
A Call to Action: Advancing Performance Improvement in Health Departments

*Welcome & Opening Remarks for the
NPHII Grantee Annual Meeting
March 30, 2011*

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Director, Office for State, Tribal, Local and Territorial Support



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

NPHII Welcome!

- ❑ Grantees**
- ❑ Performance Improvement Managers (PIMs)**
- ❑ Distinguished Speakers**
- ❑ Capacity Building Assistance Partners**
- ❑ Senior Public Health Advisors**
- ❑ Performance Officers**
- ❑ Subject Matter Experts**
- ❑ CDC Staff**

Partners

Promote Best Practices



American Public Health Association



National Network
of Public Health Institutes



ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

NACCHO

National Association of County & City Health Officials



Partners

Increase Epidemiology Workforce & e-Learning



Partners

Adoption of Evidence-Based Practices



Senior Public Health Advisors & Performance Officers

□ **Bobbie Erlwein – Team Lead**

- Mac McCraw & Colleen DiLiddo
- Brock Lamont & Dianne Ochoa
- Duiona Baker & Tracey Hardy
- Mike Hughes & Theresa Turski
- Bill Gallo & Vicky Rayle
- Melanie Duckworth & Lavonne Ortega

Principle Investigators (PIs)

PIs

- ❑ **Focus on building, institutionalizing, and implementing performance management capacity**
- ❑ **Support full-time "Performance Improvement Manager" who will participate in a national network of performance improvement professionals**
- ❑ **Enhance public health improvement efforts**

Performance Improvement Managers (PIMs)

PIMs

- ❑ **Vital part of NPHII**
- ❑ **Strong focus on continuous quality improvement and performance management and improving the ability of jurisdictions to meet national public health standards**

Workstream Groups

- ❑ **TA Management**
- ❑ **Evaluation**
- ❑ **Performance Improvement Manager's Network (PIM Network)**
- ❑ **Partner Management**

Aligning Our Resources & Efforts

- ❑ **Best support the work of state, tribal, local, & territorial communities**
- ❑ **Align efforts**
- ❑ **Manage information and resources**
- ❑ **Identify a clear picture of “quick wins”**
- ❑ **Be cross-cutting**
- ❑ **Manage technology and workforce issues and trainings**



Public Health: The BIG Picture

❑ An Aging Workforce

- Average age of the total state public health workforce is 46.6 years
- Aged 45-64 increased by 38%

❑ New & Emerging Challenges

- Economic recession and disparities in population health status
- Influence of new public health
- Interest in public health
- More and more contractors
- Increased performance accountability
- Heightened expectations
- Leadership development training



Performance Management

Why Important?

Question: Can Public Health fully deliver on the “Promise of Prevention”?

“The public health infrastructure has suffered from neglect...”

--Institute of Medicine 2003

“Currently, serious gaps exist in the nation’s ability to safeguard health...The country does not devote the resources needed to adequately help prevent disease and protect the health of Americans”

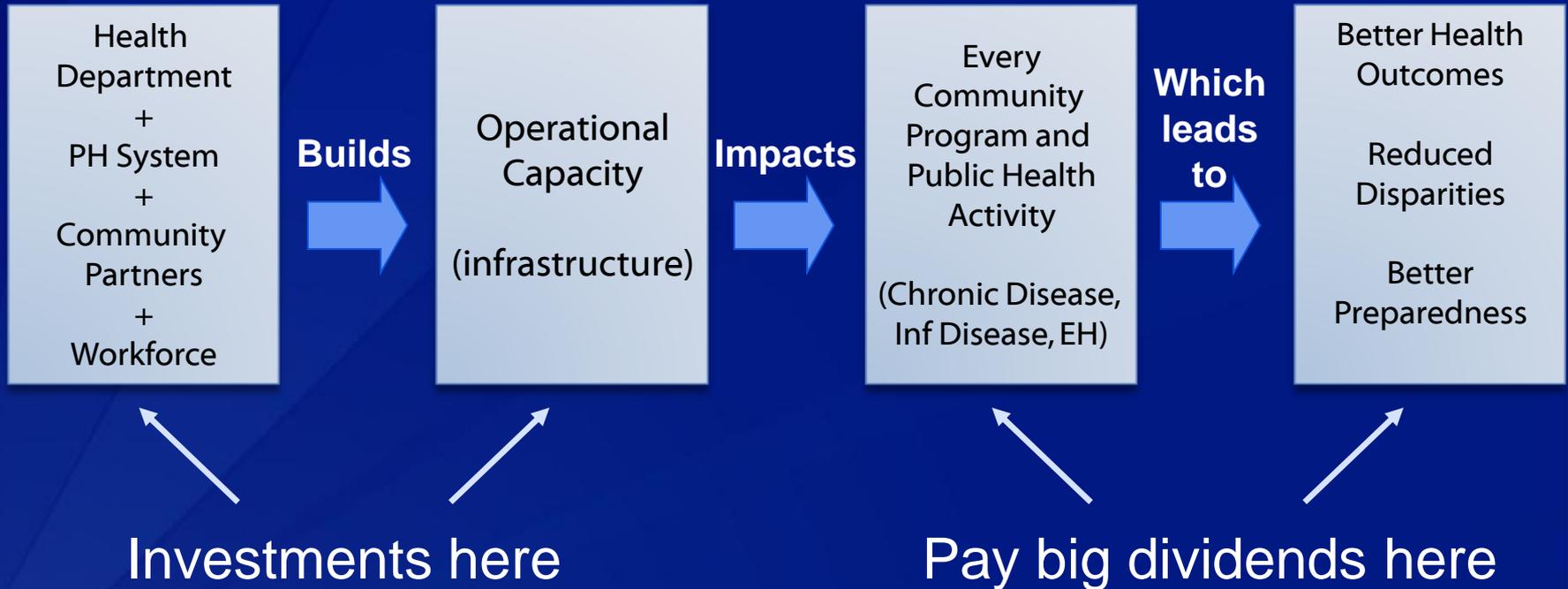
--TFAH “Shortchanging America’s Health” 2008

Government on Performance



President Obama issued a memorandum to Executive Departments and Agencies to work with State, Tribal, and local governments to reduce unnecessary regulatory and administrative burdens in order to focus resources on achieving better outcomes at lower cost.

Improving the Performance of Public Health



Everyday example: Marathon Runner

- ❑ Seeks to better last year's time
- ❑ Trains 5x per week at various distances
- ❑ Records times + variables
- ❑ Makes adjustments
 - Pace, workout, shoes, etc.



Everyday example: Automobile driver

- ❑ **Seeks to improve fuel economy and comfort**
- ❑ **Constantly uses dashboard instruments, observations, and passenger feedback to monitor performance**
- ❑ **Makes adjustments**
- ❑ **Safety, fuel, temperature, gear, service, etc.**



Strengthening Performance Management

The National Journey

- ❑ **Institute of Medicine Reports and Recommendations**
- ❑ **Essential Public Health Services framework**
- ❑ **National Public Health Performance Standards Program**
- ❑ **Turning Point Program, Performance Management Collaborative**
- ❑ **National Accreditation efforts**
- ❑ **Multi-State Learning Collaborative**

Strengthening Performance Management

The Journey Continues

- ❑ **CDC leadership**
- ❑ **National Public Health Improvement Initiative continues to advance action and keep the movement moving forward**
- ❑ **All endeavors focus on importance of improving public health**
- ❑ **Moving forward means tackling several important issues**

Strengthening Performance Management

*The principles of quality improvement and performance management hold great promise for **more effective public health systems and services**, which can in turn lead to achieving more sustainable results and ultimately better health outcomes!*

OSTLTS Division Structure

Reflects the focus of our mission: public health performance and capacity

**Office for State, Tribal, Local and
Territorial Support**

Office of the Director

**Division of Public Health Performance
Improvement**

leads standards and best practices
identification and evaluation activities

**Division of Public Health
Capacity Development**

serves as the implementation, training,
and grants management arm

OSTLTS Mission

- ❑ **Improve the capacity and performance of the public health system**
- ❑ **Systems approach**
- ❑ **Translating science to practice**



OSTLTS

OFFICE FOR STATE, TRIBAL,
LOCAL AND TERRITORIAL SUPPORT

Translating Science to Practice

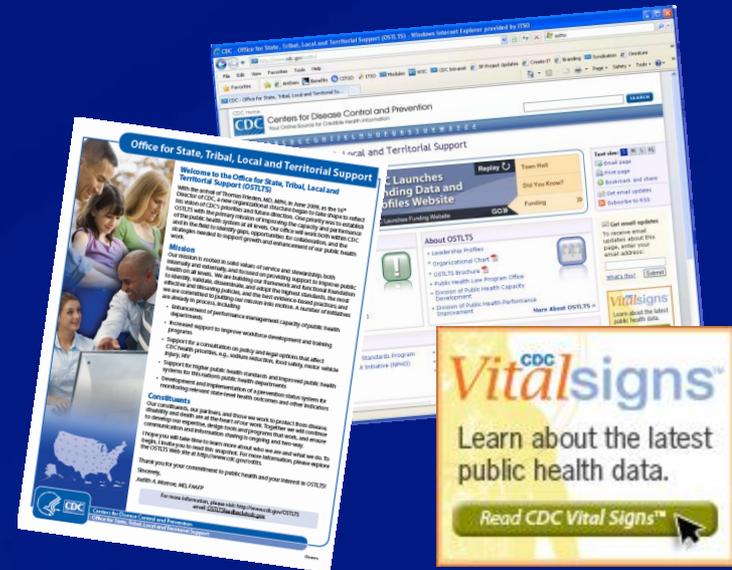


Translating Science to Practice

continued

Awareness to Acceptance

- ❑ CDC Vital Signs report (monthly)
- ❑ Did You Know? (weekly)
- ❑ State Health Official Welcome Packet
- ❑ Meetings/ Conferences
- ❑ Websites
- ❑ Partner Organizations
- ❑ Prevention Status Report



? DID YOU KNOW

Translating Science to Practice

continued 2

Adoption to Implementation

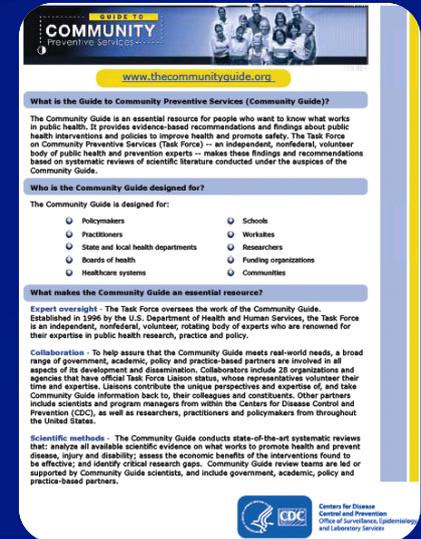
- ❑ Vital Signs town hall meetings
- ❑ Focused calls with jurisdictions
- ❑ Health officer orientation
- ❑ Performance Improvement Managers Network
- ❑ HHS regional office participation
- ❑ Leadership development
- ❑ Toolkits
- ❑ Technical assistance (Public Health Law Program)
- ❑ Grants improvement
- ❑ Project officer development
- ❑ Public Health Associates
- ❑ Program/ fellowships
- ❑ Accreditation

Translating Science to Practice

continued 3

Evaluation to Sustainability

- ❑ Best practices
- ❑ The Guide to Community Preventive Services
- ❑ National Public Health Performance Standards Program



The image shows the cover of the 'GUIDE TO COMMUNITY Preventive Services' document. At the top, it features a group photo of diverse people and the website address www.thecommunityguide.org. Below the title, there are several sections of text:

- What is the Guide to Community Preventive Services (Community Guide)?**

The Community Guide is an essential resource for people who want to know what works in public health. It provides evidence-based recommendations and findings about public health interventions and policies to improve health and promote safety. The Task Force on Community Preventive Services (Task Force) – an independent, nonfederal, volunteer body of public health and prevention experts – makes these findings and recommendations based on systematic reviews of scientific literature conducted under the auspices of the Community Guide.
- Who is the Community Guide designed for?**

The Community Guide is designed for:

 - Policymakers
 - Schools
 - Practitioners
 - Workplaces
 - State and local health departments
 - Researchers
 - Boards of health
 - Funding organizations
 - Healthcare systems
 - Communities
- What makes the Community Guide an essential resource?**

Expert oversight - The Task Force oversees the work of the Community Guide. Established in 1996 by the U.S. Department of Health and Human Services, the Task Force is an independent, nonfederal, volunteer, rotating body of experts who are renowned for their expertise in public health research, practice and policy.

Collaboration - To help assure that the Community Guide meets real-world needs, a broad range of government, academic, policy and practice-based partners are involved in all aspects of its development and dissemination. Collaborators include 28 organizations and agencies that have official Task Force Liaison status, whose representatives volunteer their time and expertise. Liaisons contribute the unique perspectives and expertise of, and take Community Guide information back to, their colleagues and constituents. Other partners include scientists and program managers from within the Centers for Disease Control and Prevention (CDC), as well as researchers, practitioners and policymakers from throughout the United States.

Scientific methods - The Community Guide conducts state-of-the-art systematic reviews that: analyze all available scientific evidence on what works to promote health and prevent disease, injury and disability; assess the economic benefits of the interventions found to be effective; and identify critical research gaps. Community Guide review teams are led or supported by Community Guide scientists, and include government, academic, policy and practice-based partners.

At the bottom right, the CDC logo is displayed with the text: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services.

Systems Approach

- ❑ **Catalyze support for system reform and integrated systems**
- ❑ **Systematically increase performance management capacity**
- ❑ **Integrate performance measurement and quality improvement**
- ❑ **Transform public health**

We must strengthen the public health system...



...and its core – the governmental component.



South Carolina: System Impact Example

Quit Lines

- ❑ **South Carolina Performance Management Office overtook Quality Improvement activities and implemented for a systems change**
 - Increased the number of fax referrals (through a “quit line”) for individuals and providers to contact to request a new free Nicotine Replacement Therapy
 - Passed a new cigarette tax enactment for policy change
 - Provided communications and outreach by developing and implementing a successful ad campaign

SC System Impact Example

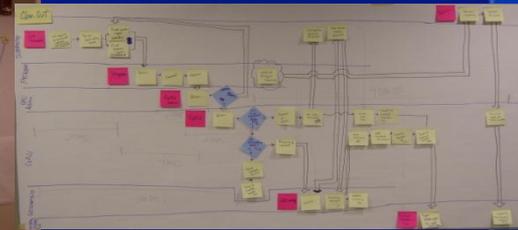
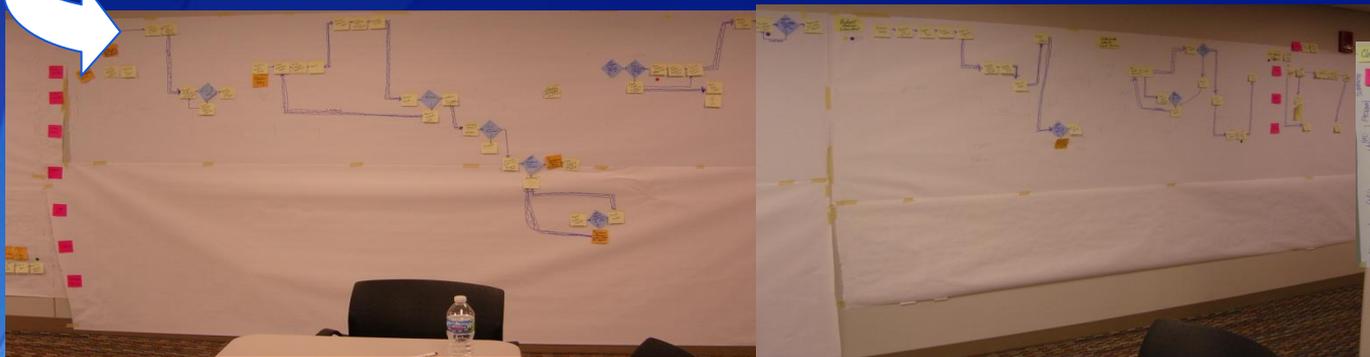
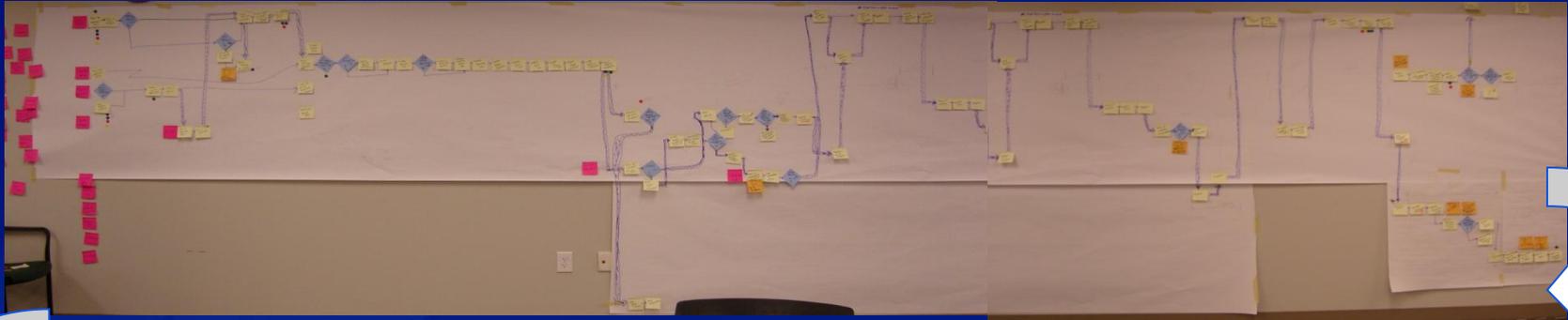
Quit Lines



DHEC Health Regions	Jul-Dec 2009 (6 mths)	Jan-Jun 2010 (6 mths)	Jul 2010	Aug 2010	Sep 2010	Oct 2010	Nov 2010	Dec 2010	Cumulative Line Totals
1	0	82	57	61	42	29	29	19	319
2	0	81	29	22	15	19	18	5	189
3	0	3	46	45	27	31	24	30	206
4	5	5	87	82	42	45	35	25	326
5	0	2	30	20	24	9	10	17	112
6	0	3	38	52	29	16	12	9	159
7	0	7	8	12	13	9	10	13	72
8	9	4	3	0	1	2	6	0	25
Other DHEC local clinic (Unknown region-not identified)	1	6	0	0	1	0	0	0	8
Column Totals for Health Regions	15	193	298	294	194	160	144	118	1416
Other Provider Referrals*	70	105	19	41	31	14	16	19	315
TOTAL FAX REFERRALS	85	298	317	335	225	174	160	137	1731

Ohio: System Impact Example

Current State Process Map



Pain Points

- Too many check the checkers
- Too much back & forth
- Too many opportunities for errors
- Too many budget revisions
- Too many GAU approvals
- Lack of communication
- Coordination of federal/state allocation & time
- Relationship between GAU & programs
- Inconsistent process between programs
- Procedures for ODH / roles not clear
- Subgrantees feel like they're aiming at moving targets
- Feedback loop may be missing evaluation
- One grantee can hold up everything
- Formalized review of the process
- Need community engagement
- Lack of ODH ownership
- Attachments – no streamlined process
- How to keep sharing best practices
- How to tell the story at the end
- 20% of the problems cause the issues
- Public \$ causes a lot of caution, therefore heavy system for accountability
- Current / new environment didn't exist when the system was created

Results

Measure	Before	After	Difference
# of Steps	184	44	76%
# of Decisions	32	8	75%
Handoffs	63	11	83%
Delays	18	1	94%
Lead Time Total	317	210 - 225	37% - 29%
RFP to 1 st Payment	167	105 - 120	37% - 28%
Monitoring	60	30	50%
Close Out	90	75	17%
Loop Backs	5	0	100%
Approvals	35	10	71%

National Public Health Improvement Initiative

Strengthening Public Health Infrastructure for Improved Health Outcomes

Component I = 75 awards

- ❑ 49 States
- ❑ 8 Tribes or Tribal organizations
- ❑ Washington DC
- ❑ 8 Territories, Pacific Islands, or bona fide agents
- ❑ 9 large local health departments

Component II = 19 awards

- ❑ 14 states
- ❑ 1 Tribe
- ❑ 1 bona fide agent representing 5 of the Pacific Islands and Territories
 - (Pacific Island Health Officers Association)
- ❑ 3 large local health departments



Performance Improvement!

76 grantees

(75 + PIHOA - Component II)

National Public Health Improvement Initiative Funded Jurisdictions



Legend

States

- Did not apply for funding
- Received Component I only
- Received Component I & II

Local

- Received Component I only
- Received Component I & II

Tribal

- Received Component I only
- Received Component I & II

Territories/Pacific Islands

- Received Component I only
- Received Component I & II
- Received Component II only

National Public Health Improvement Initiative

Original Key Investment Areas

Health Promotion
and Disease
Prevention

Public Health
Policy and Public
Health Law

Health IT and
Communications
Infrastructure

Workforce and
Systems
Development

Grant Components

Component I:
Graduated Base
Funding for Public
Health
Transformation

Component II:
Enhanced Funding
for Public Health
Transformation

Grant Categories

Performance
Management

Policy and
Workforce
Development

Public Health
System
Development/
Redevelopment

Best Practices
Implementation

National Public Health Improvement Initiative

Impact

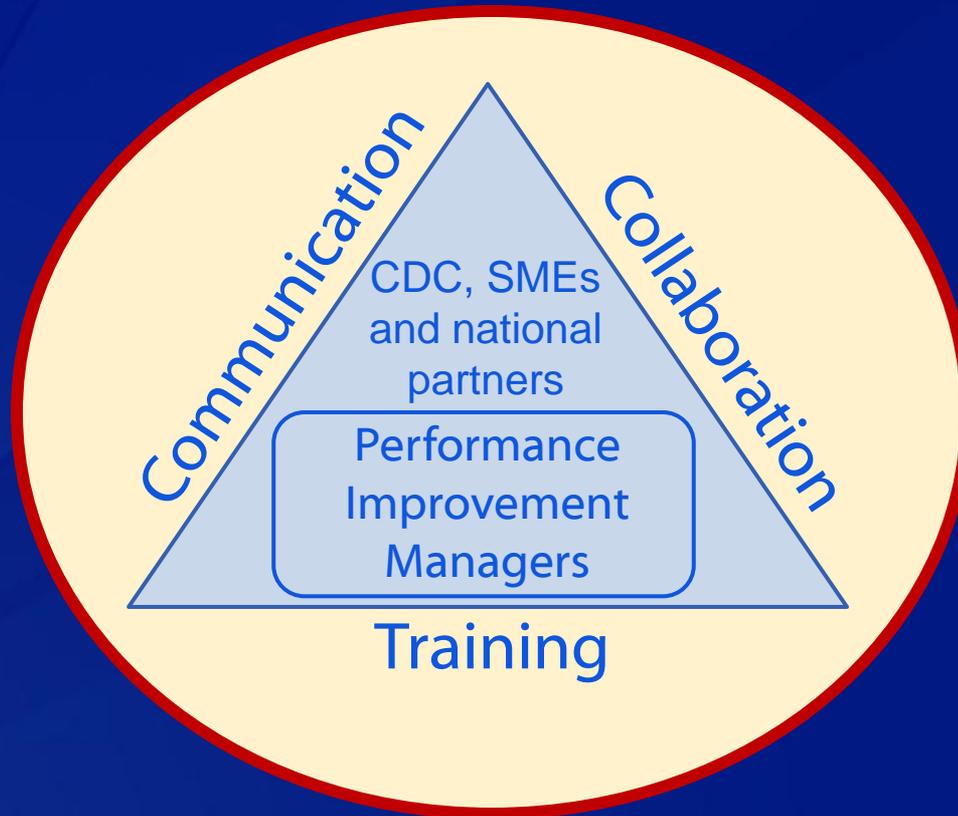
- ❑ **Fills gaps not covered by categorical funding streams**
- ❑ **Increases efficiency and effectiveness in protecting the health of the Nation**
- ❑ **Provides economies of scale through regionalization and shared resources**

National Public Health Improvement Initiative

Outcomes

- ❑ **Increase in dedicated staff time, systems' capabilities, and routine performance tracking and reporting**
- ❑ **Increase the number of evidence-based policies, laws, or regulations**
- ❑ **Decrease in costs and time, and improve staff and other resource distribution**
- ❑ **Increase in access to and adoption of best and promising practices to improve system efficiency**

What is: Performance Improvement Managers (PIM) Network?



National Public Health Improvement Initiative

Support

Grantee Successes: Examples

- ❑ Hiring of Performance Improvement Managers (PIMs)
- ❑ Performance Management Advances
- ❑ Quality Improvement Activities Underway
- ❑ Mini-Grants for Accreditation Readiness
- ❑ Performance Improvement Training
- ❑ Institutionalizing Regional Performance Management Networks
- ❑ Tribal Health Departments and Performance Management



CDC Announces New NPHII FOA

Emphasis on Excellence

- ❑ **Recently increased investment by announcing more than \$34 million in additional ACA-funding through NPHII**
- ❑ **Expands upon the good work that has already been done or in process among the 76 grantees**
- ❑ **The new monies will strengthen our health departments' performance improvement practices**

Future of Performance Management

- ❑ **NPHII can further support and advance performance management and quality improvement in public health**
- ❑ **The future of performance management is YOU**
- ❑ **We're here today to build the synergy, the alignment for the future**
- ❑ **There is a charge within our communities for improvement and our job is to work together and prepare to meet critical public health needs**

Thank you!

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support