ASTHO's New Performance Dashboard: Measuring the "Health" of your State Health Agency

ASTHO Accreditation Webinar Series

September 24, 2013

Association of State and Territorial Health Officials
Acknowledgement and Disclaimer

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- The content of this webinar are those of the authors and do not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.
Webinar Objectives

The objectives for this webinar are to:

1. Provide the purpose of the Performance Measure Dashboard and a brief description of performance management systems.
2. Describe the linkage between the Performance Measure Dashboard and your state health agency's performance management system and agency-wide QI activities.
Our presenters today in order of appearance...

**Guest Speaker:**
- Les M. Beitsch, MD, JD

**ASTHO staff:**
- Joya Coffman, MS, CHES, Senior Analyst
Performance Management Systems: How Are We Doing?

Les Beitsch, MD, JD
Continuous Quality Improvement System in Public Health

- Turning Point Baldrige
- Big 'QI'
- Macro
- MESO
- Advance Tools of QI
- MAPP
- QI Teams
- Basic Tools of QI
- Individual 'qi'
- QFD
- Rapid Cycle
- LSS
- Little 'qi'
- MICRO
- Individual
- INDIVIDUAL
- Daily Management
- Basic Tools of QI
- Advance Tools of QI
STANDARD 9.1: USE A PERFORMANCE MANAGEMENT SYSTEM TO MONITOR ACHIEVEMENT OF ORGANIZATIONAL OBJECTIVES.

For the health department to most effectively and efficiently improve the health of the population, it is important to monitor the quality of performance of public health processes, programs, interventions and other activities. A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes.
De-siloifying

MCH  Preparedness  HIV  STD  Family Planning
Only 5% of the workforce understand the strategy.

60% of organizations don’t link budgets to strategy.

Only 25% of managers have incentives linked to strategy.

85% of executive teams spend less than one hour/month discussing strategy.

9 of 10 companies fail to execute strategy.

Our research found four barriers to strategic implementation:

- **The Vision Barrier**
- **The People Barrier**
- **The Management Barrier**
- **The Resource Barrier**

Today’s management systems were designed to meet the needs of stable industrial organizations that were changing incrementally.

You can’t manage strategy with a system designed for tactics.
Four components of a performance management system

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

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 2013, adapted from the 2003 Turning Point Performance Management System Framework
Baldrige Criteria For Organizational Performance Excellence

1. Leadership
2. Strategic Planning
3. Customer & Market Focus
4. Information and Analysis
5. Human Resource Focus
6. Process Management
7. Business Results
Dashboard
Dashboard
The Development of the ASTHO Performance Dashboard

Joya Coffman, MS, CHES
Develop a Dashboard of Business Process Performance Measures for State and Territorial Health Agencies

- There is an increasing emphasis on accountability and performance measurement in S/THAs. Many agencies are developing their own measures or using measures that are similar to, but different from, those used by agencies in other states. S/THA would like a unique dashboard of comparable measures that focus on the ‘health of an agency’ with a focus on business and administrative processes.

**Action Step 1:** Develop criteria for selecting the measures.

**Action Step 2:** Select and operationalize the measures.

**Action Step 3:** Create a data dictionary that defines language used in the measures and a dashboard companion guide that connects specific measures to corresponding Public Health Accreditation Board (PHAB) standards and measures.

**Action Step 4:** Pilot test a prototype dashboard tool with a cohort of state health agencies.
Purpose and Goals of the Dashboard

- The PD should be used as a tool that alerts executive management and state/territorial leaders about problematic operational performance areas.
- The PD should be used as an agency resource, supported by data, that can be referenced for various reasons: from explaining performance to the governor/legislature to serving as a catalyst for quality improvement.
- The PD indicators should utilize dynamic data that can be measured frequently.
- The PD should be aligned with other initiatives and indicators, including: PHAB, PHUND$, and common S/THA measures.
Members

- Ronald Chapman MD, MPH (CA)
- Stephen Ronck, MPH (OK)
- Joan Ascheim (CT)
- Les Beitsch (FSU)
- Paul Halverson (IUPUI)

**PD Subcommittee serves as the key informant group driving this project.** The PD Subcommittee has played a critical role in setting strategic goals, identifying resources, selecting indicators, and reviewing and refining supporting materials.
## Performance Dashboard Activities and Timeline

<table>
<thead>
<tr>
<th>Timeline of Activities</th>
<th>Dates</th>
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<tr>
<td>Review of Resources</td>
<td>April 2013</td>
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<tr>
<td>Identification of Indicators</td>
<td>June 2013</td>
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<tr>
<td>PHAB Cross-Walk</td>
<td>July 2013</td>
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<tr>
<td>Data Dictionary</td>
<td>July - September 2013</td>
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<tr>
<td>Quality Improvement Companion Guide</td>
<td>October 2013</td>
</tr>
<tr>
<td>Final Suite of Performance Dashboard Materials</td>
<td>October 2013</td>
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Dashboard Indicator Selection Process
ICF contracted to assist ASTHO in the development of the ASTHO Performance Dashboard.

Goal: **Select and define between 10-20 key and 10-20 optional indicators** to measure the health of the health agency itself (i.e., indicators that measure business and operational processes) and develop supporting materials to supplement the use of indicators (PHAB cross-walk, data dictionary, and quality improvement guide).

ASTHO’s dashboard of **common** indicators will:

- Allow for meaningful comparisons across organizations (i.e., comparing ‘apples’ to ‘apples’); provide a systematic way to share best practices across organizations for quality improvement
- Facilitate collection of data that will: 1) help S/THA leaders plan, manage and improve organizational performance and 2) provide useful context for PHAB accreditation preparation activities
- Facilitate the use of comparable indicators by S/THA agencies, as many do not have the capacity or resources to develop their own
Conduct an environmental scan for existing organizational indicators

- 78 resources were reviewed to establish a baseline of currently employed indicators on which to build ASTHO’s performance dashboard
- Resources were drawn from a combination of sources, including:
  - Online keyword searches for published literature
  - Documents provided via personal email outreach to state and territorial health departments
  - Targeted review of state and territorial health department websites
**Environmental Scan Methodology**

Outreach to health departments yielded the following:

<table>
<thead>
<tr>
<th>Provided applicable indicators (20)</th>
<th>Do not have applicable indicators (20)</th>
<th>Do not have applicable and/or available indicators via search of State or Territory Health Department website (17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alaska</td>
<td>1. Arkansas</td>
<td>1. Alabama</td>
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<tr>
<td>5. Idaho</td>
<td>5. Kansas</td>
<td>5. Guam</td>
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<tr>
<td>7. Louisiana</td>
<td>7. Mississippi</td>
<td>7. Massachusetts</td>
</tr>
<tr>
<td>18. Utah</td>
<td>18. Maine</td>
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</table>
Environmental Scan Methodology

- Abstracted relevant information and summarized in a table

Eleven potential focus areas were identified, including:

1. Grants and Contracting
2. Program Development
3. Process Improvement
4. Data Accuracy and Quality
5. Financial Management
6. Human Resources
7. Customer Satisfaction
8. Information Services & Technology
9. Communication
10. Employee Satisfaction
11. Workforce

A total of 386 potential measures were identified.
Indicator Selection Process

- Narrow list of possible indicators for inclusion in dashboard through application of selection criteria
  - ICF and ASTHO staff reviewed 386 candidate indicators for broad applicability, appropriateness, relevance, and redundancy/duplication
  - After this review, 136 candidate indicators were presented to the Policy Subcommittee via an online questionnaire.
  - The goal was to identify approximately 50 potential measures to be discussed at the June in-person meeting.
Indicator Selection Process

- Each policy subcommittee member was asked to review the indicators via online questionnaire according to the following criteria:
  - Indicator is critical to the operations of state/territorial health agency.
  - Indicator is of importance at State Health Official/Senior Deputy level and assists allows him/her make high level decisions.
  - Indicator has broad applicability across all state and territory health departments.
  - Indicator data are dynamic and will change at least monthly.

- 50 indicators were selected for discussion at an in person meeting
All 50 potential indicators were reviewed in detail at an in-person meeting on June 6, 2013, using a second round of criteria:

- Data for the indicator are readily available or could be retrievable without undue burden.
- The indicator allows for comparability and benchmarking.
- The indicator allows users to identify areas for further investigation.
- The indicator requires frequent interaction and analysis.
- The indicator has a data source that allows for frequent update.
## Identification of Dashboard Indicators

Consensus was to move forward with 21 key, 10 optional, and 8 developmental indicators across the following 8 focus areas:

| 2. Data Accuracy and Quality | 6. Information Services and Technology |
| 3. Financial Management  | 7. Program Development          |
ASTHO Performance Dashboard

Indicators
Dashboard Key Indicators

21 key indicators:

- All health departments should collect data and review on a regular basis.
- Critical to the operations of health departments and have broad applicability (i.e., are relevant to all/most health departments).
- Provide key information to assist State Health Officials in making data-driven decisions to improve performance.
- Data for these indicators are readily available or could be retrievable without undue burden.
Example Key Indicators

Focus Area 1: Customer Satisfaction
CS 1. Percentage of health department programs conducting a systematic process to assess external customer satisfaction and address complaints, reported quarterly

Focus Area 3: Financial Management
FM 3. Average number of days for the health department to pay invoices, reported monthly

Focus Area 5: Human Capital
HC 1. Proportion of authorized health department staff positions filled, reported quarterly

Focus Area 7: Program Development
PD 1. Percentage of health department programs that annually utilize performance targets and performance measures, reported annually
10 optional indicators:

- Not all health departments have data sources for or may not be directly applicable to the agency (i.e. agency does not perform the particular function).
- May not measure the most critical aspects of organizational health, but still provides important information for health officials to better understand the agency’s capacity and potential areas to improve quality.
Focus Area 2: Data Accuracy and Quality
DAQ 4. Average number of days for health department staff to process citizen’s requests for health documentation (e.g., birth certificate) through any means of request, reported annually

Focus Area 6: Information Services and Technology
IST 3. Percentage of health department high priority requests for IT service that are resolved on the same day, reported monthly

Focus Area 8: Process Improvement
PI 2. Percentage of health department programs using a proven quality improvement model, reported annually
Dashboard Developmental Indicator

- 8 developmental indicators:
  - Important/useful to advance growth and activity in this area of public health however the data source may not be currently available and/or the measures have not historically been tracked.
  - Will need more consideration on methods of data collection and burden over time and will continue to be reviewed.
Example Developmental Indicators

Focus Area 5: Human Capital
HC 9. Percentage of health department programs whose employees’ performance evaluations were completed on-time, reported annually

Focus Area 6: Information Services and Technology
IST 5A. Presence/absence of a health department chief informatics officer
IST 5B. Presence/absence of a health department informatics strategy
## Data Dictionary

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### Indicator Focus Area: Data Accuracy and Quality

<table>
<thead>
<tr>
<th>DAQ 1 Key indicator</th>
<th>Description</th>
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<tr>
<td>Proportion of birth certificates with complete medical and demographic information, reported monthly.</td>
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<thead>
<tr>
<th>Measurement specifications</th>
<th>Description</th>
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<tbody>
<tr>
<td>Numerator</td>
<td>Number of birth certificates with complete medical and demographic information</td>
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<td>Denominator</td>
<td>Total number of birth certificates in a health department's annual cycle</td>
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<table>
<thead>
<tr>
<th>Indicator origin</th>
<th>Description</th>
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<tr>
<td>Utah Department of Health Balanced Scorecard</td>
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<table>
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<tr>
<th>Why this indicator is useful</th>
<th>Description</th>
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<tr>
<td>This indicator will inform health department leaders.</td>
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<td>help them to monitor demographic trends in their jurisdictions to better design, promote, and protect their population’s public health needs, and</td>
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<tr>
<td>comply with federal law which mandates the collection and reporting of births and other vital statistics data to the National Center for Health Statistics (NCHS).</td>
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<tr>
<td>Vital records data, like birth certificate data, can help inform public health surveillance, the administration of law, and the protection of individual rights.</td>
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<thead>
<tr>
<th>Alignment to PHAB Measure</th>
<th>Description</th>
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<tr>
<td>1.2: Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and On the Health Status of the Population.</td>
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<table>
<thead>
<tr>
<th>Data source(s)</th>
<th>Description</th>
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<tr>
<td>Health department vital records database</td>
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<thead>
<tr>
<th>Operational definitions</th>
<th>Description</th>
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<tr>
<td>Birth certificate with complete medical or demographic information:</td>
<td>A birth certificate is a copy of an official record of a person's date and place of birth and parentage. The National Center for Health Statistics (NCHS) requires data to be collected about the child, mother, and father including but not limited to: names, dates of birth, addresses, health information about the mother and the child including prenatal care received by the mother, type of birth, etc. Specific details can be found on the live birth and fetal death forms on NCHS's</td>
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# Accompanying Dashboard Guides

## Quality Improvement Companion Guide & PHAB Crosswalk

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**Appendix A. PHAB and ASTHO Performance Dashboard Crosswalk**

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<td>CS 1. Percentage of health department programs conducting a systematic process to assess external customer satisfaction and address complaints, reported quarterly</td>
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<td>CS 2. Percentage of health department responses on all external customer satisfaction surveys with a satisfactory or better rating, reported quarterly</td>
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<td>CS 3. Percentage of health department customer complaints addressed by the end of the next business day, reported monthly</td>
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<td>DAQ 1. Proportion of birth certificates with complete medical and demographic information, reported monthly</td>
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<td>DAQ 2. Proportion of death certificates with complete medical and demographic information, reported monthly</td>
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<tr>
<td>DAQ 3. Average number of days for health department staff to complete files for both birth and death certificates, reported quarterly</td>
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<td>DAQ 4. Optional: Average number of days to process citizen request for documentation, through any means of request</td>
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<td>Fiscal Management</td>
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<td>FM 1. Annual health department organizational expenditures</td>
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<td>FM 2. Annual health department organizational revenue</td>
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<td>FM 3. Average number of days for the health department to pay invoices, reported monthly</td>
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<td>FM 4. Average number of days for the health department to process purchase order requests, reported monthly</td>
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Pilot Testing of PD Indicators with 4-5 State Health Agencies
- Sites will provide quantitative and qualitative feedback on the indicators and their utility within public health, as well as the supporting documents (QI Guide, Data Dictionary, PHAB Crosswalk)

**Other Considerations:**
- Who Should be Involved
- Timeline
- Critical Outcomes
Open up the lines for Q&A!
THANK YOU!

For further information, you can contact: Joya Coffman at jcoffman@astho.org