

Setting Standards and Measuring Improvement in Public Health: What Do We Want and How Do We Know if We Have It?

Maine Center for Public Health
Leslie M. Beitsch
Florida State University
College of Medicine
Center for Medicine and Public Health
March 11, 2008



Morning Game Plan

- Role of standards (NPHPS)
- Update on PH Accreditation
- Where does the MLC fit?
- Medicine and PH Partnerships



Inherent Tension?

- Standards tend to promote QI/PM
 - Optimal standards stretch
- Accreditation sets a bar
 - Tendency toward minimal standards
- Achieving an effective compromise

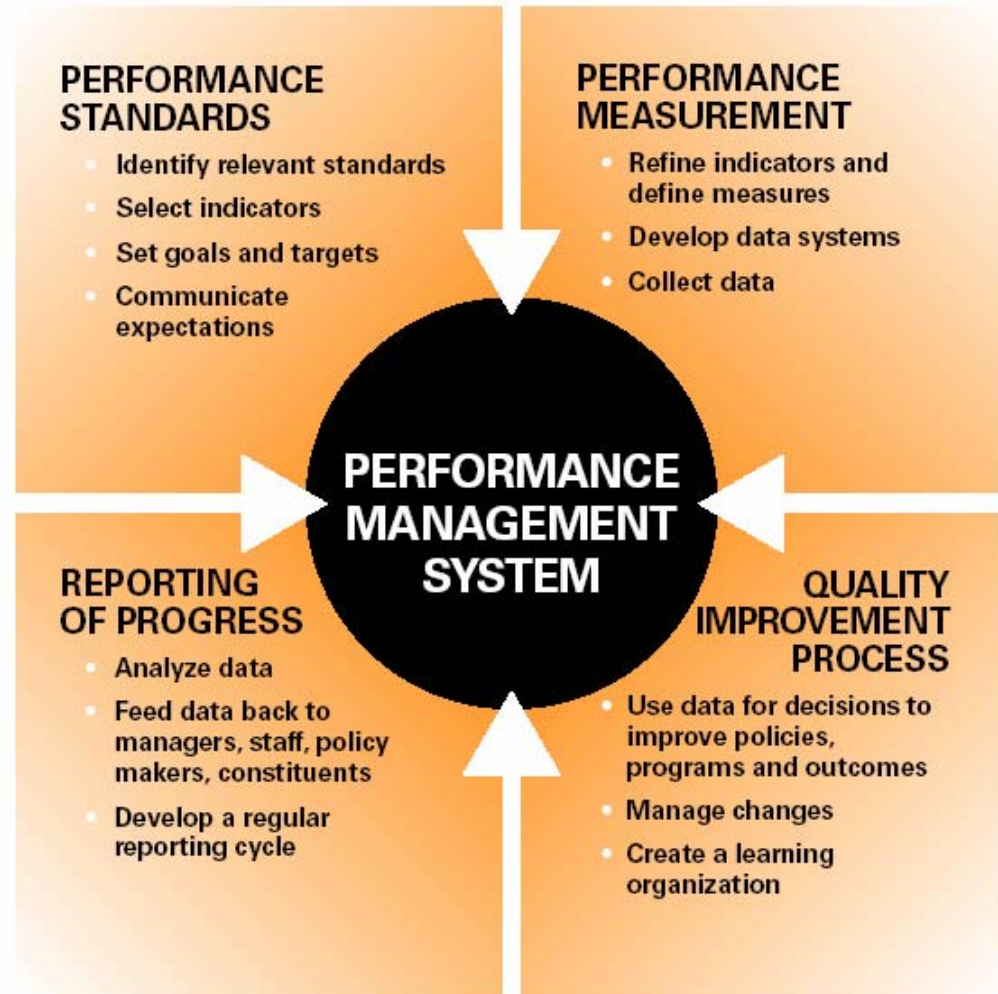
A Challenge and Opportunity for Leadership-the Present

- The NPHPS can assist you and your leadership team with:
 - Permeating and infusing program knowledge broadly across silos
 - Communicating performance progress to staff
 - Improving performance
 - Benchmarking (OK, still a bit futuristic!)

A Challenge and Opportunity for Leadership-the Future

- NPHPS may be a platform from which to build a performance management system?
- Consider...

Four components of a performance management system



Source: Turning Point Performance Management Collaborative,
From Silos to Systems: Performance Management in Public Health
(in press)



In a performance management system...

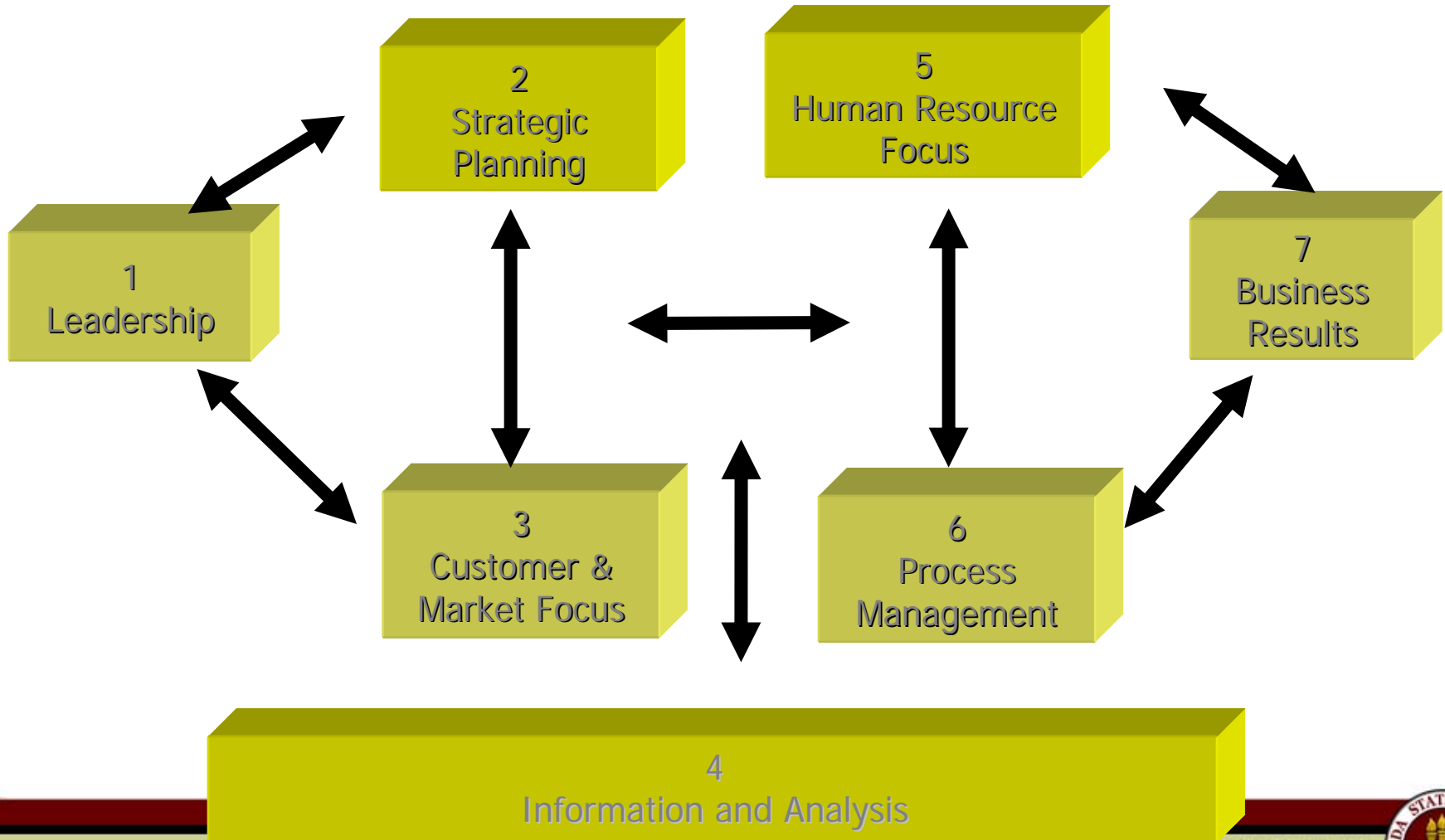
- All components should be driven by the public health mission and organizational strategy
- Activities should be integrated into routine public health practices
- The goal is continuous performance and quality improvement

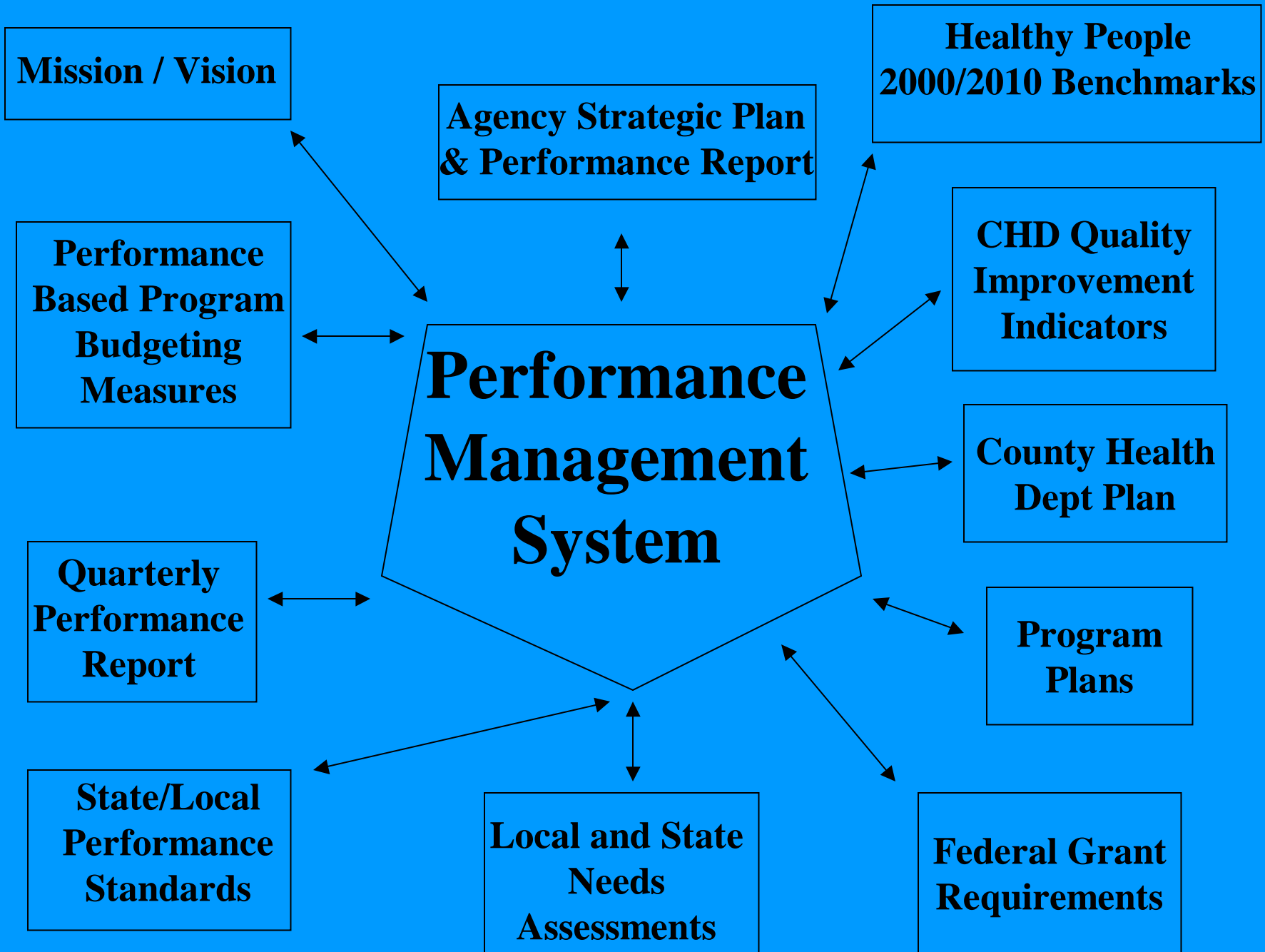


Source: Turning Point Performance Management Collaborative.



Baldrige Criteria For Organizational Performance Excellence







The Present

- Limited uptake of QI/PI/PM
 - Programmatic rather than systemic
- Exhaustion from the process itself?
 - All those questions.....
- Role for Version 2?? (the future?)

Accreditation Movement- the Present

- No longer controversial topic for CDC, funders, and PH organizations
- PH unique among health disciplines in lacking national accreditation mechanism
- States have been the laboratory thus far
- Focus has been limited to locals
- State agency accreditation vision lacking

Accreditation Movement- the Future

- PHAB is now a reality, but the process remains a work in progress
- A primary goal is improved performance of PH agencies
- The need for QI/PI/PM non-controversial



Accreditation Movement- the Future

- Potential organizational outcomes from an accreditation process:
 - Great organization
 - Organization has transformed from good to great
 - Organization is good, but not great
 - Organization is neither good nor great!

Accreditation Movement- the Future

- To successfully achieve accreditation, some form of a QI/PI/PM system is a prerequisite
- Both good and great organizations will have successfully employed QI/PI/PM techniques
- Remediating organizations will need to build QI/PI/PM capacity

How do NPHPS relate to QI/PI/PM?

- NPHPS are capacity and performance standards
- Standards are the first quadrant in the Turning Point model
- QI program in FL and other states have focus on outcomes and systems processes
- These activities are complementary
- Successful QI/PI/PM may/should include both



Accreditation Movement- the Future

- Bottom line:
 - You may or may not opt to seek accreditation
 - You will still want to improve your health department and PH system
 - QI/PI/PM will be a foundation
 - NPHPS remain a cornerstone in the evolutionary process (past, present, and future)

Public Health Agency Accreditation System Implementation (Simplified)

A 21st Century Medical School

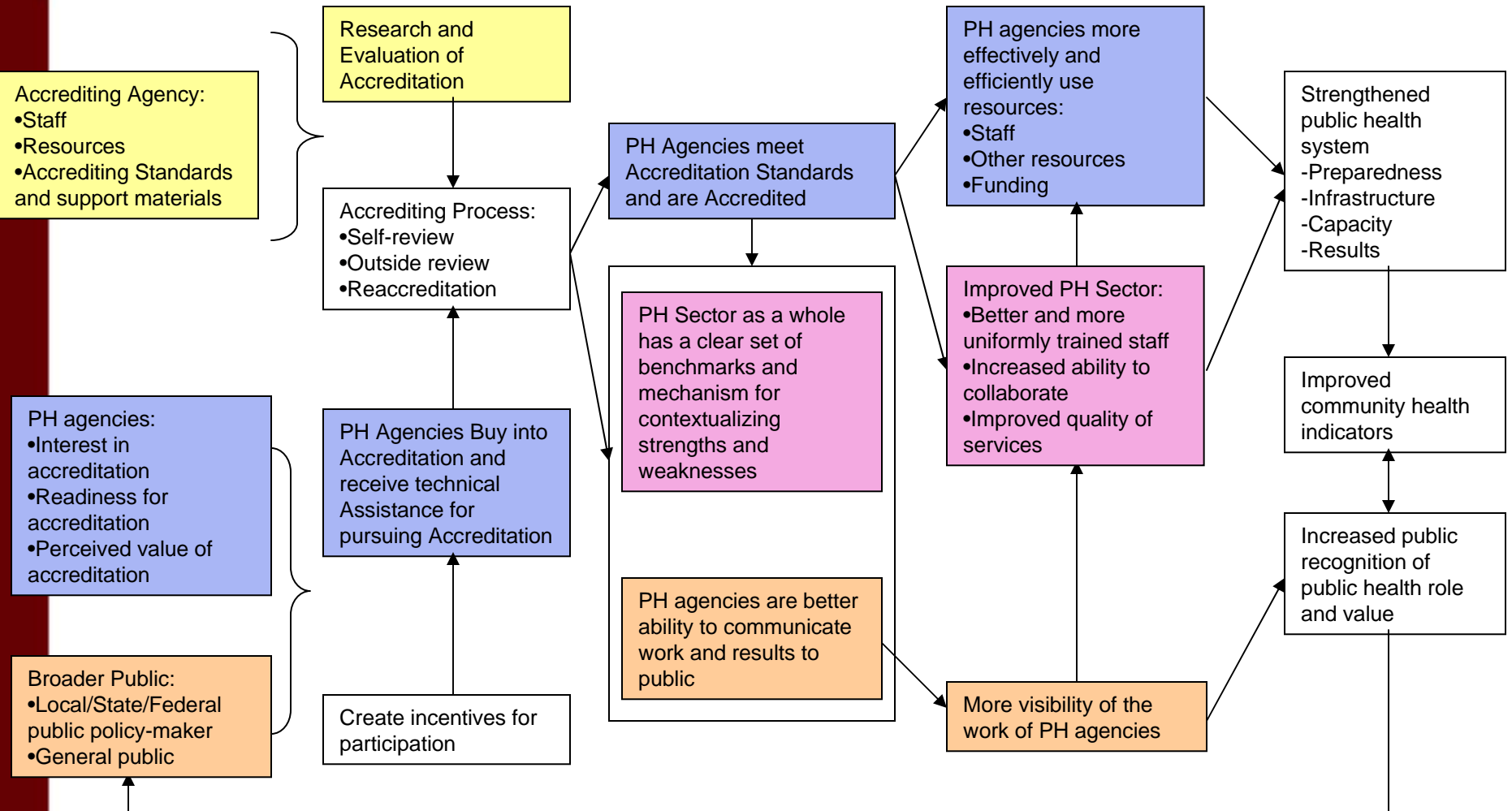
Inputs

Strategies

Outputs

Short-Term Outcomes

Long-Term Outcomes



Legend

- Accrediting Agency
- Individual PH Agencies
- PH Field
- Public/Policy Makers
- Multiple Groups

Building the Science Base- the Past

- What science base?
- Knowledge of PH limited to descriptive stats
 - CDC, NACCHO,
Beitsch/Brooks/Grigg/Menachemi
- Dearth of data on functions and performance
 - Turnock, Halverson/Mays,
Beitsch/Brooks/Grigg/Menachemi

Building the Science Base- the Present

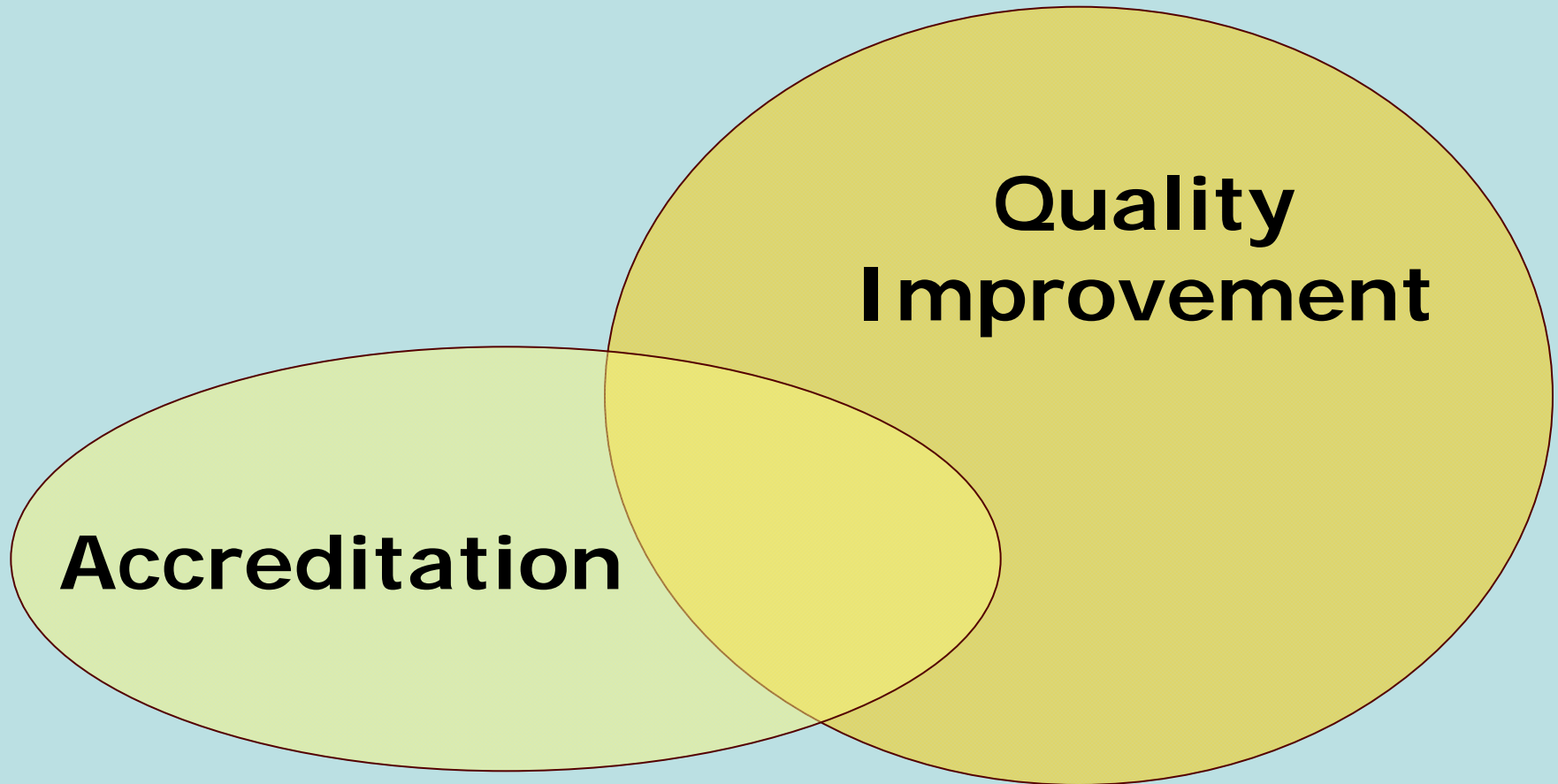
- Contribution of NPHPS
 - State and local PH systems
 - Boards of health
- Public health systems research



Building the Science Base- the Future

- Even more uptake of NPHPS
 - Self assessment for accreditation?
 - Expanded use of MAPP
- Accreditation
 - Research agenda
 - Opportunities for comprehensive data set of state and local agencies

The Relationship Between Accreditation & Quality Improvement





Goals of a National Vol. Accreditation Program

- ...to improve and protect the health of the public by advancing the quality and performance of state and local public health departments
- Promotes quality improvement
 - Defines what every citizen has a right to expect from PH
 - Demonstrate accountability

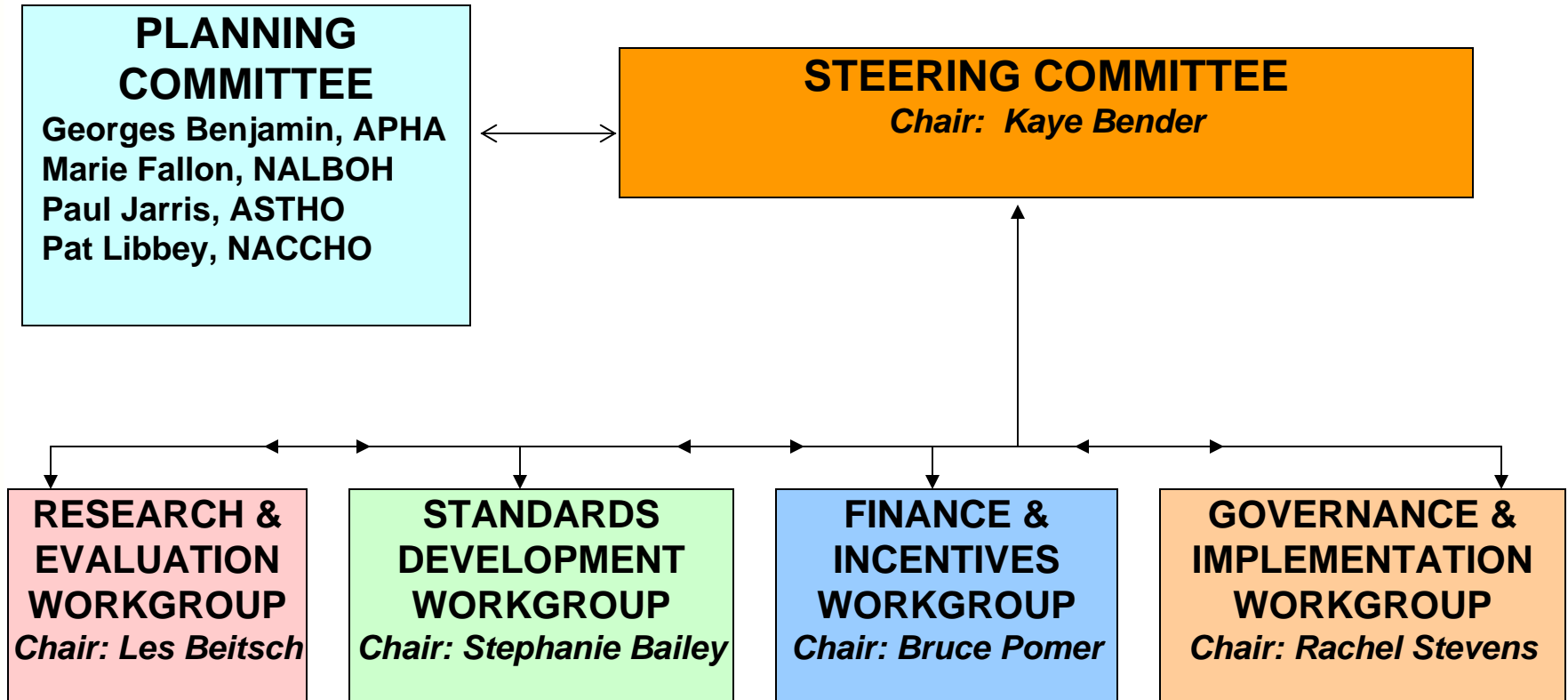


Overview

- Summarize the process that led to the final recommendations of the Exploring Accreditation Project
- Outline the major elements of the final recommendations
- Review current steps to implementation



Structure of Process





Public Comment Critical

- Three-month public comment period on proposed model
- Valuable feedback on accreditation benefits and problems
 - Over 700 stakeholders responded
- The Steering Committee revised the model based on the feedback



Accreditation is Desirable

- Advancement of quality, accountability and credibility
- Promotion of consistency and high performance
- Clarification and articulation of expectations
- Increases evidence base
- High stakeholder interest



Accreditation is Feasible

- Builds on knowledge and experience
- States' experiences (MLC)
- Strong potential for initial funding
 - Necessary to build sustainability
- Includes technical assistance component



Accrediting Entity

- New, non-profit organization
 - Oversight for all aspects of accred.
 - Orients applicants
 - Conducts site visits
 - Assures the availability of adequate training
 - Advocates evaluation/research
- Maintain reciprocal relationships with state-based programs
- Confidentiality



Exploring Accreditation

Final Recommendations for a

VOLUNTARY NATIONAL
ACCREDITATION PROGRAM

for



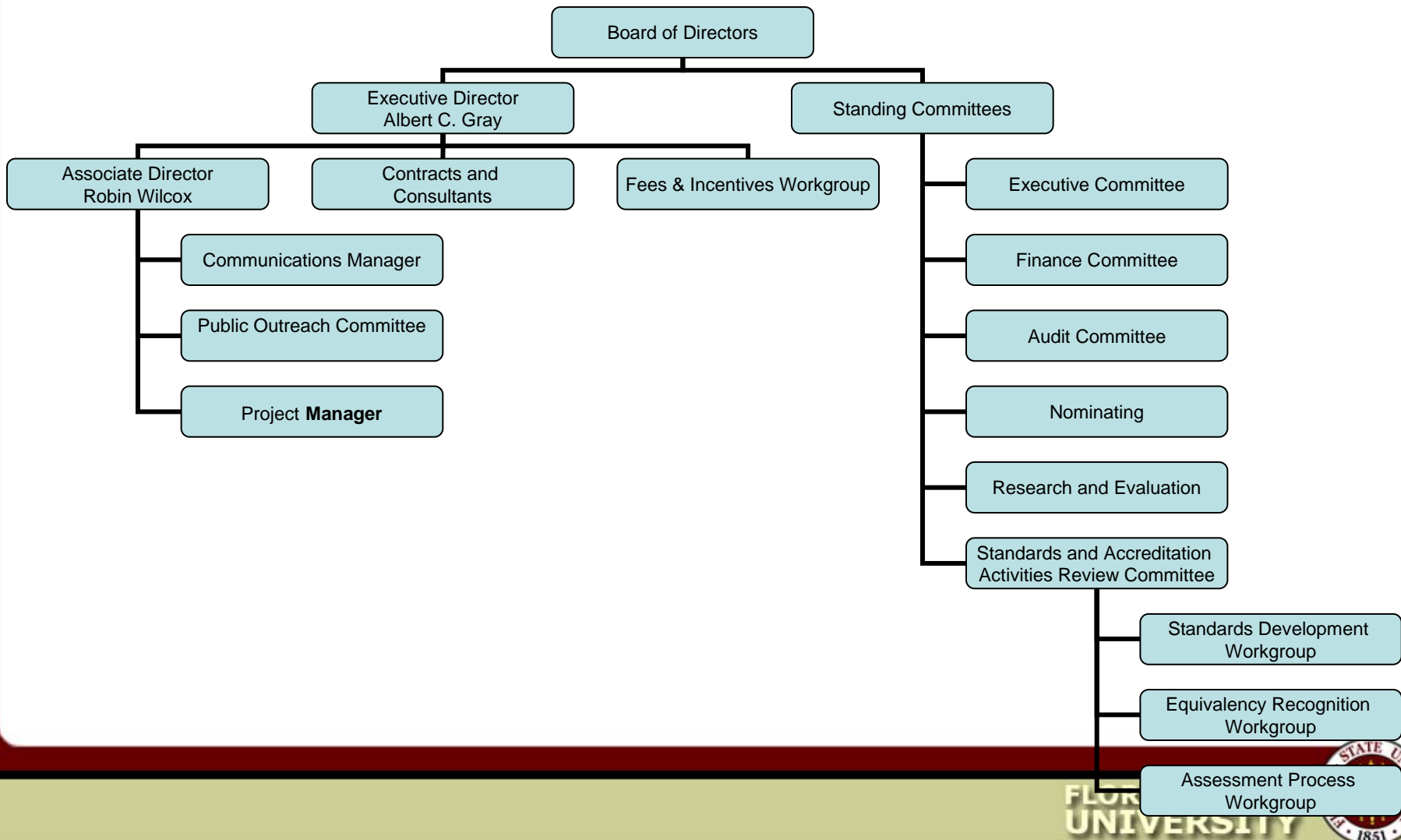
BRIEFING DOCUMENT
SEPTEMBER 14, 2006



NACCHO, ASTHO, APHA, and NALBOH moved to:

- Endorse the recommendations of the Exploring Accreditation Steering Committee for a voluntary national accreditation program.
- Lead, in cooperation with appropriate partners, in the development and implementation of such a national voluntary accreditation program that will drive continuous quality improvement.

PHAB Organization



Board Development Process

- Four founding organization Board Members cycle off by May 2008
- Standing Board of 15



Applicants for Public Health Accreditation

- State and territorial health departments
- Local health departments
- Tribal health departments



Eligible Applicants

Any governmental entity with primary legal responsibility for public health in a state, territory, tribe, or at the local level

- Flexible approach





The Value of Accreditation **Public Benefit**

Improved Public Health Outcomes



The Value of Accreditation

Agency Benefits & Public Benefits

- A Tool for Quality and Performance Improvement
- Accountability
- Credibility
- Recognition of Excellence
- Clarification of Expectations
- Increased Visibility



Standards Development

- Promote pursuit of excellence, improve performance, and strengthen accountability
 - Standards to be set above minimal, commensurate with protecting health
- Consider existing and developing performance improvement work
- Use inclusive process to develop and revise

ANSI Principles for Standards Development

- Consensus on a proposed standard by a group or “consensus body” that includes subject matter experts.
- Broad-based public review and comment on draft standards.
- Consideration of and response to comments submitted.
- Incorporation of approved changes into a draft standard.

PHAB Standards Development

- Inclusive, open developmental process
- Based on
 - NACCHO Operational Definition for LHD standards
 - ASTHO survey on structure and function of state public health for state agency standards
 - National Public Health Performance Standards



PHAB Standards Development

- Complementary and mutually reinforcing at the state and local levels
- Promote pursuit of excellence, improve performance, and strengthen accountability
 - Standards to be set above minimal, commensurate with protecting health

PHAB Standards Development Workgroup

- Professional Facilitator - MCPP Healthcare Consulting
- Two Subgroups - State and Local Standards
- Open Meetings
- Four Meetings in 2008
 - February 13 & 14 (Dallas, TX)
 - April 1 & 2 (Washington, DC)
 - June 5 & 6 (Chicago)
 - July 17 & 18 (Las Vegas)

Equivalency Recognition Workgroup

- Develop guidelines and principles to govern the evaluation of state-based accreditation programs for local health departments so that equivalency of the state program to the national accreditation program can be determined
- Coordinate with Standards Development
 - Co-locate meetings (same dates and location)
- Professional Accreditation Consultant – Michael Hamm and Assoc

Assessment Process Workgroup

- Determine how to evaluate whether a health department has achieved accreditation status
- Determine how health departments can appeal decisions
- Meeting dates to be determined

Research and Evaluation Committee

Charge is to develop a plan for evaluating the assessment processes of the national program and identifying research that would improve the standards-setting and accreditation program



Research and Evaluation Committee

– Research questions

- Does accreditation result in improved agency performance?
- Does agency performance influence health outcomes?

– Evaluation

- PHAB Effectiveness and Efficiency





Program Financing

- Consortium of funders
- Applicant fees
- Cost controls



Financing

- Affordability of fees critical to success
 - Affordability is proportional to perceived benefit
- Accreditation process should be designed with cost controls in mind



Incentives

- Uniformly positive at outset
- Recognition of high performance and quality improvement
- Accountability to the public and governing bodies
- Enhanced access to resources for performance improvement
- Participation in a learning community dedicated to excellent health outcomes
- Improvement of public health in the US



Opportunities to Participate in Program Development

- Committee “Review and Advisory Groups”
 - Standards Development Work Group
 - Vetting Process summer of 2008
 - Assessment Process Work Group
 - Equivalency Recognition Work Group
 - Research and Evaluation Committee
- Future Committees
 - Fees and Incentives Work Group
 - Public Outreach Committee
- QI Programs in Your Health Department



Possible Next Steps

- Review Exploring Accreditation Final Recommendations
 - www.phaboard.org
- Convene key “thought leaders” to discuss accreditation next steps in your agency
- Work with your association
 - ASTHO, NACCHO, NALBOH
- Employ the National Public Health Performance Standards



Resources

www.PHABOARD.org

- **Publications**

- Full Report: Final Recommendations for a Voluntary National Accreditation Program for State and Local Health Departments
- NACCHO Operational Definition of a Functional Local Health Department
- Journal of the PH Management & Practice - July/August 2007

- **Links**

- NNPHI Multi State Learning Collaborative
- CDC National Public Health Performance Standards
- North Carolina Accreditation Road Map
- ASTHO Evidence-Based Public Health Practice materials
- National Public Health Performance Standards
- Turning Point Initiative: Performance Management
- Public Health Foundation: QI & Performance Assessment Resources



Multi-State Learning Collaboratives

- Funded by the RWJF
- States funded MLC I: Illinois, Michigan, Missouri, North Carolina and Washington
- States funded MLC II: Florida, Kansas, Minnesota, New Hampshire, and Ohio
- MLC III added IA, IN, NJ, OK, MT, SC, WI
- \$150,000 per state
- Managed by the NNPHI



Purposes of the MLC

- Improve existing systems within the states
- Promote collaborative learning, learn from each other
- Inform the national project on accreditation
- Expand the knowledge base for the broader public health community

Shared Characteristics of MLC I States

- Concern about consistency of public health services is impetus
- Desire to show accountability
- Each state system has evolved, often over a 10 year period
- Third party institutes and academia have been involved

Attributes of the MLC I States

- State specific standards have been developed
- Strong local and state leadership
- Only one model of the 5 is truly voluntary
- On-site reviews with outside teams, external validation
- Some self-assessment tools



Outcomes of MLC I

- Formation of a peer network
- Enhanced assessment and accreditation programs in the participating states
- Increased knowledge about assessment and accreditation
- Informed the development of the national model

States as Laboratories of Change

- State accreditation and assessment programs will continue to influence the national voluntary model
- State programs are going to be recognized by the national model (“equivalency”)
- National program is not likely to replace state programs completely

Multi-State Learning Collaborative II

- MLC partners believe that assessment and accreditation programs provide a foundation for quality improvement
- MLC II focuses on quality improvement in the context of assessment and accreditation programs



Why Quality Improvement?

- Public health and health care are often slow to adopt improvements
- Cpt James Landcaster in 1601 proved Vitamin C prevented scurvy
- British preventive policy on scurvy adopted 264 years later
- Beta blockers today



MLC II

- MLC-2 includes 10 states
- Expands the learning community
- Builds on the success of MLC-1

Objectives of MLC II

- Support the application of quality improvement techniques assessment/accreditation programs
- Learn from each other and experts how to apply quality improvement methods and techniques
- Produce documents and tools that will serve as resources to advance quality improvement efforts for the larger public health community
- Inform the public health practice community about the proceedings and findings of the project



State Efforts

- **Kansas**
 - Regional training, pilot projects, model for regional application of core competencies
 - Apply QI practices to identify areas of needs and propose solutions
- **Missouri**
 - Focus on public health work force capacity, efficiency of practices related to accreditation, spread of promising practices in a culture of continuous quality improvement
 - Partnership with Missouri Institute for Community Health



Florida

- Long experience in Quality Improvement
- Building on previous efforts
- Regional trainings on performance improvement
- Aligning efforts with national accreditation
- Increasing Peer Reviewer capacity
- Building on Floridacharts.com

Illinois

- History of Certification
- Previous reliance on self-reporting
- Moving to voluntary accreditation
- Improving Certification process
- Piloting new processes
- Collaboration with the Illinois Public Health Institute

Michigan

- Long history of accreditation
- Started as contract compliance
- Works with Michigan Public Health Institute
- Four local pilots on Quality Improvement
- Effective practices
- Training on Plan-Do-Check-Act and others



Minnesota

- Model for capacity assessment
- Training in QI concepts
- Improvement in performance measurement and data
- Model for collaborative assessment among a group of local health departments



New Hampshire

- Measures for six strategic priorities
- Automated data collection
- Workforce competencies
- Local government agency standards
- Characterized by partners doing public health work
- Preparing for accreditation

North Carolina

- In some ways, the gold standards for accreditation at the state level.
- Pilot state agency accreditation process
- Mandatory local public health agency accreditation
- Toolkit for accreditation
- Model practices component
- Adding QI to accreditation
- North Carolina Public Health Institute

Ohio

- Has used Local Health District Improvement Standards
- Historically based on self-reporting and selection of measures by agency
- Revising standards
- Preparing for national accreditation
- Building on their previous work

Washington

- “Accreditation Like”
- The gold standards for local and state standards and measures.
- Awarding 5 local grants for quality improvement
- Building on a history of assessment and accountability
- Developing indicators to improve outcomes

MLC III?

- Multi-year
- Expanding to a total of 16 states
- Focus on both preparing for accreditation and practicing quality improvement
- Using mini-collaboratives within states
- Parallel to the implementation of national accreditation in 2011

Medicine and PH Partnerships

- MPHI – 1994 alliance between AMA and APHA
 - Other groups joined in
 - 7 major areas of focus
 - Community engagement
 - Changing health professions education
 - Joint research
 - Common definition for health and illness
 - Delivery of health services
 - Jointly developing health care assessment
 - Moving the initiative into action

Maine MPHI

- Maine Franklin Community Partnership
 - Multi-faceted partnership that expanded health care access
- On-Line TB Pharmacy
 - Enabled filling of TB prescriptions statewide
- Division of Family and Community Health
 - Managed Care WG
 - Healthy Maine

- **FLORIDA VOLUNTEER HEALTH SERVICES PROGRAM MAKES MORE THAN A \$1 BILLION DOLLAR IMPACT ON THE WELL-BEING OF FLORIDIANS**
- TALLAHASSEE, Fla. (January 8, 2007) – The Florida Department of Health's Volunteer Health Services Program, whose mission is to promote access to care for the medically uninsured and underinsured, recently announced it has passed the \$1 billion dollar mark in donated goods and services since its inception in 1992.

Current MPH Opportunities

- Preparedness- anthrax as index case
- Chronic disease (surveillance, outreach)
- Health disparities
- Patient safety (surveillance, injury control)
- Health access
- Shared governance/advisory roles
- Joint legislative advocacy



Definitional Subset?

- PH System vs. PH agency
- Same principles apply to other partnerships

Questions/Comments/Diatribes

Leslie M. Beitsch

Director, Center for Medicine and Pub Hlth

Florida State University College of Medicine

1115 W. Call St

Tallahassee, FL 32306

(O) 850-645-1830

les.beitsch@med.fsu.edu