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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Deputy Director, Centers for Disease Control and Prevention
Director, 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

Public Health Foundation

NACCHO

National Association of County & City Health Officials
Partners

*Increase Epidemiology Workforce & e-Learning*

- **astho**: Association of State and Territorial Health Officials
- **Council of State and Territorial Epidemiologists**: Leaders in Applied Public Health Epidemiology
- **PHF**: Public Health Foundation
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)

- 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)

- 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
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
- 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

Health Department + PH System + Community Partners + Workforce

Builds

Operational Capacity (infrastructure)

Impacts

Every Community Program and Public Health Activity (Chronic Disease, Inf Disease, EH)

Which leads to

Better Health Outcomes
Reduced Disparities
Better Preparedness

Pay big dividends here

Investments here
Everyday example: Marathon Runner

- Seeks to better last year’s time
- Trains 5x per week at various distances
- Records times + variables
  - 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
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
Translating Science to Practice

Awareness → Acceptance → Adoption

Implementation → Evaluation → Sustain
Translating Science to Practice

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
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

Evaluation to Sustainability

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

Assuming the Conditions for Population Health

- Community
- Health and Delivery Systems
- Employers and Business
- The Media
- Academia
- Governmental Public Health Infrastructure

We must strengthen the public health system...
Assuming the Conditions for Population Health

- Health and Delivery Systems
- Employers and Business
- The Media
- Academia
- Community
- Governmental Public Health Infrastructure

...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

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<thead>
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<td>9</td>
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<td>6</td>
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<th>298</th>
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<tr>
<td>Other Provider Referrals*</td>
<td>70</td>
<td>105</td>
<td>19</td>
<td>41</td>
<td>31</td>
<td>14</td>
<td>16</td>
<td>19</td>
<td>315</td>
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<tr>
<td>TOTAL FAX REFERRALS</td>
<td><strong>85</strong></td>
<td><strong>298</strong></td>
<td><strong>317</strong></td>
<td><strong>335</strong></td>
<td><strong>225</strong></td>
<td><strong>174</strong></td>
<td><strong>160</strong></td>
<td><strong>137</strong></td>
<td><strong>1731</strong></td>
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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
- 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
New Process

Steps 44
Decisions 8
Handoffs 11
Delays 1
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<tr>
<th>Measure</th>
<th>Before</th>
<th>After</th>
<th>Difference</th>
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<tr>
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<td>44</td>
<td>76%</td>
</tr>
<tr>
<td># of Decisions</td>
<td>32</td>
<td>8</td>
<td>75%</td>
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<tr>
<td>Handoffs</td>
<td>63</td>
<td>11</td>
<td>83%</td>
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<tr>
<td>Delays</td>
<td>18</td>
<td>1</td>
<td>94%</td>
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<td>Lead Time Total</td>
<td>317</td>
<td>210 - 225</td>
<td>37% - 29%</td>
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<td></td>
<td>167</td>
<td>105 - 120</td>
<td>37% - 28%</td>
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<tr>
<td></td>
<td>60</td>
<td>30</td>
<td>50%</td>
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<td>90</td>
<td>75</td>
<td>17%</td>
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<tr>
<td>Loop Backs</td>
<td>5</td>
<td>0</td>
<td>100%</td>
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<tr>
<td>Approvals</td>
<td>35</td>
<td>10</td>
<td>71%</td>
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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)

Funded recipients and activities posted at www.cdc.gov/nphii
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**

<table>
<thead>
<tr>
<th>Health Promotion and Disease Prevention</th>
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<tbody>
<tr>
<td>Public Health Policy and Public Health Law</td>
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<tr>
<td>Health IT and Communications Infrastructure</td>
</tr>
<tr>
<td>Workforce and Systems Development</td>
</tr>
</tbody>
</table>

#### 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?

CDC, SMEs and national partners

Performance Improvement Managers

Training, Communication, Collaboration
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

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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.