

Systems Development/Redevelopment

Key Themes and Highlights:

Joyce Marshall, Oklahoma State Department of Health Performance Management (OSDH) –“Agency-wide Performance Management”

- Why have a Performance Management System for the Agency
 - Align strategies
 - Improve accountability
 - Increase opportunities for continuous quality improvement
- OSDH Performance Management activities have draw on public health drivers at the National, State, Agency, Community and Individual levels. Joyce walked through an example of how the state looks at national goals from HP 2010 and addresses the goals by using national standards, OSDH measures, community measures and individual performance.
- OSDH has STEP-Up, a web-based Performance Management system.
 - Agency standards are aligned with national standards.
 - Allows for alignment of county level data with state goals
 - The system supports the Community Health Assessment and Community Health Improvement Plan processes.
 - OSDH strategic plan is informed by STEP Up. The plan is a 5 year plan that is reviewed annually.

Questions and Answers:

Q1: Did program staff at the agency struggle with the priority areas that were selected (e.g., Child Health and Obesity). Is the accreditation process a rolling one so we don't have to wait for the next cycle?

A1: Priorities cut across a number of program areas, so most programs within the agency could relate to performance efforts taking place.

Q2: For your Oklahoma Public Health Improvement Plan – 5320, what was the timing for rolling out communications?

A2: Three weeks.

Q3: As we get started developing indicators, what if we can't change the indicator or show improvements? Will that impact ability to get funding?

A3: Oklahoma shared that there were similar concerns. Staff wanted to make sure targets were within reach to make sure funding would not be lost. Leadership helped encourage the appropriate identification of the measures/indicators.

Key Themes and Highlights:

Dawn Jacobson, MD, MPH, Director of Performance Improvement, County of Los Angeles Department of Public Health - "Building a Performance Improvement System in a Large Urban Public Health Department: Linkages & Learning Collaboratives"

- LA County is in a decentralized state. LA County reports to the County Executive Office.
- Performance Management System is an organizational level – rather than individual performance.
- LA County Performs – addresses the following:
 - Strategic Planning
 - Performance Measurement
 - Performance Improvement Projects, including mini-collaboratives
- Evidence Review: look at evidence from the Guides to Community Clinical and Preventive Services. Two tiers of evidence are considered: Ranked evidence and evidence that is supported by other rationale
- Performance - Public Health Measures:
 - Includes both visionary measures and operational measures to inform the PH measures.
 - Measures look at more than widgets and outputs
 - Data is collected on 30-40 Performance Measures every two years
 - Measures evolve to address national context

Questions and Answers:

Q1: Have you engaged the Environmental Tracking Network to support your Performance Management System? You might be able to leverage an existing system to track performance measures.

A1: Tracking is not done online at this point. Thirty-two programs, including the environmental health program are included. We would like to move to an online tracking system in the future.

Q2: As we get started developing indicators, what if we can't change the indicator or show improvements? Will that impact ability to get funding?

A2: LA County encouraged flexibility at the formation stage. Use interim measures and use a coaching strategy to prepare staff.

Key Themes and Highlights:

Susan Ramsey, Director, Office of Performance and Accountability, Washington State Department of Health - "Washington State's Case Study: Building a Quality Culture"

- Culture change takes time, it does not happen overnight
- Use existing assessment staff – they usually have the data to help with decision making
- Maximize efforts by starting big quality improvement (QI) and little QI at the same time

- QI culture takes top-down and bottom-up efforts, but top-down most important

Questions and Answers:

Q1: What does the review of the annual QI plan entail?

A1: QI council meets to review plan to decide what to keep and what to throw out. We also hold annual “Strut your Stuff” presentations that allow for recognition of all team members. Each team presents on their project, lessons learned, and the return on investment

Q2: For states that had MLC dollars, what are they thinking in terms of project/initiative sustainability?

A2: The health department is receiving funding from the NPHII grant and money is being used to build Performance Management Centers for Excellence. They are also working with 15 local health departments to continue building infrastructure and capacity.

Currently, they are working to extend beyond grant funding and hope that development of Performance Management Centers for Excellence will build capacity for the program to become self sustaining.

Under this strategy, state health departments are funding local health departments. Locals can pick their own approach, but Centers of Excellence are teaching a single approach. The state also has a Practice-Based Research Network (PBRN) and several methods are being examined to demonstrate what works best.

Q3: Does the program have any specific measures for obesity prevention? Do you have any success stories?

A3: Yes, data is available publically. Contact Susan Ramsey and she’ll provide the specific website with the specific indicators.

Q4: Is there a threshold or ideal number of performance measures?

A4: There is no magic number, but it needs to be a manageable number. Determine what you want to measure, but be sure that whatever you are measuring, you are using the data (to make decisions). Using staff time to track data that isn’t used doesn’t make sense.

Q5: How do you create a safe environment for QI?

A5: Washington uses several tools/approaches including quarterly reports and annual “Strut your Stuff” presentations

Not all efforts are successful- it’s OK to take a different direction, but you have to give freedom of safety to share the good and bad. Often times, people are afraid to share any failures. Sharing of failures is what makes programs and processes better.

Staff members that serve the front lines (line staff) need to feel safe in telling a manager when something doesn’t work. Staff members also need to have the capacity and resources to move forward if they have a failure so there needs to be an opportunity to tell senior management what they can do to help.

Q6: Performance measures means a lot of different things – Are we talking about the same things?

A6: Washington tracks 32 public indicators that all 35 public health departments feed into system that is available to public; there are difference measures reported to the governor each quarter; all 35 health departments have indicators that feed into measures that are reported quarterly to the governor. One the average, local health departments pick 15-20 indicators to track.

Key Themes and Highlights:

Joshua Czarda, Performance Improvement Manager, Virginia Department of Health – “Instituting a Strategic Plan & Agency Wide Performance Management”

- Start with the big picture, look at the strategic plan and assess benchmarks against metrics
- Refine the process and data to detailed and actionable levels
- Tie it all together to evolve strategic plan

Questions and Answers:

Q1: Is Virginia happy with their system and are they looking for anything else?

A1: Yes, all state agencies operate under VIDA? The software that was originally selected didn't have any additional capability beyond what could be done with a pivot table in Excel. Had to set up very complicated metric systems?

Virginia is working to pull data into a data warehouse since the current system cannot pull data from different data sources.

Q2: How many graphs do you have? Does team input data?

A2: For each metric in the dashboard, there is functionality to click on the metric and drill down to another level.

Data collection is occurring through v-lookups. Excel will go find each metric (both internally and externally) and the corresponding data value. At the end of the day, will have several hundred graphs but will still maintain a small file size.

Q3: Has Virginia created a data warehouse?

A3: Yes, a data warehouse has been created for the Health Department. The system is priced at \$269 a gigabyte and they have 90,000 gigs of capacity. They are charged at capacity each month which is approximately 3.5M annually.

For all data storage there are currently 119 different data sources. The most important thing is for the office to get to what is actually important data to use to change programs. Get to the stuff you need – most of the time, it's not a very robust database

Q4: When you use excel, do you have controls for data quality to address data lag issues, do you have a process to log data? Who is data shared with? Can anyone use it?

A4: In terms of data integrity, once the template is completed, it's archived, and each quarter staff members complete a new template.

Q5: You mentioned a tool used by the Performance Improvement Council?

A5: Yes, the tool is currently only used by the Performance Improvement Council. Bit by bit, they will roll it out to Directors and Regional Health District Directors to help them put their performance into context. The system allows for refinement of evaluations.

Q6: Josh, you said the model was developed and a dashboard was put together in eleven weeks. How are they working to build QI culture?

A6: I took the time to meet with every Director to talk through the process and explain performance teams, level setting, and the importance of everyone feeding into the process and contributing, working from the group up. We are also doing trainings, right now, it's rapid fire training, but we plan to do a more robust training program. Also, the Commissioner is really setting the tone on what they want to accomplish.

A7: I am concerned that not everyone can accomplish what you have accomplished in eleven weeks. Some organizations cannot necessarily push things through that quickly.

Q7: The group seems to be working well at this point, but it's also about how you approach people, foster their ideas, and work together. I asked people about what drives them crazy and picked the top two as the first things to address which has helped lead to quick buy-in. It might not be the same level of support when they go after something that isn't as much of a thorn. Additionally, the Performance Improvement Council helps them to vet what projects to do by identifying quick wins and tackling problems that will lead to tangible benefits and results.

Key Themes and Highlights:

Mary Davis, Director, Evaluation Services, NCIPH, UNC Gillings School of Global Public Health- "Using Evaluation to Advance Your Performance Management Efforts"

- Evaluation is systematic collection of information about a program. Information collected through an evaluation should be useful.
- CDC Evaluation Framework: Identifies stakeholders for an evaluation, describes the program, focuses on evaluation design, gathers credible evidence, analyzes data, and ensures utility of evaluation findings.
- Performance Management is similar to evaluation in that it engages stakeholders, uses measures, data and reports, and aims to support improvements.
- Performance Management and Evaluation differ because Performance Management provides a snapshot in time – whereas evaluations look to the macro level of program performance.
- Evaluation can be used with performance management systems.
- A common language (definitions) is necessary to identify the differences between evaluation and performance management.
- Key elements to building a performance improvement system: strategic planning; performance measurement /data monitoring with a reasonable number of indicators; implementation of prioritized performance improvement projects
- The process requires buy in, training of staff at multiple levels and lots of hands on staff time

- Evaluation can be used at both a macro level and micro level. Macro level evaluation is “performance management in an evaluation box” and can be formative, process, and outcome focused. Micro level evaluation is program review as part of quality improvement, but identifies areas to improve process at the programmatic level.

Questions and Answers:

Q1: How do you maintain or improve on your data results?

A1: Do root cause analysis; empower and train staff at the program level

Q2: As we get started developing indicators, what if we can't change the indicator or show improvements? Will that impact ability to get funding?

A2: A recent MLC evaluation report provides context for performance management systems in Public Health. This and other reports will be shared on the NNPHI/MLC website.

Q3: How do you create a safe environment for QI?

A3. MLC provided a safe environment where MLC states felt comfortable sharing what didn't work. For example, Florida tried to create a best practices website but they faced many challenges. In sharing their experience, other states realized that a best practices website was fraught with peril and decided to pursue other activities. Staff should have the opportunity to share what works well and what isn't working well.

Q4: Performance measures means a lot of different things – Are we talking about the same things?

A4: Terminology is very important – have to use terminology consistently – measure; indicator, etc. Have to also be clear about how terms are being used.