
Welcome to the Performance Improvement Managers Network Call!

Quality in Public Health

February 23, 2012

1-888-566-8978 or 1-517-623-4997, code: 3478212



Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support

Agenda

Today's Presenters:

Peggy Honoré & Amishi Shah, Public Health System, Finance & Quality Program, Office of Healthcare Quality, DHHS

Greg Randolph, NC Center for Public Health Quality

Lisa Harrison, NC Center for Public Health Quality &
NC Division of Public Health

Moderators:

Liza Corso & Teresa Daub, CDC/OSTLTS

Gaps in PH Quality and HHS Response

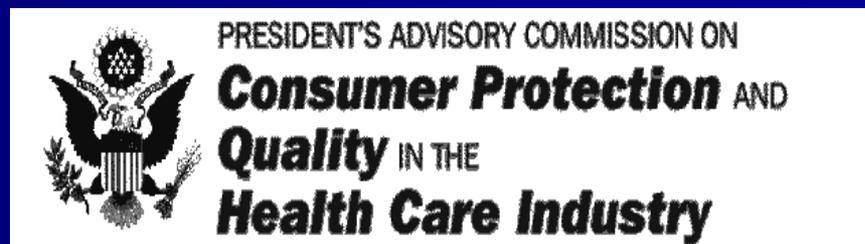
Gaps in National Guidelines for PH Quality

- 2001 IOM report focused on health care for individuals and established 6 aims for healthcare quality
- Role of Public Health acknowledged but noted that it was beyond the scope of the study
- Goals and tools for QI in public health historically were less defined than in other sectors of healthcare



HHS Response

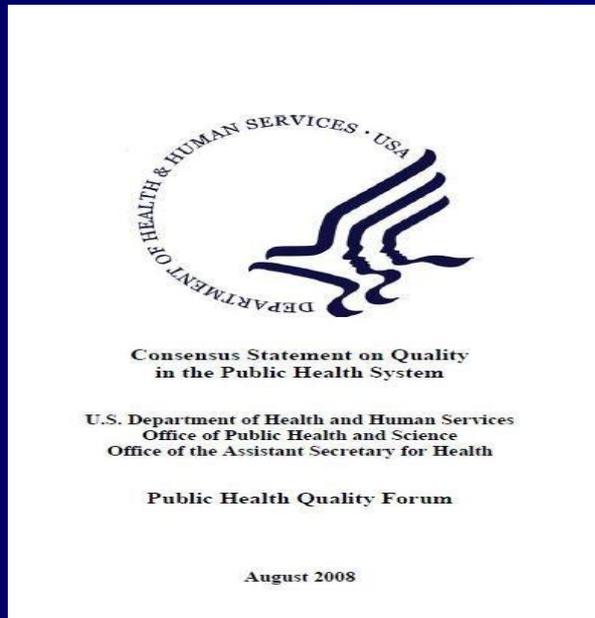
Recommendations to establish Definitions, AIMS, and Priority Areas for Improvement of Quality across all sectors of healthcare made in 1998 by:



- Established a *Public Health Quality Forum (PHQF)* in April 2008 to establish macro-level concepts to promote Quality across all sectors
- Members included **Directors of all HHS agencies** and designees from key offices along with leaders from **ASTHO, NACCHO, NALBOH, APHA, RWJF**

Consensus Statement

Consensus Statement on Quality in the Public Health System was issued in August 2008
<http://www.hhs.gov/ash/initiatives/quality/index.html>



PURPOSE

- Provide principles to enhance and guide quality improvement goals of existing and future programs that promote quality
- Articulate commitment to providing leadership and steering a course of action where Quality Management Systems (i.e., quality assessment, assurance, improvement) are routine and woven into all components of the system (e.g., financing, programming, management, governance, research, education)

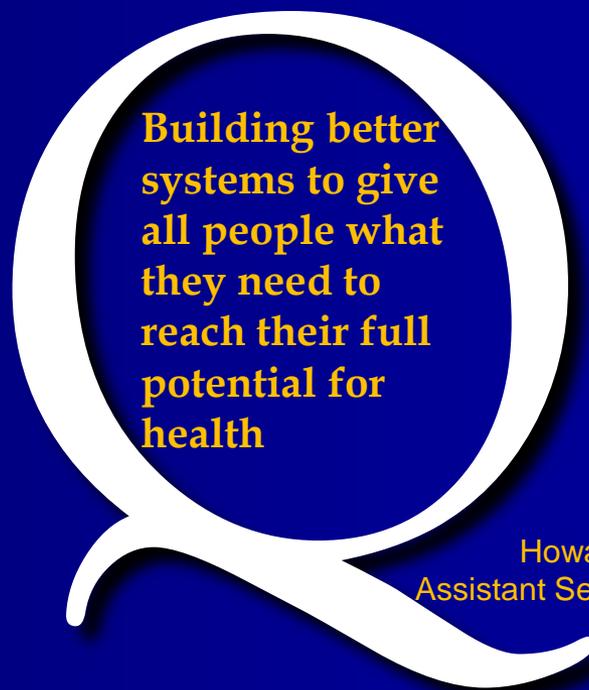
Definition and Vision of Public Health Quality

Definition of Public Health Quality

Quality in public health is the degree to which **policies, programs, services, and research** for the population increase desired health outcomes and conditions in which the population can be healthy

-PHQF, 2008

Vision for Public Health Quality



Howard K. Koh
Assistant Secretary for Health

Concept of Quality Characteristics

International Organization of Standards (ISO), defines *quality* as: A set of features and **characteristics** of a product or service that bear on its ability to satisfy stated or implied needs.

- ISO/IEC, 1998

Aesthetic **Characteristics** of Quality Drinking Water



- **Color**
- **Taste**
- **Smell**

6 Quality **Characteristics** of Software

- **Functionality**
- **Reliability**
- **Maintainability**
- **Efficiency**
- **Portability**
- **Usability**

6 Aims (**Characteristics**) of Patient Care



- Safe**
- Timely**
- Efficient**
- Patient-Centered**
- Equitable**
- Effective**

Framework to Identify Aims

The role of Public Health described as:

Definitions of Public Health

Public Health Vision

3 Core Functions

10 Essential Services

Operational Definition of a Local Health Department

With optimal improvement in population health as the ultimate goal, what characteristics describe:

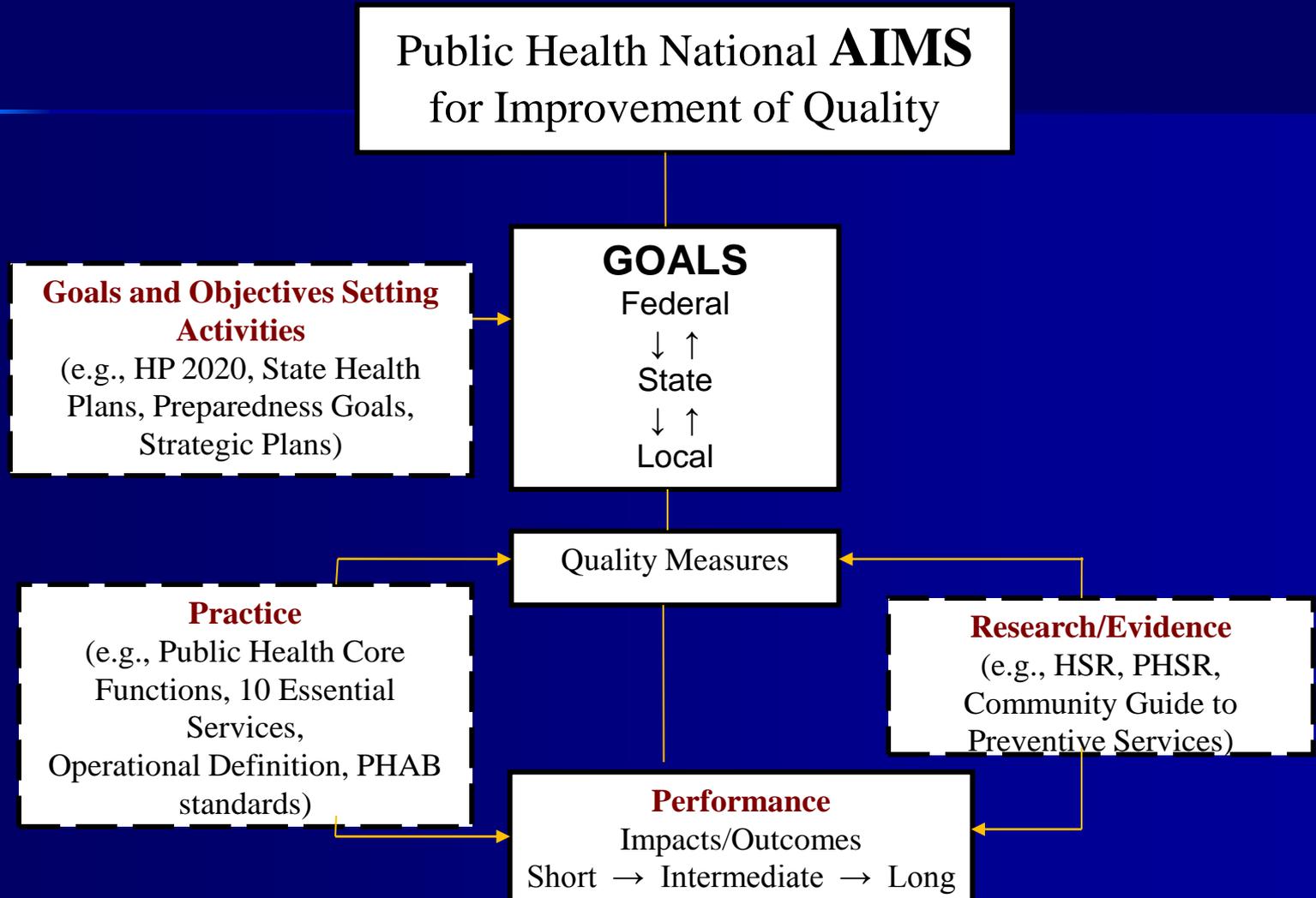
The fundamental tactics to fulfilling the role of public health?

The expected outcomes?

AIMS

- Population-Centered
- Equitable
- Proactive
- Health Promoting
- Risk-reducing
- Vigilant
- Transparent
- Effective
- Efficient

Macro Level Framework to Assure Characteristics of Quality in the Public Health System



Aims for Improvement of Quality



PROGRAM: State Office of Minority Health

Population Centered	Conduct Population-based programs
Equitable	Target vulnerable populations Conduct statewide cultural competency training
Proactive	Access recovery of healthcare system following Katrina
Health promoting	Conduct food-labeling education workshops Conduct community-based diabetes prevention awareness
Risk-Reducing	Implement Latino H1N1 prevention initiative Assess to identify environmental hazards following Gulf Oil disaster
Vigilant	Lack of available state-wide and community-level health data on minority, ethnic, and rural populations
Transparent	Lack of available jurisdiction/community-level health data on minority, ethnic, and rural populations
Effective	No established processes to measure effectiveness
Efficient	No established process to measure efficiency

Framework for Priority Areas



Outcome

Priority Areas as
Primary Drivers of
Quality

Secondary Drivers of
Quality

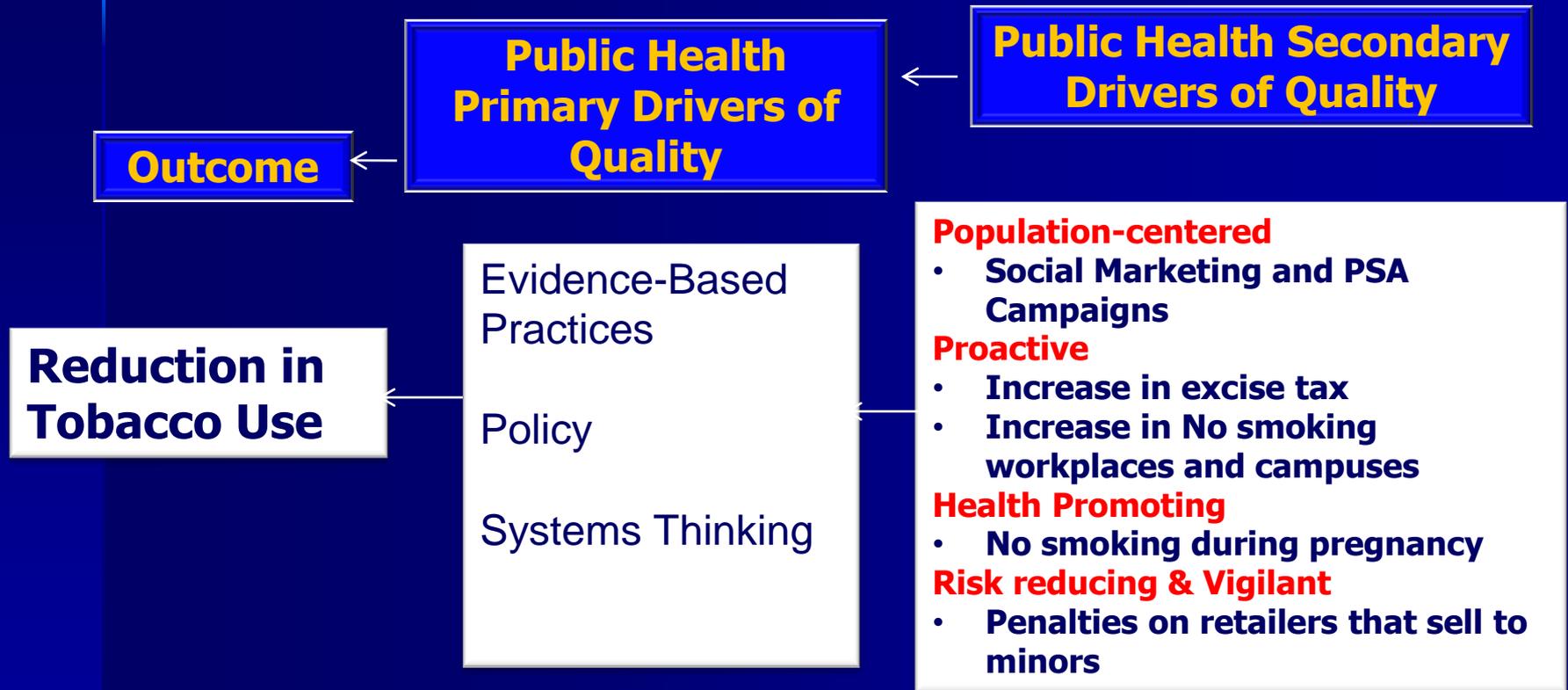
National Goals for
Population
Health
Improvements

- Population Health Metrics & Information Technology
- Evidence-Based Practices, Research, and Evaluation
- Systems Thinking
- Sustainability and Stewardship
- Policy
- Workforce and Education

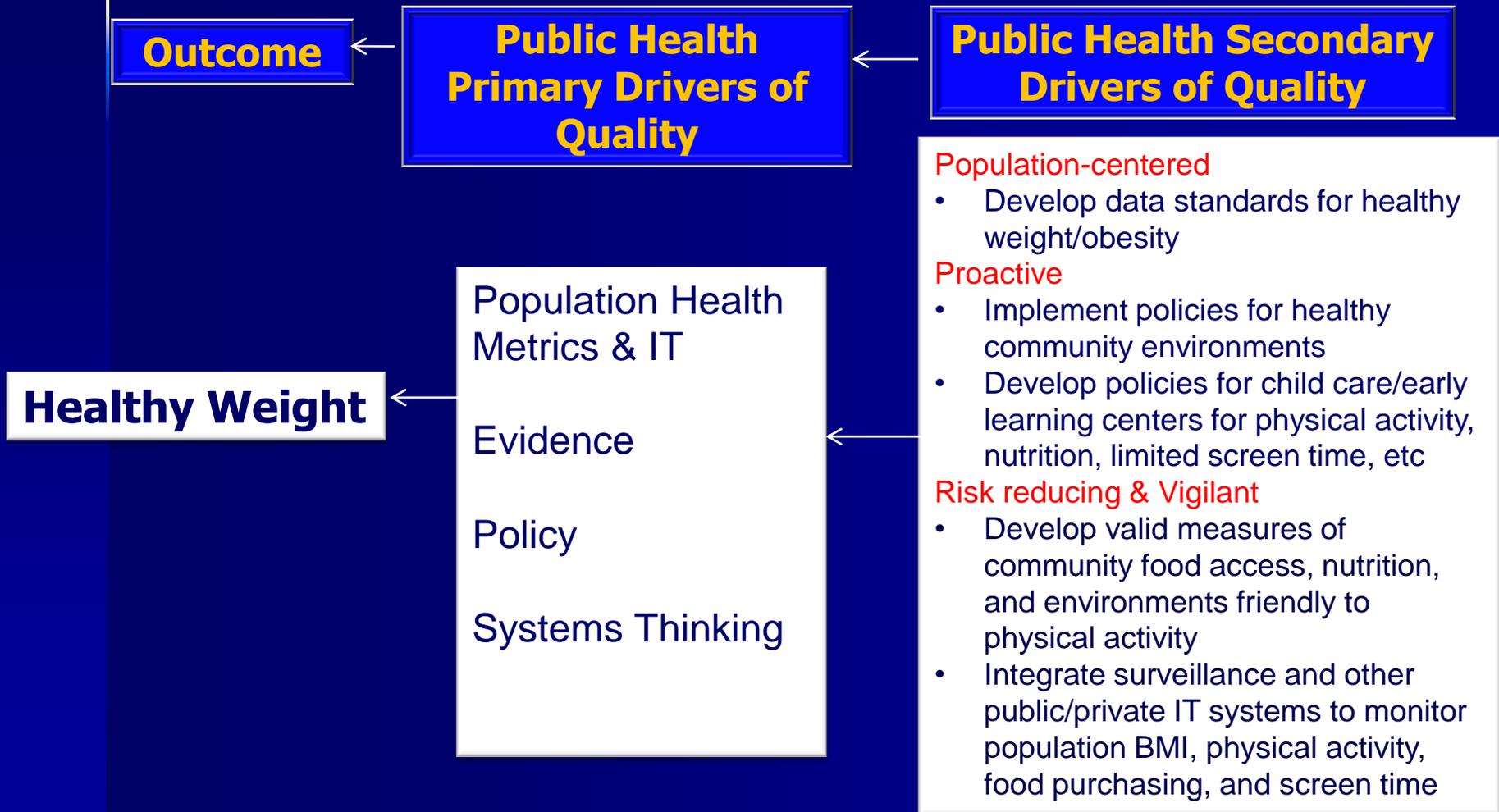
Portfolio of activities/programs aligned with the **Aims** (e.g., **risk reducing, proactive, vigilant**) support and strengthen the priority set of primary drivers

Institute for Healthcare Improvement (IHI)
concept of primary and secondary drivers applied to public health

Implementing the Quality Framework to Reduce Tobacco use



Implementing the Quality Framework to Implement Initiatives for Healthy Weight



NC Center for Public Health Quality

Learning, Experiencing, & Doing Quality Improvement



The North Carolina **Public Health**
Foundation





Mission and Vision

Mission :

Create an infrastructure to foster and support **continuous quality improvement** among public health professionals.

Vision:

All local and state public health agencies will have an embedded **culture of continuous quality improvement** that will help promote and **contribute to the highest possible level of health** for the people of North Carolina.

“Creating 11,000 Public Health Problem Solvers”

Usefulness of Quality Aims



- **Practice should be guided by theory**
 - Serves as the framework to guide practice, our “true north”
 - Framework helps us think broadly and inclusively
- **Serves as a checklist**
 - Useful to coach teams in selecting projects
 - Useful to examine your portfolio of work as a PIM and program



Priority Areas

- Our work includes population health metrics and IT, promoting systems thinking, evidence-based practice and evaluation, and sustainability, but...
 - Number one priority is workforce's capacity to address all of above...it's a critical gap...no, it's a chasm!
 - Use experiential training to build QI expertise on large scale
- <http://journals.lww.com/jphmp/toc/2012/01000>

Priority Areas for Improvement Quality in Public Health



- Population Health Metrics and IT
- Evidence-Based Practices, Research and Evaluation
- Policy
- Systems Thinking
- Sustainability and Stewardship
- Workforce and Education

Programs and Projects



The National Public Health Improvement Initiative (NPHII) includes goals to increase performance management capacity, prepare for state level accreditation through PHAB, increase efficiency and effectiveness of services, and increase application of evidence-based policies and practices in public health (PH). NPHII programs and projects in NC include:

- **Workforce training and development in QI methods**
- **NCIOM Task Force on PH Evidence Based Practice and Implementation Science for Public Health Practice**
- **Dashboard Development for State and Local PH**
- **Re-tooling the Business Office**
- **Strategic Planning for PHAB Accreditation**
- **Birth and Death Certificate Automation**
- **HealthStat Development**
- **Aligning and Streamlining Partnership**



DPH QI 101 Program

Participants:

- Use QI methods & tools in daily activities to improve the efficiency of services
- Coach others within their organization/department setting to use QI methods and tools
- Develop a plan to incorporate QI methods and tools within the local agency so that it becomes “the way we do business”
- ***Lean and The Model for Improvement*** are the two primary QI methods applied through the program

Program Timeline

February 2012	March 2012	April 2012	May 2012	June 2012	July 2012	August 2012
<p><u>Info Session</u> DPH leaders & staff attend a 2hr overview of the program, expectations, leadership support, application process, and have an opportunity to ask questions.</p> <p><i>(Feb 1st)</i></p>	<p><u>Kickoff Mtg. Session A</u> <i>(8:30am-2:00pm)</i></p> <p>Branch/Section leaders, QI team lead/members learn about leadership and team approaches for a successful project and for developing a culture of continuous quality improvement (CQI). Finalize project and team selection.</p> <p><u>Session B</u> <i>(2:00pm-4:30pm)</i></p> <p>QI team lead & 1-2 specified team members begin developing a QI project schedule.</p> <p><i>(Mar 22nd)</i></p>	<p><u>Pre-Work 1 & 2</u></p> <p>QI teams participate in two - 3hr education/ planning sessions to develop a project aim & measurement plan that includes how to obtain baseline data.</p> <p><i>(Apr 9th & 26th)</i></p>	<p><u>Pre-Work 3</u></p> <p>QI teams participate in a one day on-site working session with CPHQ staff to observe and map the process.</p> <p><i>(May 1st, 4th, 7th, 11th & 14th -18th)</i></p> <p><u>Workshop 1</u></p> <p>Teams attend a two-day workshop to continue learning QI methods and tools, develop an action plan to test multiple change ideas, and discuss CQI strategies, including return on investment (ROI).</p> <p><i>(May 31st – Jun 1st)</i></p>	<p><u>Action Period</u></p> <p>With coaching support, teams actively work on their QI projects, participate in an on-site rapid improvement event (Lean Kaizen) and finalize measures, results, and ROI.</p> <p><i>(Jun 12th – Aug 14th)</i></p> <p><u>Action Period Meetings</u></p> <p>Teams share progress, lessons learned and work with faculty coaches.</p> <p><i>(June 19th, Jul 17th, Aug 14th)</i></p>		<p><u>Workshop 2</u></p> <p>Teams attend a final workshop to celebrate, share their successes and lessons learned. Teams develop a plan to sustain QI project improvements and spread CQI in the workplace.</p> <p><i>(Aug 30th-31st)</i></p>





NC Tobacco Prevention & Control Branch

“The 5A - Team”



Project Aim: Increase the use of the five major components of a brief tobacco cessation intervention – “5A’s: *Ask, Advise, Assess, Assist, Arrange*” – in a model pilot site with a champion provider for low income Medicaid-eligible, uninsured and underinsured tobacco users by December 2011.



Return on Investment

- **Clinic Benefits:**
 - Save time by establishing standard 5A process and protocol
 - Increased clinical staff knowledge of tobacco cessation
 - Increased # of patients referred to QuitLine via Fax referral to 60/year
 - Projected to increase clinic Medicaid revenue by \$15,509 due to embedded tobacco EHR template to document counseling
- **Return on Investment:**
 - Savings: \$109,076 vs. Costs: \$6,830
 - For every \$1 invested in QI, the clinic and community* with assistance of the Tobacco Prevention team, received in return \$14.97 after costs

**Note: Includes benefits to clinic, local businesses, and health care industry.*

9 Aims – Characteristics of Quality Required for Public Health Systems

Population-Centered	Health Promoting	Transparent
Equitable	Risk-Reducing	Effective
Proactive	Vigilant	Efficient



Questions & Discussion

All lines are open and live!

*Please remember to use your mute button or *6*

Thank you!

Please send your questions and
comments to:

pimnetwork@cdc.gov

Next call: March 22, 2012

*Presenters: Public Health Foundation & SC Office
of Performance Management*

Topic: QI Culture



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