Welcome to the Performance Improvement Managers Network Call!

The Multi-State Learning Collaborative & The National Public Health Improvement Initiative

May 26, 2011

1-888-790-3994 or 1-773-799-3688, code: 3478212
Agenda

Today’s Presenters:

Jennifer McKeever, National Network of Public Health Institutes
Susan Ramsey, Washington State Department of Health
Joy Harris, Iowa Department of Public Health

Moderator:
Teresa Daub, CDC/OSTLTS

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The Multi-State Learning Collaborative

Jennifer McKeever
May 26, 2011
The goal of the MLC is to bring state and local practitioners and other stakeholders together in a community of practice that:

- Prepares for national accreditation;
- Contributes to the national voluntary accreditation program; and
- Advances the application of quality improvement methods that result in specific, measurable improvements, and the institutionalization of quality improvement practice in public health departments.
Project Support and Timeline

- Funded by RWJF
- Managed by NNPHI
- Evaluated by the Muskie School of Public Service (University of Southern Maine)
- In collaboration with National Partners
- Implemented by Partnerships in each state
- 5 year timeline (5 states, then 10, then 16)
Prepare for Accreditation

- Self-assessments
- Prerequisites
- Educational and support activities
Quality Improvement

...Advances the application of quality improvement methods that result in specific, measurable improvements, and the institutionalization of quality improvement practice in public health departments.

Strategy...

• QI Targets

• Mini-Collaboratives
  – Local health departments, state health departments, and other stakeholders
  – Institute for Healthcare Improvement Breakthrough Series
Targets Selected

CAPACITY/PROCESS

- Community Health Profile
- Health Improvement Planning
- Health Improvement Planning
- Assure Competent Workforce
- Customer Service

OUTCOME

- Reduce the incidence of vaccine preventable disease
- Reduce preventable risk factors that predispose to chronic disease
- Reduce infant mortality rates
- Reduce the burden of tobacco related illness
- Reduce the burden of alcohol related disease and injury
Accomplishments

• 10/16 MLC state health departments will apply for accreditation within first three years.
• 15/16 MLC states had representation on PHAB development workgroups
• 5/8 PHAB beta test sites were MLC states
• 6/19 locals and 2/3 tribes beta sites from MLC states
• 53 of 97 PHAB beta site visitors; every visit had at least 1-3 MLC representatives.
• 42 mini-collaboratives
• 274 local health departments engaged in QI
MLC page

http://www.nnphi.org/programs/mlc

Search by state…

http://www.nnphi.org/e-catalog
Improving Public Health in Washington State
Multi-State Learning Collaborative Results
May 26, 2011

Presenter: Susan Ramsey
Before Multi-State Learning Collaborative (MLC)

- We began “Call me anything but accredited” state.
- We had visionary leaders who knew we could do our work better – we just needed a roadmap.
- Our initial standards were programmatic, didn’t link to the 10 essential services and weren’t measurable.
- Quality improvement was not integrated or institutionalized.
Our MLC Journey

- Quality improvement awareness and one-time projects.
  - Used results from 2005 standards assessment.
  - Pockets of QI processes and plans.

- Multiple teams and tools.
  - Some building of QI infrastructure.
  - Collaborations in Immunizations, Chlamydia, Birth Certificates.

- Integration into agency structures.
  - Increase statewide understanding of quality improvement approaches and skills.
  - Develop alignment with National Accreditation.
  - Collaborations in CHIP, Chronic Disease, Notifiable Conditions, pre-natal care.
Performance management is “the use of performance measurement information to help set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals, and report on the success in meeting those goals”

Guidebook for Performance Measurement,
Turning Point Project
PERFORMANCE STANDARDS
• Identify relevant standards
• Select indicators
• Set goals & targets
• Communicate expectations

PERFORMANCE MEASUREMENT
• Refine indicators & define measures
• Develop data systems
  • Collect data

REPORTING OF PROGRESS
• Analyze data
• Feed data back to managers, staff, policy makers, constituents
• Develop a regular reporting cycle

QUALITY IMPROVEMENT PROCESS
• Use data for decisions to improve policies, programs & outcomes
• Manage changes
• Create learning organization

Turning Point Performance Management Collaborative, 2003
Performance Management

- Performance Measurement
- Standards for Public Health
- Breakthrough Collaborative
- Public Health Indicators
- Self-Assessment or Accreditation
- QI Plans & Councils
- Rapid Cycle Improvement
- QI Methods & Tools
- Lean Six Sigma
Three Basic Building Blocks for Improving Performance

**Health Indicators**
- How healthy are we?
- How does our health compare to others?
- What specific problems could we address?

*Population level data*

**Standards**
- What should a health department be able to do?
- How do we compare to others?
- Where do we need to improve?

*System/organization level data*

**Quality Improvement Efforts – Program / Service Based**
- How can we improve the work we do -- that will result in better health or protection?

This is generally applied at the program or service level. There are many distinct programs / services. Examples: TB, Immunizations, WIC, Food safety.

*Program level data*
An Emerging Building Block

**Activities and Services**

Is there a core set of activities and services that every jurisdiction should provide?

What data would we collect on activities and services?

Other important questions?

*Agency level data*
Putting the Pieces Together

**Performance Standards**

**Quality Improvement Efforts**

**Health Indicators**

**Identify the weak spots in public health practice.**

**One Problem:** Program evaluation is weak, so we do not routinely measure program impact on health.

**One Example:** We have not systematically evaluated immunization efforts. Our immunization rates for 2 year olds appear low for the 4th DTAP. We have seen increased pertussis. Can we improve the effectiveness of this service?

**Change what is not working**

**Response:** Provide training and tools on evaluation and apply to specific services. Implement strong evaluation. Use the results to make services more effective.

**Example:** Outreach to medical providers, parents and day care to address immunization. Better data collection. Increased outreach to parents.

**Monitor Results**

**Track rates:** Determine if strategies are working

**Example:** Did the strategies work? Immunization rates up? Pertussis down? If not – why not? Was success achieved one place – and why?
What Are We Doing With NPHII?
What Works in Washington

- Involve Leadership.
- Data driven efforts.
- Provide training on Quality Improvement.
- Provide funding—even if small.
- Create Quality Councils and infrastructure.
- Use the collaborative method and provide regular trainings.
- Create projects with similar aims.
- Connect to other initiatives and work.
Just Like Impacts on Health Take Time

- Chart progress along the way using different types of measures.
- Public health programs can have a positive influence – but takes time to show results.
- Many different factors influence health, requiring multiple strategies.
- Behavior change is often slow – and requires consistent, repeated messages.
- Resources are small compared to the magnitude of the problem.
- Strategies are designed for a large population - not individual level experience.
Tracking progress along the way using different types of measures.

Public health programs can have a positive influence – but takes time to show results.

Many different factors influence performance management, requiring multiple strategies.

Behavior change is often slow – and requires consistent, repeated messages.

Resources are small compared to the magnitude of the change needed.
Contact Information

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Important Websites

- Public Health Improvement Plan
  www.doh.wa.gov/phip
- Standards for Public Health
  www.doh.wa.gov/phip/initiative/phs.htm
- Local Public Health Indicators
  www.doh.wa.gov/phip/initiative/phi.htm
- Exemplary Practices
MOVING FROM THE MLC TO PERFORMANCE MANAGEMENT

Joy Harris, Iowa Department of Public Health
Getting to Performance Management

Accreditation Preparation → Quality Improvement → Performance Management

MLC ↔ NPHII
Accomplishments of the MLC

- **Moving QI Mountains**
  - Dedicated QI champions
  - Quality culture exercise with leadership
  - Analysis of quality at the division and bureau level
  - Developing a quality plan

- **Accreditation Preparation**
  - Emphasis on documentation
  - Accreditation team processes
  - Site visit practice

- **Demystifying accreditation and QI**
Some tools for you to consider...

**QI Toolbox**

**PDSA Worksheet**

**Team Charters**
Learning Congress Presentations

- Quality Improvement in Public Health…An overview
- Two QI Tools Everyone Can Use
- Managing Accreditation Preparation Activities…Sharing Tools You Can Use
- Developing an Accreditation Team
- Are You Ready for Accreditation?
Our NPHII approach

- Piloting performance management
  - Starting small with volunteers
  - Developing the curriculum/process
- QI
  - Program level
  - Department level
  - Quality Improvement Champions
- Accreditation Preparation
  - Strategic Plan
  - Health Improvement Plan
  - Program level technical assistance
Long Term Goal

Performance Management

Organization Assessment & Planning
(leadership, strategic plan, health assessment, health improvement plan, accreditation)

After NPHII
Contact Information

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Questions and Discussion
Thank you!
Please send your questions and comments to:

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