Beyond the Indicators

Using Performance Management to Drive Decision Making in Your Agency

Public Health Improvement Training
June 2018
Agenda Overview

- Welcome, Introductions, and Overview of Objectives
- The Role of Leadership in Performance Management
- Developing a Performance Management System: VT’s Story
- Your Performance Management Story (Activity)
- Using PM Data to Initiate Quality Improvement: VT’s Story
- Using PM Data to Initiate Quality Improvement: Your Story (Activity)
Session Objectives

- Presenters will demonstrate 3 examples of how leaders use PM to inform decisions.
- Participants will learn 3 key roles of leaders in implementing a PM system.
- Participants will understand how to communicate PM data to their governing entity/legislature.
How do you describe your experience with Performance Management?

What is your current position classification type?

Do you consider yourself a leader?

Do you have access to key leaders?

Text the word JasmineHayes943 to 22333
The Importance of Leadership in Performance Management (PM)

What is Visible Leadership in Performance Management?

Executive Leadership vs Managerial Leadership
Three Key Role of Leaders in Performance Management

1. Continuous **engagement** in performance management activities.

2. **Promote** a culture of quality improvement and **embrace** PM as standard business practice.

3. **Transform** data to decisions and **share** results.
Executive Leadership-PDCA Based Performance Management System

Plan
SHIP/CHIP Strategic Plan

Do
Program & Policy Implementation
Operational QI

Act
Performance-based Decision Making
Decisions on Changes to improve Results

Check
Performance Monitoring & Reporting for the Population & Organization
Analysis of Results

Engagement of:
- Governing entity
- Employees
- Partners
- Other stakeholders

Modified from the National Performance Advisory Commission’s A performance management framework for state and local government: From measurement and reporting to management and improving.
Managerial Leadership—“Stat” System as a high frequency PDCA Cycle

Plan
Decide on Nature & Targets of Changes to Improve Operation

Do
Implemented Targeted Changes; Use Partners as Needed for Geographic, Demographic or Programmatic Strengths

Check
Frequently Measure, Map & Review Results; Account for Changes & Analyze Results to Suggest Future Improvements

Act
Map Targeted Improvements Based on Decisions After Assessing High-Frequency Data

Engagement of:
- Executive leadership
- Employees
- Partners
- Other Stakeholders

Leadership at All Levels: California Department of Public Health Schematic: Quality Performance System

Goals
What do we want to accomplish?

QI
Can we improve?

Measure
How will we track our progress?

Progress
Are we accomplishing what we want?

QI Project

Plan
Do
Act
Check

QI project progress and outcomes are reported through the Quality Performance Council

Goals

Identified QI Projects

Quality Performance System
(Performance Management System)

Measure

Progress

Triggered as Needed

Data informs public health in complementary ways

<table>
<thead>
<tr>
<th></th>
<th>Evaluation</th>
<th>Performance Data</th>
<th>Quality Improvement</th>
<th>Research</th>
<th>Surveillance</th>
<th>Health Impact Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who</strong></td>
<td>Controlled by stakeholders</td>
<td>Controlled by program</td>
<td>Controlled by stakeholders</td>
<td>Controlled by investigator</td>
<td>Controlled by program, state or national standards</td>
<td>Controlled by stakeholders</td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Flexible design</td>
<td>No specific design</td>
<td>Tool-based (e.g., Lean, PDSA)</td>
<td>Tightly controlled design</td>
<td>Passive, active; census, sample</td>
<td>Flexible design</td>
</tr>
<tr>
<td><strong>Data</strong></td>
<td>Combination of data generated by programs and data collected on a one time basis</td>
<td>Data generated in programs’ day to day operation</td>
<td>Process data; day to day operations</td>
<td>Data collected on a one-time basis</td>
<td>Health outcome, demographic, often case definition or question based</td>
<td>Combination of data generated by programs and data collected on a one time basis. Analysis is for future expected outcomes: projection.</td>
</tr>
<tr>
<td><strong>Time Period</strong></td>
<td>Over a defined period of time</td>
<td>Ongoing</td>
<td>Cyclical</td>
<td>Specific controlled timeframe</td>
<td>Ongoing</td>
<td>In response to a potential project or policy. Must be completed before major decisions are made in order to be effective.</td>
</tr>
<tr>
<td><strong>Why</strong></td>
<td>To show how a program is working (either process or outcome)</td>
<td>To inform management and program performance improvement</td>
<td>To achieve measurable rather than anecdotal improvements</td>
<td>To further knowledge, generate evidence based practices or programs</td>
<td>To monitor and inform public health efforts to reduce morbidity and mortality</td>
<td>To determine the impact on health of a potential project or program and provide recommendations to augment positive health impacts and reduce negative health impacts.</td>
</tr>
</tbody>
</table>
Numerous additional activities paralleled this work to support the full performance management system.
Results Based Accountability Framework

Whole Population

Population Accountability
The well-being of Whole Populations
Communities, Cities, Counties, States, Nations

Client Population

Performance Accountability
The well-being of Client Populations
Programs, Agencies, Service Systems
Performance Management in Action

Where are we going?

What are we doing and how are we reporting status?

How are we managing for results?

How are we making system improvements to produce results?

How are we ensuring that our partners are working in the same direction?

How are we aligning our staff’s efforts?
Public Health Stat

- Data driven management tool
- Programs present recommendations to Department leaders; recommendations focus on what it will take to really turn the curve for a health outcome
- Facilitated, transparent, and data driven discussion of all senior department leadership
  - Do we stay the course? Until when?
  - Do we realign resources? How?
  - Are there efficiencies to be gained through integration or coordination with other programs?
How Public Health Stat facilitates improvement?

PIM and key staff collect, review, and analyze data to prepare recommendations and presentation:
- Population Indicators
- Performance Measures
- Financial Data
- Operations and Personnel Data

1st Public Health Stat: Panel uses analysis to review recommendations and make decisions.

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PIM works with divisions to investigate problems, implement recommendations, and track performance.

2nd Public Health Stat: Panel reviews performance analysis, progress, and redirects if necessary.

PIM and Division Directors monitor implementation of plan going forward, updating everyone at meetings.

Stat Schedule

<table>
<thead>
<tr>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization</td>
<td>Immunization</td>
<td>Domestic</td>
<td>Immunization</td>
<td>Immunization</td>
<td>Envision</td>
<td>Envision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulatory</td>
<td>IT</td>
<td>IT</td>
<td>IT</td>
<td>IT</td>
<td>IT</td>
<td>Suicide</td>
</tr>
<tr>
<td>Function</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury</td>
<td>Obesity</td>
<td>Obesity</td>
<td>Obesity</td>
<td>Obesity</td>
<td>Injury</td>
<td>Injury</td>
</tr>
<tr>
<td>Tobacco</td>
<td>Tobacco</td>
<td>Tobacco</td>
<td>Tobacco</td>
<td>3-4-50</td>
<td>3-4-50</td>
<td></td>
</tr>
<tr>
<td>OLH</td>
<td>Lead</td>
<td>Communication</td>
<td>Communication</td>
<td>Communication</td>
<td>Communication</td>
<td>Communication/Ticks</td>
</tr>
<tr>
<td>ADAP - Pregnancy &amp; Drinking</td>
<td>Youth &amp; Young Adult Substance Use Prevention</td>
<td>Youth &amp; Young Adult Substance Use Prevention</td>
<td>Youth &amp; Young Adult Marijuana Use Prevention</td>
<td>Youth &amp; Young Adult Marijuana Use Prevention</td>
<td>Youth &amp; Young Adult Marijuana Use Prevention</td>
<td>Access to Substance Abuse Treatment</td>
</tr>
</tbody>
</table>
AIM is a simple and straightforward approach to identifying changes that would benefit the customer, including internal staff or external.

The AIM process also plans and measure incremental change by:

- Including staff directly involved with the work
- Using a structured methodology to recommend and implement changes
- Being data driven, so we know whether a change demonstrates an improvement (or not)
- Being customer focused, so we know the change services our customers
Publicly Accessible Scorecards

Click here for performance

Click here for local data

http://www.healthvermont.gov/about/performance

Vermont Department of Health
Framework Language

DEFINITIONS
(Language Discipline)

RESULT/OUTCOME
A condition of well-being for children, adults, families or communities.
Healthy children; Youth graduate on time; Families are economically stable.

INDICATOR
A measure which helps quantify the achievement of a result.
Obesity rates; Graduation rates; Median family income.

STRATEGY
A coherent collection of actions often implemented as, programs, initiatives, systems, and services that have a reasonable chance of improving results.
Let's Move, Promise Neighborhoods, CHOICE Neighborhoods, Voluntary Income Tax Assistance

PERFORMANCE MEASURE
A measure of how well a program, agency, service system or strategy is working.
Three types:
1. How much did we do?
2. How well did we do it?
3. Is anyone better off?

= Customer Results
Populations & Programs

The Performance Scorecards shows “how we are doing.” It is built on the concepts of Results Based Accountability™ and displays the most up-to-date:

- **Population Indicators** are measures for which VDH with state government and community partners, share responsibility for making change.
- **Performance Measures** are measures for which VDH programs are responsible for the performance of interventions that, over time, will improve health, as reflected in the population indicators.

Source: Results Based Accountability
## Using Performance Measures – across VDH

<table>
<thead>
<tr>
<th>Population Accountability</th>
<th>Program Accountability</th>
<th>Program Performance Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>HV2020 Outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant women</td>
<td>Program Performance Measure</td>
<td>% of pregnant smokers seen by WIC who are referred to the 802Quits Network</td>
</tr>
<tr>
<td>abstain from cigarettes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Act 186</td>
<td>Program Performance Measure</td>
<td>% of pregnant women seen by WIC attending a prenatal breastfeeding class</td>
</tr>
<tr>
<td>Pregnant women and young people thrive</td>
<td></td>
<td>% of Nurse Family Partnership clients who screen positive for tobacco use who are referred to the 802Quits or other cessation services</td>
</tr>
</tbody>
</table>

**Related Program**

- Tobacco
- MCH
- ADAP

**Available online at:**

- **AHS Act 186 Scorecard** - [https://app.resultsscorecard.com/Scorecard/Embed/8131](https://app.resultsscorecard.com/Scorecard/Embed/8131)
One measure alone will not help us manage the programs but together this data helps guide management decisions about appropriate strategies.
Developing a Performance Management System: Your Story

- What Performance Management systems are currently in place?
- What pieces are missing?
- Where do you have support, challenges and/or opportunities?
Performance Accountability Wheel
Good oral health is essential to overall health

- Poor oral health has been linked to other chronic conditions, including diabetes and heart disease -- and wellbeing including access to employment
- Tooth decay is the most common chronic condition in children
- Vermont Medicaid Spends:
  - $2.5 million a year to treat tooth decay in Vermont children under age 6
  - $1 million in FY15 for general assistance vouchers for emergency dental care (mostly extracting rotten teeth)
Office of Oral Health – Prevention Works

- Medical providers beginning to integrate dental health as part of prenatal/pediatric health care

- Community Water Fluoridation (CWF) is safe, effective and saves money

- Silver Diamine Fluoride (SDF) – a potential game changer
  - Simple topical treatment that stops tooth decay (different than fluoride varnish)
  - Can also be used by non-traditional health care providers (nursing home staff, drug treatment centers, cancer treatment centers)
  - Would reduce number of children in hospital for tooth decay

Photo Credit: Bennington Banner

https://healthvermont.gov/scorecard-oral-health
## Immunization – in the right direction!

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Time Period</th>
<th>Actual Value</th>
<th>Target Value</th>
<th>Current Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization</td>
<td>% of children age 19-35 months receiving recommended vaccines (4:3:1:4:3:1:4)</td>
<td>2015</td>
<td>76%</td>
<td>80%</td>
<td>3</td>
</tr>
<tr>
<td>Immunization</td>
<td>% of kindergartners with 2 or more MMR doses</td>
<td>2015</td>
<td>94%</td>
<td>95%</td>
<td>2</td>
</tr>
<tr>
<td>Immunization</td>
<td>% of adolescents age 13-15 who have completed the HPV vaccination series</td>
<td>2015</td>
<td>33%</td>
<td>80%</td>
<td>2</td>
</tr>
<tr>
<td>Immunization</td>
<td>% of adolescents age 13-17 with at least 1 Tdap booster</td>
<td>2015</td>
<td>96%</td>
<td>90%</td>
<td>2</td>
</tr>
<tr>
<td>Infectious</td>
<td>Rate of varicella (chicken pox) per 100,000 Vermonters age 17 or younger</td>
<td>2015</td>
<td>19.1</td>
<td>46.4</td>
<td>1</td>
</tr>
<tr>
<td>Immunization</td>
<td>% of adults age 65 and older who ever had pneumococcal vaccine</td>
<td>2015</td>
<td>76%</td>
<td>90%</td>
<td>1</td>
</tr>
<tr>
<td>Immunization</td>
<td>% of adults age 65 and older who receive annual flu shot</td>
<td>2015</td>
<td>61%</td>
<td>90%</td>
<td>2</td>
</tr>
</tbody>
</table>

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Immunization & Schools
Using PM Data for Quality Improvement: Your Story

- Pick a performance measure that identifies a need for change
- What is the data?
- What is the story behind the curve?
- What is the ask/recommendation?
Thank You

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Resources
