Evaluation, Performance Management, and Quality Improvement: Understanding the Role They Play to Improve Public Health

Craig Thomas, PhD

Liza Corso, MPA

Harald Pietz

Division of Public Health Performance Improvement

Office for State, Tribal, Local and Territorial Support

Centers for Disease Control and Prevention

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Objectives

- ❑ Define evaluation, performance management (PM) and quality improvement (QI)

- ❑ Describe the similarities and differences between these concepts

- ❑ Share examples from the field

- ❑ Recognize the role these approaches play in developing and improving public health activities

- ❑ Know where to go for more resources

Poll: How familiar are you with these concepts (eval, QI, and perf mgmt)?

- ❑ **Low familiarity w/ all**
- ❑ **Familiar w/ eval only**
- ❑ **Familiar w/ QI only**
- ❑ **Familiar w/ perf mgmt only**
- ❑ **Familiar w/ 1+ concepts**
- ❑ **I could give this webinar**

Why Are Evaluation, PM, and QI Important to Public Health Practice?

Opportunities to integrate approaches for

❑ Better monitoring and assessment of performance, and using findings to guide program improvement activities

❑ Applying organizational and system-wide strategies, methods, and tools for continuous quality improvement

❑ Identifying and analyzing problems, and generating solutions

Why Are Evaluation, PM, and QI Important—Examples from the Current Landscape

❑ Rising interest in performance management and quality improvement in many sectors, including public health

❑ New national voluntary accreditation program for public health departments through the Public Health Accreditation Board (PHAB)

❑ New guidance from CDC for standardized Funding Opportunity Announcements

Program Evaluation

❏ Systematic collection of information

- Activities, characteristics, program outcomes
- Make judgment about merit of a program, improve effectiveness, inform decisions about future programming.

    (Source: Patton, MQ. *Utilization-Focused Evaluation: The New Century Text*. 3rd Edition. Sage Publications. 1997.)

❏ A systematic application of scientific methods to assess the conceptualization, design, implementation, and utility of interventions and programs.

CDC's Framework for Program Evaluation
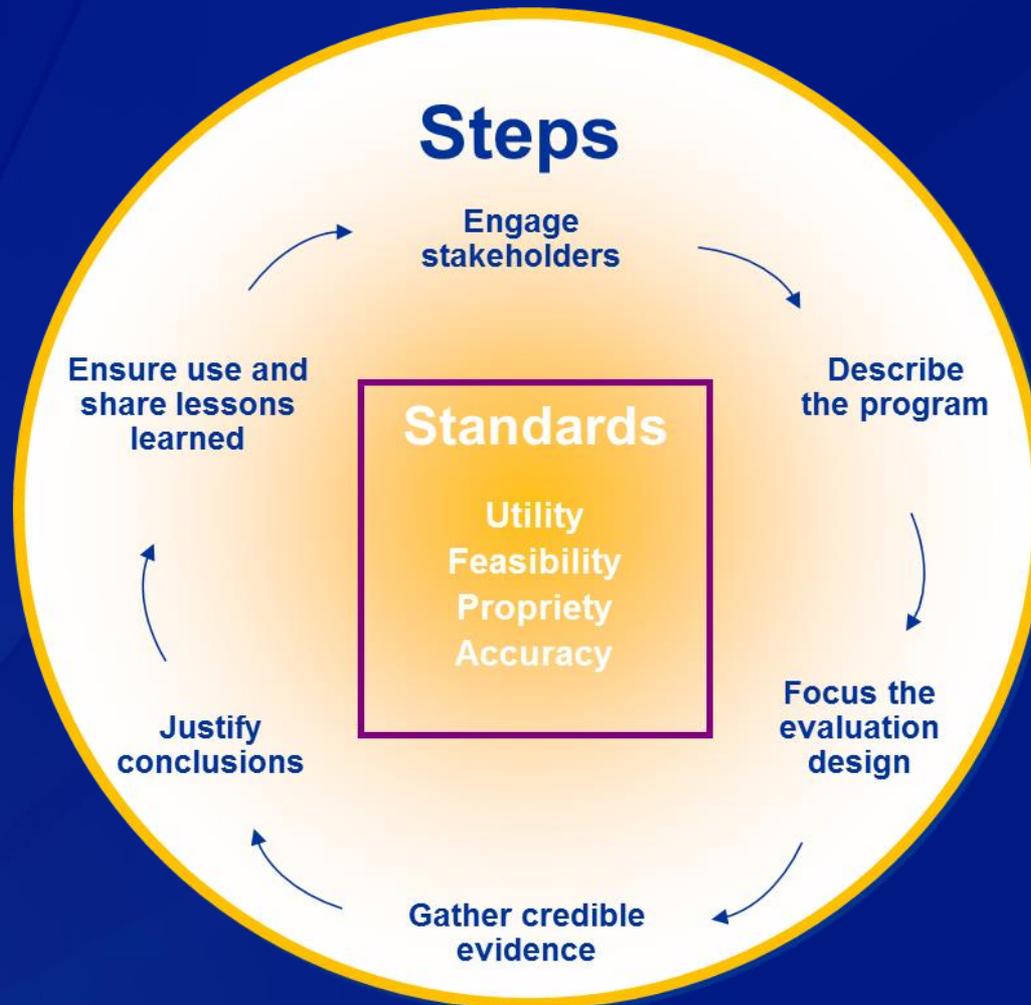
Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. *MMWR* 1999; 48(RR-11).

Evaluation Approaches and Methods

- Assessment
- Process Monitoring
- Process Evaluation
- Outcome Monitoring
- Outcome Evaluation
- Impact Evaluation
- Cost Effectiveness and Cost Benefit Analysis
- Return on Investment

- Surveys
- Interviews
- Focus Groups
- Pre and post-tests
- Observation/field notes
- Document review
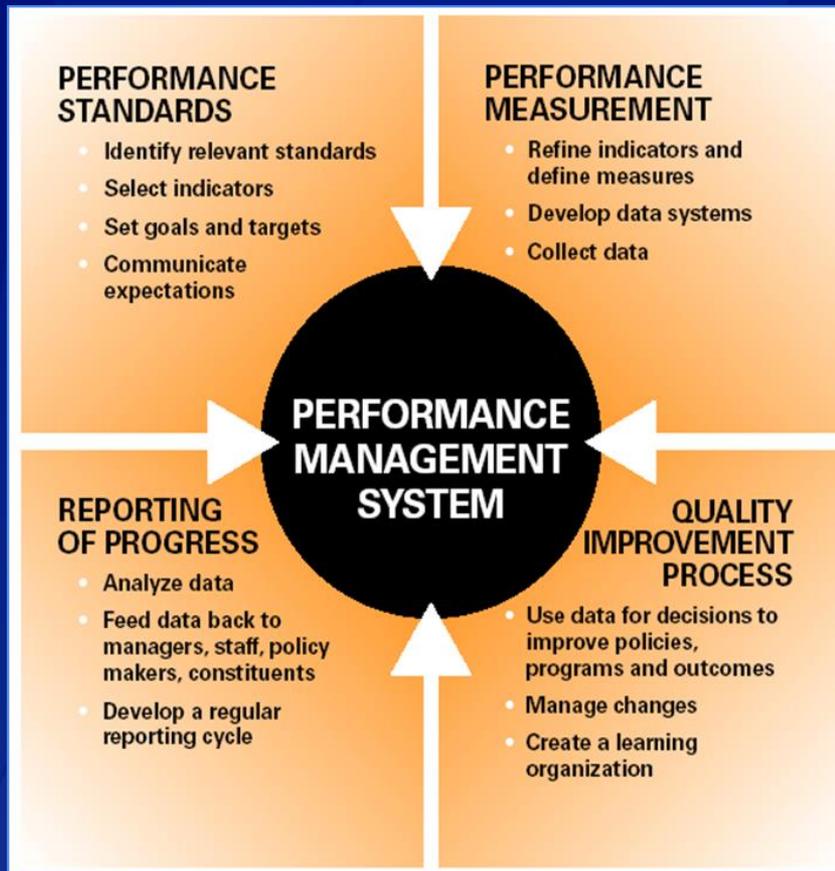- Case studies/stories
- Others . . .

Evaluation Example: The TASII Survey

- ❑ An evaluation of the type and quality of technical assistance (TA) and program support provided by CDC to grantees

- ❑ Three surveys were administered between July–October 2012
  - ▪ Project Officers (POs)
  - ▪ Supervisors of POs
  - ▪ External Stakeholders/STLT grantees

- ❑ Evaluation results will inform the following TASII workstreams:
  - ▪ Future learning opportunities for POs
  - ▪ Competency development and training offerings for POs
  - ▪ Development of resources and tools to supplement TA/support provided by POs
  - ▪ Improvements to CDC's TA delivery models
  - ▪ Baseline for evaluating TASII's efforts to improve TA for STLT awardees

Performance Management in Public Health

❑ The practice of actively using performance data to improve programs and the public's health

❑ Involves the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results

❑ Ideally, these practices should be integrated into core operations, and can occur at multiple levels, including the program, organization, or system level.

Performance Management Framework

PERFORMANCE STANDARDS
- Identify relevant standards
- Select indicators
- Set goals and targets
- Communicate expectations

PERFORMANCE MEASUREMENT
- Refine indicators and define measures
- Develop data systems
- Collect data

PERFORMANCE MANAGEMENT SYSTEM

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 and outcomes
- Manage changes
- Create a learning organization

- ❑ Developed in 2003 by the Turning Point National Excellence Collaborative
  - ▪ Seven states—AK, IL, MO, MT, NH, NY, WV
  - ▪ Five national partners—ASTHO, NACCHO, CDC, HRSA, PHF
  - ▪ Four-year collaborative funded by Robert Wood Johnson Foundation, established in 2000

Performance Management Framework—Revisited

Public Health Performance Management System

Customer Focus | Transparency

PERFORMANCE STANDARDS
- Identify relevant standards
- Select indicators
- Set goals and targets
- Communicate

PERFORMANCE MEASURES
- Refine indicators
- Define measures
- Develop data systems
- Collect data

REPORTING OF PROGRESS
- Analyze and interpret data
- Report results broadly
- Develop a regular reporting cycle

QUALITY IMPROVEMENT
- Use data for decisions to improve policies, programs, outcomes
- Manage changes
- Create a learning organization

Leadership & Culture

❑ Refreshed Turning Point Framework developed in 2012

- Led by Public Health Foundation

- CDC provided funding through ACA and NPHII

- Input gathered from the NPHII grantees and national partners

Performance Management Framework Tools (Both Old and New)

❑ Performance Management Framework Diagram

❑ Self-Assessment Tool—short and long forms

❑ Talking points

❑ Online Performance Management Toolkit containing

  ▪ *From Silos to Systems* content (original and updated)

  ▪ Current performance management tools and resources (*available winter 2013*)

❑ One-page overviews of performance management applications in public health

Performance Management Self-Assessment Tool

See www.phf.org/PMtoolkit

1. Performance Standards

❑ Identify relevant standards

❑ Select indicators

❑ Set goals and targets

❑ Communicate expectations

Think about:

❑ Do you set or use standards, targets, or goals for your organization or program?

❑ How do you communicate the expectations and strategic direction for your organization or program?

2. Performance Measurement

❑ Refine indicators and define measures

❑ Develop data systems

❑ Collect data

Think about:
❑ How do you measure capacity, process, or outcomes?
❑ What tools exist to support the efforts?

3. Reporting of Progress

- ❑ Analyze and interpret data

- ❑ Report results broadly

- ❑ Develop a regular reporting cycle

Think about:
- ❑ Do you document or report your unit or program's progress?
- ❑ Is this information regularly available? To whom?
- ❑ What is the frequency of analysis and reporting?

4. Quality Improvement

❑ Use data for decisions to improve policies, programs, and outcomes

❑ Manage changes

❑ Create a learning organization

Think about:

❑ Do you have a quality improvement process?

❑ What do you do with information gathered through reports?

❑ Do you have the capacity to take action for improvement when needed?

Minnesota Public Health System

- ❑ Builds on the Turning Point Performance Management Framework

- ❑ State and local public health leaders in Minnesota have elevated this framework to the system level

- ❑ Performance measures will be used for the purposes of
  - Improvement
  - Accountability
  - Communications
  - Practice-based research

Nebraska Division of Public Health

Step 1: Performance Standards

- **Assessment**—identifies strategic priority areas to inform decisions in planning processes and setting standards. (MAPP*)

  o Include a public health system assessment (NPHPSP*) and a PHAB standards self assessment.

- **State Health Improvement Plan**—sets goals and objectives for entire public health system.

- **Agency Strategic Plan (internal)**—sets goals and objectives for state health department and establishes indicators to help track organizational and system capacities, internal processes, and health outcomes.

- Each plan should establish performance standards for health status, health system, and agency improvements.

Step 2: Performance Measurement

The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals or targets.

- Include performance measures/indicators based on goals and objectives (i.e., performance standards) in State Health Improvement Plan and Agency Strategic Plan.

- Develop data collection system and timeline; document process.

- Collect data.
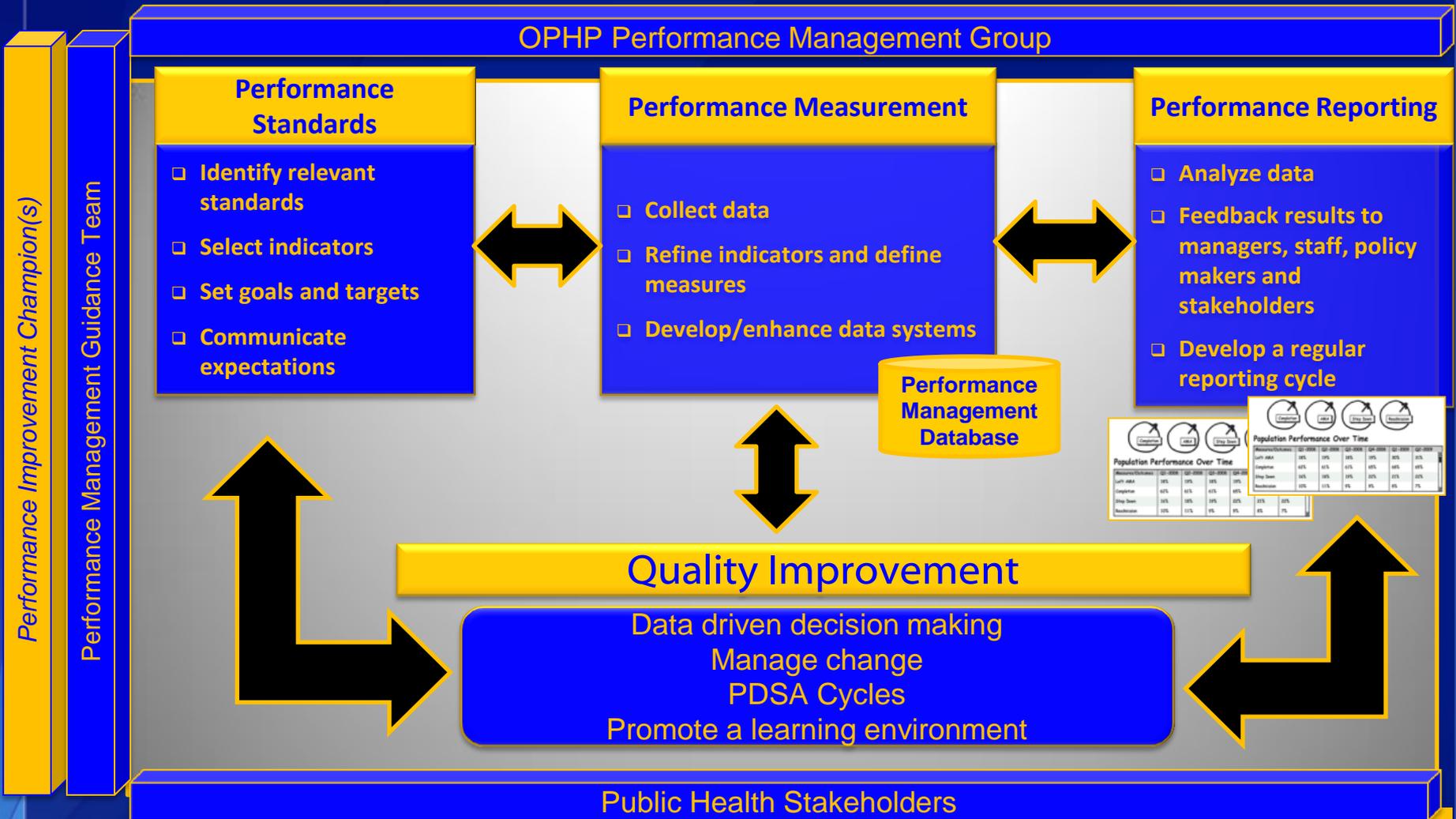
  - Look to Healthy People 2020 for health status measures; PHAB for agency measures; and NPHPSP for system measures.

Performance Management System

Step 3: Reporting of Progress

The intentional sharing and monitoring of performance indicators and outcome results with leadership entities and stakeholders.

- Develop a regular reporting cycle.

- Analyze data collected and document results of progress toward or away from performance measures.

- Share report with leadership entities, stakeholders, and/or advisory group.

- Determine the extent to which performance standards are being met. If you determine that not enough progress is being made, consider initiating a formal quality improvement process to make changes.

Revised March 2012

Continuous: Quality Improvement

A formal process that a health department can use for almost every plan, policy, or program that is implemented. (Save for critical issues)

Based on the performance progress report, community health assessment, or PHAB self-assessment…

- Select a quality improvement project.
- Assemble a quality improvement team.
- Develop an aim statement.
- Develop measures.
- Identify change ideas. (Plan, Do, Study, Act)
- Test change ideas. (Plan, Do, Study, Act)
- Sustain and spread improvements.

*MAPP—Mobilizing for Action through Planning and Partnerships; NPHPSP—National Public Health Performance Standards Program

Department of Health & Human Services

DHHS
NEBRASKA

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New York State Department of Health

OPHP Performance Management Group

Performance Standards
- **Identify relevant standards**
- **Select indicators**
- **Set goals and targets**
- **Communicate expectations**

Performance Measurement
- **Collect data**
- **Refine indicators and define measures**
- **Develop/enhance data systems**

Performance Reporting
- **Analyze data**
- **Feedback results to managers, staff, policy makers and stakeholders**
- **Develop a regular reporting cycle**

Performance Management Database

Quality Improvement

Data driven decision making
Manage change
PDSA Cycles
Promote a learning environment

Performance Improvement Champion(s)

Performance Management Guidance Team

**Public Health Stakeholders**

Oklahoma State Department of Health

What Is QI in Public Health?

❑ The use of a deliberate and defined process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health

❑ A continuous, ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes which achieve equity and improve the health of the community

Riley WJ, Moran JW, Corso LC, Beitsch LM, Bialek R, & Cofsky A. Defining quality improvement in public health. *Journal of Public Health Management Practice* 2010;16(1), 5–7.

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How Does QI Work?

- ❑ State the problem and desired result
- ❑ Understand the problem using data
- ❑ Identify and select strategies to improve (i.e., solutions)
- ❑ Implement solutions on a small scale
- ❑ Test selected solution(s)
- ❑ Expand scope and spread throughout a program, organization, or system
- ❑ Evaluate outcomes of QI

Process Improvement

Problem Solving
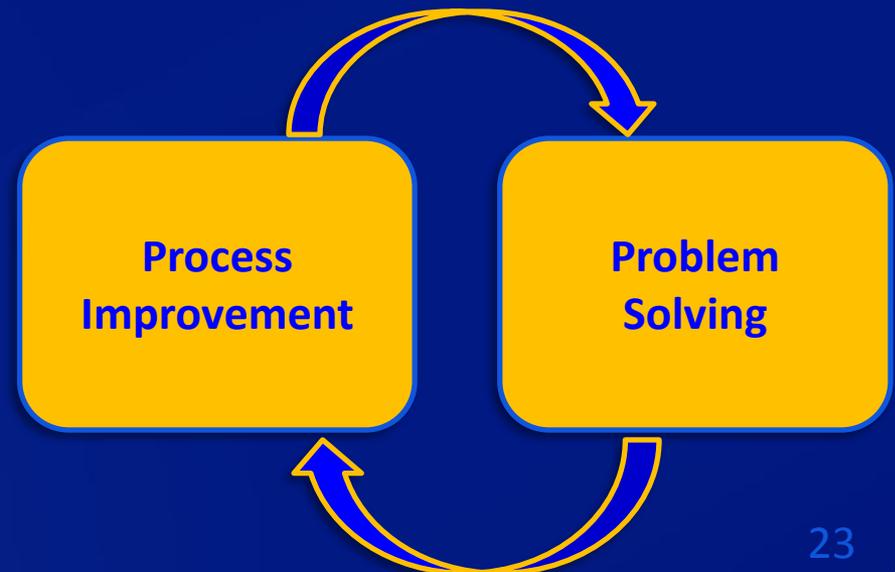
Who Is Using QI?

❑ 84% of local health agencies report participation in QI activities (n=522; NACCHO 2010 National Profile of Local Health Departments)

❑ 78% of state health agencies report QI processes in place (n= 49; 2010 ASTHO Profile of State Public Health)

❑ 33% of CDC staff report *Occasiona*l or *Frequent* use of QI techniques internally with CDC programs (n=192; practitioner survey)

What QI Approaches Are Used in Public Health?

| QI Approaches	State Health Departments	Local Health Departments
Plan-Do-Check-Act or Plan-Do-Study-Act	54%	31%
Lean	29%	5%
Balance Scorecard	25%	8%
Baldrige	8%	3%
Six Sigma	8%	1%

QI Approaches and Tools—Examples

- Plan-Do-Check-Act
- Lean
- Balance Scorecard
- Baldrige
- Six Sigma
- Kaizen

- Brainstorming
- Flow Chart
- Fishbone Diagram
- Prioritization Matrix
- Pareto Analysis
- Gantt Chart
- Scatter Diagram

In a Quality Improvement Process, "Plan-Do-Check-Act"

Plan   Plan changes aimed at improvement, matched to root causes

Do   Carry out changes; try first on small scale

Check   See if you get the desired results

Act   Make changes based on what you learned; spread success
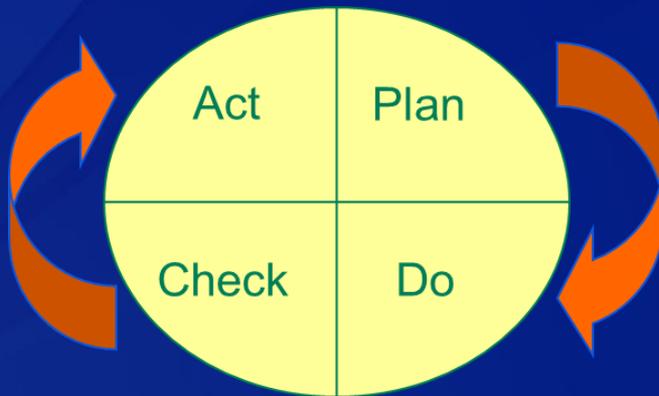
PDCA *is the basic structure for most QI processes*

STLT Examples of QI:
Improving Performance and Effectiveness

❑ Business and administration improvements

- Decreased time needed to pay for drug invoices
- $144, 000 in cost avoidance through prompt payment discounts
- Increased number of people provided lifesaving AIDS drugs (12)

❑ Clinic service improvements

- Decreased STD testing wait times by an average of 65%
- Improved staff morale
- Identified new STD cases

❑ Reduced rate of new syphilis cases by more than 40% in one county

- Identified primary root cause of high staff turnover
- Implemented new hiring process and training opportunities

National Public Health Improvement Initiative (NPHII)

- **Supports 73 state, tribal, local and territorial (STLT) health agencies to:**
  - Adopt and institutionalize cross cutting **performance management** and **quality improvement** methods
  - Improve accountability, efficiency, and effectiveness of public health programs and services
  - Strengthen STLT health agencies by providing tools, staff, training, and technical/capacity-building assistance,
  - Improve service delivery and better health outcomes
- **Performance Improvement Manager (PIM)**
  - Required by NPHII
  - Membership in National PIM Network
  - Lead/support health agencies to establish PM/QI systems

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Poll: Are you familiar with NPHII and the Performance Improvement Manager (PIM) in your health department or state?

❑ **First time hearing about it**

❑ **A little familiar**

❑ **Somewhat familiar**

❑ **Pretty familiar**

❑ **We are already working together**

Tying It All Together

What Do Evaluation, PM, and QI Have in Common?

Data for Action →

- ❑ Evidence-based decision-making

- ❑ Quality improvement efforts

- ❑ Policy change

- ❑ Resource allocation

- ❑ Program change

What Do They Have in Common? (Continued)

❑ Require engagement of key stakeholders

❑ Promote a systematic process

❑ Can be implemented at program, agency, and system levels

❑ Choice of approach based on the questions being asked, available data, and resources

How Are They Different?

- **Evaluation**
  - Conducted by evaluators and program managers, not entire staff
  - Science-based study of the design, implementation, and impact of public health programs/interventions
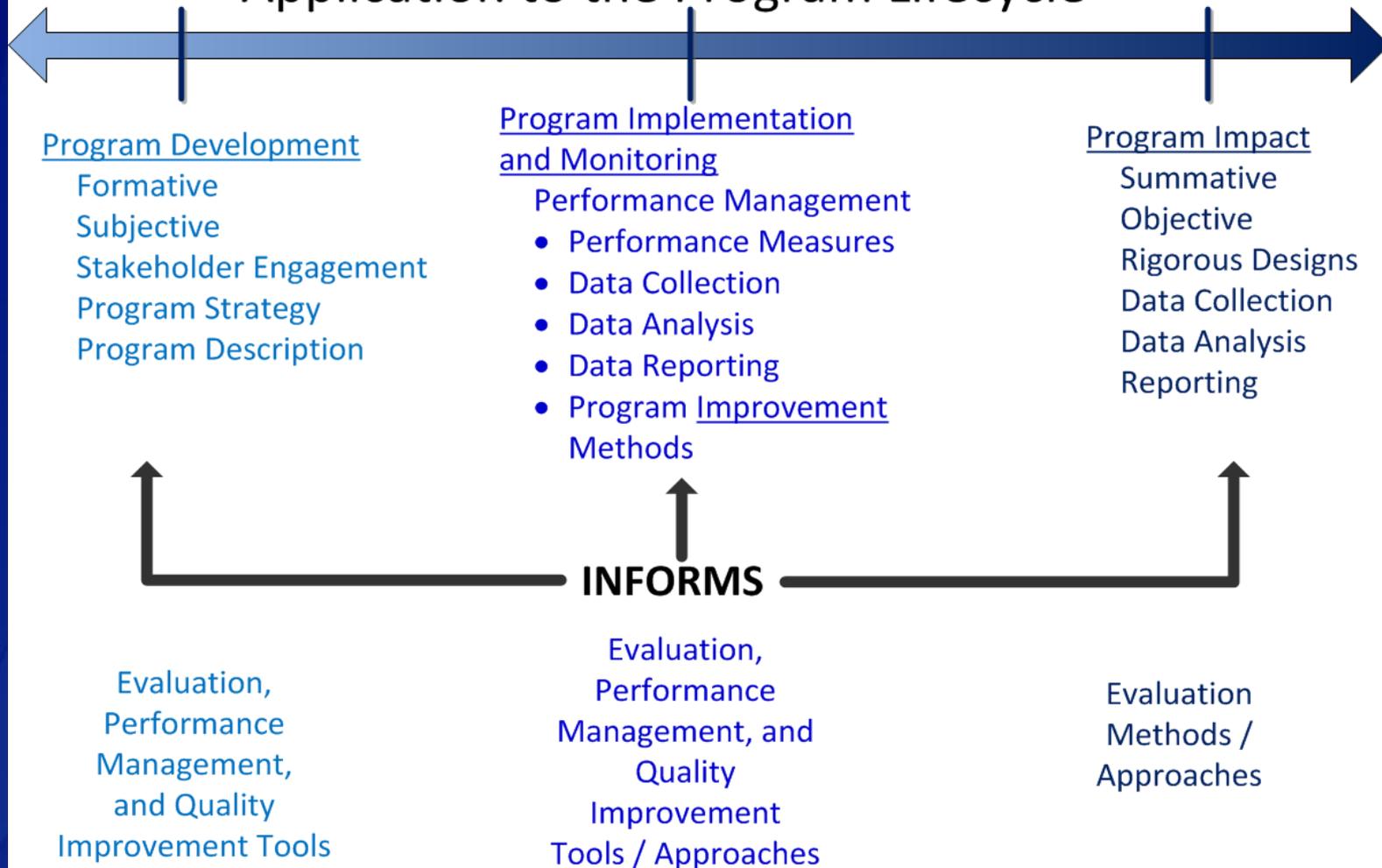 - Aimed at justifying a program's merit or worth

- **Performance Management**
  - "Umbrella" concept that encompasses evaluation and quality improvement activities
  - Focuses on monitoring and reporting of key processes and outcomes
  - Promotes actively using data to manage performance in day-to-day work of programs and organizations

- **Quality Improvement**
  - Calls for ongoing data collection for quick feedback and rapid cycle improvements
  - Often used for workflow design and process improvement
  - Can yield incremental or big change (innovation)

Evaluation, Performance Management, and QI: Application to the Program Lifecycle

Program Development
- Formative
- Subjective
- Stakeholder Engagement
- Program Strategy
- Program Description

Program Implementation and Monitoring
Performance Management
- Performance Measures
- Data Collection
- Data Analysis
- Data Reporting
- Program Improvement Methods

Program Impact
- Summative
- Objective
- Rigorous Designs
- Data Collection
- Data Analysis
- Reporting

INFORMS

Evaluation, Performance Management, and Quality Improvement Tools

Evaluation, Performance Management, and Quality Improvement Tools / Approaches

Evaluation Methods / Approaches

(Source: Thomas, Corso, McLees; 2012)

CDC Support of Evaluation, PM, and QI

❑ Performance and Accountability Advisory Committee

  ▪ CDC Program Evaluation standards and self study guide

❑ Quarterly Program Reviews

❑ FOA Re-design

  ▪ Guides continuous PM and QI of awardees and CDC investments

  ▪ Support accountability to Congress, Office of Management and Budget

  ▪ Require evaluation and performance measurement

    • CDC Evaluation & Performance Measurement Strategy

    • CDC Accountability & Monitoring Approach

    • Applicant Evaluation & Performance Plan

    • Awardee Evaluation & Performance Plan

Final Points

❑ Understand and recognize the value of these concepts and tools—both for programs and for organizations

❑ There are practical connections with the new FOA template, national accreditation, National Prevention Strategy, and Healthy People 2020

❑ One need not be an expert to play an important role in fostering the use of these tools or implementing the improvement actions driven by these processes

❑ You can learn more . . .

Additional Resources

- CDC Evaluation resources: intranet.cdc.gov/od/oadpg/evaluation.htm

- OSTLTS Performance Management/Quality Improvement Resource page: www.cdc.gov/stltpublichealth/performance/index.html

- National Public Health Improvement Initiative (NPHII): http://www.cdc.gov/stltpublichealth/nphii/index.html

- Turning Point Performance Management resources: www.phf.org/PMtoolkit

- Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook: www.accreditation.localhealth.net/guidebook.htm

- PHF Memory Jogger: www.phf.org/resourcestools/Pages/Public_Health_Memory_Jogger_II.aspx

- PHQIX: www.phqix.org

Discussion and Questions

For more information, please contact CDC's Office for State, Tribal, Local and Territorial Support

4770 Buford Highway NE, Mailstop E-70, Atlanta, GA 30341

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: OSTLTSfeedback@cdc.gov   Web: http://www.cdc.gov/stltpublichealth

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

FINAL THOUGHTS FROM DSTDP

Applications to STD programs

- Quality improvement
  - How can we reduce client turnaway in our STD Clinic?
  - How can we reduce the time it takes to go from a new surveillance case report to DIS initiation?

- Program evaluation
  - What methods for provider outreach are most effective at increasing screening rates ?
  - Why did this year's outreach events yield so few new infections?

- Performance management
  - How can we use the data and information we collect across our STD efforts (surveillance, outreach, partner services, etc.) to discuss how to improve efficiency/effectiveness?
  - What are the barriers to accomplishing this?

Going forward

- DSTDP ascribes to this framework
- We need common understanding of these concepts
  - Essential if we are to benefit from them

Next steps
- Identify your local resources
- Identify gaps in understanding
- Strengthen knowledge
  - DSTDP will provide some opportunities
  - Seek others as well

What should come next? [POLL]

Which topic do you most want to learn about next? (select one)

- Logic models
- The CDC evaluation framework
- QI tools and methods
- Performance measures
- Everything above

Send other topics you'd like to see, via the chat!

Thank you!

The new Health Insurance Marketplace is gearing up for enrollment in October, but you don't have to wait until then to get your questions answered. Find out what you can do NOW to prepare to enroll. www.healthcare.gov

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov   Web: www.cdc.gov

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of STD Prevention