core indicators at an aggregate level for each grantee, individual grantees run those data to see how each provider group in their state performed in order to identify those that may need technical assistance. This is a critical aspect of the system.
These are the 11 core performance indicators for the B&C program. There are two measures that promote certain priority populations for screening. For instance, because breast cancer risk increases with age, CDC wants 75% of the women screened through the program to be over the age of 50. There are also measures meant to support timely and complete diagnostic follow-up of abnormal screening results AND measures to support that women diagnosed with cancer get into cancer treatment within a specified number of days.
I mentioned that that CDC produces a set of reports following each data submission – Here is a listing of those reports - the Core Performance Indicator Report is in the second column and is just one of many.

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<th>Raw Data Reports</th>
<th>Analysis Reports</th>
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<td>(For initial quality review)</td>
<td>Management Reports</td>
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<td>✓ Frequencies</td>
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<td>✓ Data Quality Indicator Guide (DQIG)</td>
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<td>✓ Core Performance Indicator Report</td>
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Here’s a template of the actual core performance report that grantees receive. Grantees can compare their performance to that of the overall NBCCEDP aggregate. The report specifies both the actual percentage for a given performance measure along with whether the standard was Met.
In summary, the performance measurement system for the B&C looks like this. This also includes how we actually are using the data. Reading left to right, grantees submit a cumulative data file semi-annually and also provide a narrative summary addressing any outstanding concerns from their past data submission. CDC conducts data validation, aggregation, and analysis, producing a set of grantee-specific and national reports. Technical consultants at CDC review the reports for each grantee and prepare a listing of concerns we call “data notes,” and these are sent to grantees prior to having a conference call to discuss the data. Those calls, or data reviews, are conducted with each grantee as I described earlier. At the end of the call, any outstanding issues are documented by CDC, and we call these “action items.” Grantees prepare a written narrative response to each item, and this is included with their next data submission. And this cycle just goes on and on. It’s a continuous quality improvement approach.
Does this system make a difference? Recently, we have conducted a couple different studies to try and understand if our performance management system actually improves program performance. In one mixed methods study, we addressed these two questions. One, is the B&C performance management system effective in improving program performance? And two, what characteristics of the system might explain why the system is, or is not, effective? Generalized estimating equation models were used to assess change in program performance after the implementation of the performance management system which occurred in 2005 and 2006. Qualitative case study data that included observations, interviews, and documents were also analyzed to explore that second question. I don’t have time to go into detail regarding the study, but I want to share our main findings.
Our quantitative results showed that there was a statistically significant improvement in performance after the B&C performance management system was implemented. Our qualitative results revealed some characteristics of the system that help to explain why it’s effective.

First, the measures are viewed as both meaningful and fair by the grantees and CDC. This is an important point to remember when you develop measures for your own programs. Secondly, the data are of very high quality, therefore the data are seen as valid and reliable—people believe the data. Third, CDC made a significant resource investment in its performance management system to ensure both high quality data and data use. I can talk more about that in the Q&A portion if you are interested. And finally, CDC has institutionalized the use of that performance measurement data through not only its semi-annual review process, but for other management purposes as well, including using a subset of the core performance measures in a performance-based budgeting process. These results are all meant as take-away messages for those of you considering developing a performance management system.
In closing - Here are two resources for you – One is the text by Poister that I mentioned earlier. And second is a paper that I authored with two other CDC colleagues that talks about some important challenges to developing indicators for public health programs and proposes some ways to address those.
Thank You

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