

**NPHI Call with Grantees – December 15, 2010**  
**2:00-3:00pm ET**

**Summary of Questions and Answers**

**Question:** One area I'm interested in is getting some technical assistance or learning from others on performance improvement or the performance management system, specifically if other states already have a dashboard type of system that specifically describes the Department of Health or the public health contribution to some of the health status indicators. That's where we think we're going here. I've checked with a couple of other states and some of the other states say they don't have something like that right now.

So I would have real interest in either hooking up with other people who have that, or maybe CDC taking the lead to maybe put some snapshots of web pages where other people have those kinds of systems and some contact information so we can share some models or ideas.

**CDC Response: Dr. Thomas:** A very good question and something that we'd like to definitely understand a little bit better from the state perspective, knowing that some jurisdictions already have really sophisticated systems in place and others do not. So this is certainly something the network could take initiative on as well as working very closely with the Senior Public Health Advisors to identify some places where this is really working and share those lessons learned. So it's a very helpful comment.

**Dr. Baden:** I think it's also a wonderful example of how the network could work in general. Anytime someone within the network has a practice that is working very well, we should be able to share it through our entire network as a community practice where we share these methods with everyone so they can learn.

**Dr. Monroe:** So between CDC and then the five partners - and we're partners - so the Public Health Foundation's going to be supporting performance management systems and providing technical assistance, too. So between all of us working together and focusing on these types of issues, our hope is to mobilize quickly across the field and get adoption of these issues. So that's perfect to start with.

**Question:** This is a logistical question in regards to the training in March. Do you have dates identified? How many people can attend? Is it just the performance manager themselves who we've designated or if the agency had written in their grant for others to attend, could that be possible?

**CDC Response: Dr. Monroe:** Yes, up to two can attend.

**Dr. Baden:** We're looking at March 30 and 31 but we might also add April 1 depending on the scope of the meeting. We're still working that out. I plan to address that more in January with all of you.

**Dr. Thomas:** As a requirement of the funding opportunity, the performance manager or point of contact, whoever the designee is, is the primary invitee to that meeting and that an additional person is certainly welcome, bearing budget.

**Dr. Monroe:** We have space limitations for the meeting but we can accommodate up to two per jurisdiction or per grantee. But definitely, the Performance Improvement Manager is required to come.

**Question:** I would like to know if CDC is planning to invite the health department Secretaries to any meetings because they are the principal authority to support the improvement capacity initiative of CDC. It can be a conference call. It's just a question and a suggestion. Thank you.

**CDC Response: Dr. Monroe:** So I understand, the question is whether or not we're going to convene the Secretaries? We certainly can. We can convene calls as we see needed. So you're talking at the Secretary level? Is that the Secretary of Health? Is there a Health Commissioner that reports to the Secretary?

**Questioner:** We don't have a Health Commissioner. We have the Department of Health Secretary.

**Dr. Monroe:** It's very important to us to be communicating with the Health Secretaries and the Health Commissioners. Because this is systems improvement and many of the things that will be I think coming out of this work clearly will need this support from that level to get the improvements. So this is why we need your feedback. As you all get into this work, the timing of calls like that or communications, wherever CDC can be helpful, is exactly the type of feedback that we need so that we can support you in the best way.

**Question:** Thank you. Dr. Monroe and everyone, thanks so much for this call. It's really exciting and it's really good to get some more perspective on what we're all engaged in. I've got a comment and a question. First on the previous call about keeping the secretaries informed, that's a great idea. And perhaps that regular ASTHO call that takes place Friday afternoons might be a good spot to insert an item on the agenda with regard to NPHII. So that's just a suggestion.

My question has to do with the intersection of quality improvement and public health and health reform. Here in Maryland, our governor has completely

embraced health reform. We are (unintelligible) to fully implement health reform and see tremendous potential for public health. I thought I heard that there's TA available through APHA on health reform. If that's the case, could you give some advice on how we can connect with APHA and go about that? Thanks so much.

**CDC Response: Dr. Baden:** That's a wonderful question. Yes, the proper channel would be to contact your Senior Public Health Advisor and they will link you with TA for that issue, either directly with APHA or if there are other avenues for support.

**Questioner:** That's great. The advent of health reform really calls upon state public health and local public health to develop if not a (unintelligible) health improvement plans with measurable indicators as a baseline for rolling out health reform and so I just think that there's a really good intersection between those two endeavors. We'll make sure to make that contact.

**Dr. Monroe:** We think so too. Of course this is being funded through the Affordable Care Act, so all this really ties in very, very nicely.

**Question:** In our state we plan for the Performance Improvement Manager to assist with the coordination of the accreditation process, and I understand that there will be some training for accreditation as that rolls out in 2011. Are there plans for some coordinated effort in terms of training or information? How will this initiative work with the Public Health Accreditation Board?

**CDC Response: Dr. Thomas:** So just to say that there is training for accreditation readiness and add the application piece that is delivered through the Public Health Accreditation Board (PHAB) - that's separate from the work that we're doing here, but we're trying to complement that effort. So we would not be training on how you would apply for accreditation, but more around the concepts or strategies or principles of quality improvement and accreditation that are necessary. So in many ways, this initiative is something that I think could really set you up for a really solid application and move you forward in terms of your accreditation readiness.

**Questioner:** That's exactly our hope. But part of it too, it'll be the same person doing this, so I guess what I'm asking is for is to make sure that the coordination is done in such a way that one person could do that and not be required to be in two places at the same time.

**Dr. Thomas:** Are you referring to the March meeting in particular - when you say two places at the same time?

**Questioner:** Just in general.

**Dr. Thomas:** We certainly are looking at this as a really unique opportunity to dovetail accreditation and this initiative and are doing our best to coordinate those two efforts. So, if you have a specific request for training around accreditation we'll direct you to the partners that can support that, which is different from the partners that are supporting the National Public Health Improvement Initiative- they're the same partners, but they're doing a different type of work.

**Dr. Monroe:** Before I came to CDC, I was on the Public Health Accreditation Board, and if you look at accreditation - the real intent, the reason to do accreditation is to improve performance and quality improvement and standardization. So these really are hand in glove, so I think you're fine.

**Question:** I have a sort of suggestion and was wondering if maybe you're already steering it this way. If there's going to be some TA on setting up a dashboard and the evaluation process, I wonder if we're going to be focusing or suggest focusing on the winnable battles. Is there going to be a crosswalk there?

**CDC Response: Dr. Thomas:** Excellent question. We haven't made that an explicit link, but if that is something that you wanted to, for example, use as an improvement initiative to address what we call winnable battles here as areas where you want to make some improvements in your jurisdiction, here's a great opportunity to set the systems up to do so.

**Dr. Monroe:** So we're hearing a few different things on the phone, which makes it exciting because by being a network to learn if one jurisdiction has the best dashboard, and if we have some great examples of dashboards, then we can multiply that because that way we're not all reinventing the wheel. If another jurisdiction improves systems for the winnable battles then we can spread that across and everybody can learn from it, I mean that's when this becomes very, very robust in my mind. So this starts to get really exciting.

**Dr. Thomas:** So to clarify, you're looking for technical assistance around setting up dashboards and the use of those dashboards. Is that correct?

**Questioner:** Yes, that would be one place where we would be looking for help.

**Question:** I just had a question about how the Component 1 and Component 2 awardees will interact. For example what are the opportunities short of the meeting for Component 2 awardees in certain categories to discuss for example what they're doing in policy? Also then how does that information get shared with those who receive the Component 1 awards?

**CDC Response: Dr. Monroe:** That's an excellent question. My answer to that would be yes that Component 2, the subset of Component 2 that is working on like matters,

so if it's policy or the like, we really should. Again, we want to drive this based on your needs too - this is a partnership. I think that's an excellent suggestion. If there are those subset calls that focus on areas, and then because of the learning collaborative and the nature of this network, what we're beginning now on this call, anything that comes out of Component 2, I think certainly should come then to all Component 1 - especially those things that work across the system. I think, as you guys are getting into this work I can already tell on the call with the energy, that by our March in-person meeting I suspect we're going to have a lot to share.

**Questioner:** I'm really interested in how people see transforming their work to being aligned with healthcare reform, really transforming it. It's something we're really interested in hearing from others about.

**Dr. Monroe:** That's a critical challenge for all of us right now. We're all going to have to think differently about how transformation does mean you've changed. So we'll need to do this together. I think it's great.

**Dr. Thomas:** I think people are going to transform in different ways and are going to learn different things through that transformation process. We're hoping that through these networks that we're developing, people will be able to share those practices so everyone can learn at the same time.

**Dr. Monroe:** So you guys become the learners and the teachers as well as us here at CDC. We'll all be learning together and we'll all be teaching one another and then figuring out what needs to be in the system to facilitate and make that transformation happen.

**Question:** Sort of along those lines of being learners and teachers, can you talk about how you're going to use the expertise for the multi-state learning collaborative to share with the new performance improvement managers?

**CDC Response:** **Dr. Monroe:** First of all, many of our partners were involved with the multi-state collaborative and then we had 16 states, and I think all the 16 states are grantees in this. I had said at the last meeting - there was a meeting I think in September, that I spoke and we were talking about this. Where we are now with this national network and this call being the first call with all of you, I believe that the work that we're going to be doing through this grant really builds on the Turning Point, some of the lessons from the Turning Point, definitely the multi-state learning collaborative. So as we go forward, certainly at our March meeting, we'll want to draw from that. I believe our partners, as well as the 16 states that were involved, are going to have lessons to bring forth to all of us as well. We definitely want to build on that work and draw from what's been learned. So again, it all ties together.

As we go forward, we'll start working on the specifics of that. Today was kind of an organizational call to get things out on the table regarding getting started, but going forward, we'll start drilling into the detail.

**Question:** We have some specific questions around our Component 2 award which involves funding planning grants and then implementation grants in later years to local partners to establish public health districts. We're looking to see what kind of flexibility we'll have on the back end since their first-year planning grants are going to be so compressed. Have you figured out what the opportunities are for what may be the equivalent of rollover or extended deliverables from year to year?

**CDC Response: Dr. Dan Baden:** Yes. This is a five-year award so carryover requests will be addressed on a case-by-case manner

**Question:** I had a couple of things I wanted to mention. They're a little bit down in the weeds so you'll forgive me. The first is, I'm glad that the meeting is being set up in March. That'll kind of be a deadline to get stuff rolling and ready for that. I appreciate the offer to get input as to what we should talk about at the meeting and how it might be structured and so forth, but I sure hope you don't call me tomorrow to ask for that kind of input because we're just getting started here and I'm not sure I would have very much meaningful to say. I hope that there will be some opportunity, as we get closer to the date, to help shape the format. I know that obviously you need to plan some of this stuff in advance and you want some lead time, but I imagine most of the states are in the same place we are in terms of just beginning to ramp up and hire staff and so forth.

**CDC Response: Dr. Monroe:** Your point is really well-taken. So I think at this juncture we'll, we need to get dates set and just kind of get that part done. I think your point's really well-taken because we want this to be a really rich meeting. The richness of this meeting will be from the work that folks are doing, and we know that work is just beginning so we're going to be moving fast - but we won't move so fast that we miss the most important things that should be in that meeting.

**Questioner:** The second thing was the structure that you all have set up with this network of partners I think is very promising and interesting, but it's quite different from the way that we operate in most of our other cooperative agreements. It would really help me to have some written description about each of these partners and kind of what they're expected to provide so that I can think about how we can use them to get what we need.

**Dr. Monroe:** Okay, we'll get that out to everyone. That's a great suggestion.

**Questioner:** Then the last thing I wanted to raise, and it's kind of related to one of the questions earlier, is we're trying to sort through a lot. Because we had to write our application in such a compressed timeframe there wasn't a lot of time to process with our local health department partners how they articulate in all of this work. I think it's really critical that they be at the table in a meaningful way. So one, I couldn't tell you what to talk about in March, but one thing that I bet would be useful to hear about is how other states are using the resources they have to make sure that local public health is at the table in a meaningful way in this process. I bet NACCHO has some ideas on this too, so I wanted to throw that out as well.

**Question:** In regards to the initial overview that you presented, the three speakers, I'm wondering technically if you're going to be able to distribute some sort of overview of that information so that we all have that in the same format, and secondly if there's the possibility you could put together some sort of organization chart so that it's a little bit more clear. I'm kind of an org chart person so it helps me to see how people are related.

**CDC Response: Dr. Monroe:** Okay, so an org chart to show all the relationships. We need to make sure that we've articulated really well and a good explanation for what all the partners are doing for technical assistance.

**Dr. Baden:** And a summary from this call will be on the web as well.

**Question:** I think there have been a lot of requests for specific information. We just talked about the notes from the call and an org chart and other things and somebody referenced a website. I think it would be helpful if all the materials related to this initiative could be sort of in one place on the web. You could have explanations, meeting minutes, a list of who's who and also links to the partner websites with descriptions of what they're doing. I think communication is going to be a challenge with this. Obviously there are lots of grantees with different levels, different projects and other things. But to sort of bring it all together - I'm not sure whether it would be better for CDC to host it or for one of the partners to host it, but a one-stop shopping place for materials, artifacts as they say, Qs and As, lists that relate to the whole initiative I think would be very helpful.

**Dr. Judy Monroe:** You can send comments and suggestions as you think of things to our e-mail box, it's: [ostltsfeedaback@cdc.gov](mailto:ostltsfeedaback@cdc.gov) and also find information on our website [www.cdc.gov/ostlts](http://www.cdc.gov/ostlts) - you can find information related to NPHII that is linked to our main OSTLTS page.

**Questioner:** So the suggestion is that we structure that in a way that you routinely post all grant-related information there, materials, links to other sites. I think it would be very helpful to have it sort of all in one place rather than relying on emailing out to people with different documents.

**Harald Pietz:** Hi, this is Harald Pietz. I'm the Acting Branch Chief for the Technical Assistance Branch. We're working on the website. Everyone within the Component 2s has been connected with a technical assistance request, with a form to put out there. We're culling through those components for the technical assistance requests and they're putting it out there. We will be developing an outreach for the Component 1s to have an active technical assistance need. Then we will come up with a technical assistance plan to allocate with who's the best source to provide that, whether it's one of the partners, whether it's someone within OSTLTS, or if we need to reach out to other CDC programs.

If you have not been contacted by one of your SPHAs (we were calling them Senior Performance Representatives or your SPRs), they may have contacted someone else on your team. I know we've had contact with everyone but we may not have reached in to you specifically. So we will redouble our effort to make sure that occurs.

And the website right now has information about each of the awards, who got the awards, whether they're Component 1s and Component 2s, and has information leading back. We are currently developing more information to put out there in terms of what you guys are asking for. As we get better information in terms of what the needs are and what good products and best practices are available, the plan is to put that out on the website so that you all have access to this information to be able to share that across this network.

**Questioner:** Just a suggestion that if a state sets up specific state websites on their projects, that links to those also be provided. It'd be a good way to share materials directly.

**Dr. Monroe:** That's a great idea. We need to take lessons from each one in line. We've got kind of a short timeline to make a difference. We've obviously got lot of challenges as we've talked about with funding in the climate right now and we want to come in with impact here. It's going to help the entire field and put us in good position. So we need to approach this kind of like H1N1 where the communications are very robust. That's what I'm hearing.

**Harald Pietz:** We can add those links to that because you'll have a specific portfolio if you will with you. If you click on our U.S. map you'll be able to see who the award is. So if it's New York City, you'll have your own icon there. You can click on that and we'll have the contact information and what the goals are. If we have your link to us, if you give us that information, we can embed that in there and we can redirect folks to your page around this initiative. I think that's an excellent idea.

**Dr. Dan Baden:** So the website will be one source, but also remember the Senior Public Health Advisor really is your go-to person for this. They will help you coordinate all your TA needs and things like that.

**Harald Pietz:** We'll add those names onto the website as well. If you have any questions on who to contact, you can contact them directly or you can always contact me, [hwp1@cdc.gov](mailto:hwp1@cdc.gov).

**Question:** ASTHO has a performance improvement network. And we do, I think it's like quarterly calls. I'm wondering if you guys have had any conversations with them to coordinate so that instead of two separate performance improvement networks with conference calls we could maybe have one.

**CDC Response: Dr. Thomas:** Yes, indeed we actually fund ASTHO to support this network concept, so we are very much in line with working closely with them on better integrating this network, their existing network, into this broader network as we go forward.

**Question:** We would like to see a better definition of what performance management, a performance system, is. We are using information primarily from Turning Point as to how performance management has been defined, but we're listening and hearing that perhaps now it's including accreditation preparation and we're not quite sure how that all fits in. We would really like to see that there would be a solid definition of what a performance management system is. Thank you.

**CDC Response: Dr. Thomas:** Turning Point is an excellent source to look for that type of work. Obviously Public Health Foundation has done quite a bit in this area as well, and I definitely hear the idea of a working definition or a solid definition that we could probably base on preexisting work. That said, I think my point about accreditation is that there are concepts and principles of accreditation that directly tie in to performance management. In fact, one of the essential services that -- I think it's in Domain 9 -- is one that really is about performance management evaluation, total quality improvement. So there's a lot of overlap here. By no means are we saying that this is accreditation. We're just trying to connect some dots here and maybe we can do that better through our communications and our definitions, so a point well-taken. Thank you.