Pathway to Performance: Performance Management

March 30th, 2018

New Mexico Department of Health
Accreditation Readiness and Performance Improvement to States Technical Assistance
NMDOH’s Pathway

- Webinar 1: Quality Improvement
  - Completed

- Webinar 2: Performance Management
  - Today

- Workshop: Performance Scorecard
  - Tuesday, April 24
House Keeping

➢ Phone Lines
  ➢ Keep muted
  ➢ Please don’t place on hold (hold music)

➢ Questions for Presenters
  ➢ Use chat box to ask questions

➢ Interactive Questions
  ➢ Use mouse to input answer(s)

➢ Other
  ➢ Webinar will be recorded and available soon
The Team

➢ New Mexico Department of Health
  ➢ Martin Brown, Deputy Director, Policy and Performance, Office of Policy and Accountability
  ➢ Terry Bryant, Manager, Policy and Performance, Office of Policy and Accountability
  ➢ Michael Bowers, Policy Analyst, Office of Policy and Accountability

➢ Association of State and Territorial Health Officials
  ➢ Jack Moran, Consultant (Senior Quality Advisor, Public Health Foundation)
  ➢ Jamie Ishcomer, Senior Analyst, Quality Improvement and Performance Management
1. Which of the following is the best definition of an indicator, as used by NMDOH?
   - A measure of population health
   - A measure of client participation
   - A signal used when changing lanes
   - A measure of program cost

2. How many Results are there in the NMDOH Strategic Plan?
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5

3. Place the following NMDOH Strategic Planning Roadmap items in the correct sequence.
   - Strategic Plan
   - Healthy People 2020
   - State Health Improvement Plan
   - Performance Scorecard
   - State Health Assessment

4. Which type of quality improvement (QI) is more beneficial?
   - Big QI
   - Small QI
NMDOH Practice-Based Definitions

➢ Quality Improvement is a process or activity designed to lead to improved performance

➢ Performance is a measure of how well a process or activity is meeting a desired result

➢ Performance Management is the discipline of applying and reviewing Quality Improvement and Performance
What is Performance Management?

➢ Performance Management can be regarded as a proactive system of managing performance for driving the organizations towards desired performance and results and accomplishment of excellence in performance.

➢ The term Performance Management gained its popularity in early 1980’s when Total Quality Management programs received utmost importance for achievement of superior standards and quality performance.
What is Performance Management

➢ Meeting agency goals is the ultimate purpose of performance management, but it can help with other areas of the agency’s business.

➢ It works well as a preventative tool to stop problems from occurring. Leaders and managers can look at past performance reports and see where issues arise.

➢ This helps them to set more reasonable goals that relates to the overall skills and abilities of their employees. Fewer problems help increase productivity.
Performance Management System

➢ A Performance Management System is the central nervous system of an organization since it is providing business intelligence on a regular and timely basis to help make informed decisions at all levels of the organization.

➢ This is accomplished by indicating performance to:

➢ goals
➢ effectiveness and efficiency of its programs and services,
➢ processes performance
➢ customer satisfaction levels
➢ providing knowledge to help leadership prioritize areas needing improvements.
A Performance Management System Should Answer The Following Questions:

➢ How are we doing

➢ Why?

➢ What should we be doing?

➢ Does it match the need(s) of our customer?

➢ How fast can we improve?
Pathway to Performance

What Is Performance Management?

Performance Management is the discipline of applying and reviewing Quality Improvement and Performance
Views from Different Parts of the System

- **30,000 ft.** SHA/CHA & Public Health PolicyPriorities
- **20,000 ft.** Strategic Plan withPriority Change Goals
- **10,000 ft.** Performance Budget withNegotiated Targets
- **Ground** Programs, Services, Projects & Initiatives,Performance Monitoring & Improvement

**Vision & Mission**

**Performance Budget with Negotiated Targets**

**Strategic Plan with Priority Change Goals**

**SHIP/CHIP with Health Outcome Priorities**

**Altitude**

"line of sight", from the view on high to ground level performance measures & expectations provide a feedback to the system.
Developed in 2013, adapted from the 2003 Turning Point Performance Management System Framework
NMDOH Self-Assessment Results

<table>
<thead>
<tr>
<th>Average Ratings</th>
<th>PLAN</th>
<th>DO</th>
<th>CHECK</th>
<th>ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.62</td>
<td>2.43</td>
<td>2.55</td>
<td>2.25</td>
</tr>
</tbody>
</table>

Rating Gaps:

<table>
<thead>
<tr>
<th>PLAN</th>
<th>DO</th>
<th>CHECK</th>
<th>ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.38</td>
<td>1.57</td>
<td>1.45</td>
<td>1.75</td>
</tr>
</tbody>
</table>
The Performance Paradox

- Everybody's busy running around masking the symptoms
- More time spent in fire-fighting
- More business problems
- ... and the cycle continues
- No time for quality

Start here
Roadmap to a Culture of Performance

Stages of Agency Performance Management (PM)

STAGE 1
Minimal Awareness of PM
- No organization agreement on need for data-driven decision making
- Data collection driven by grants
- Fear about how data will be used

STAGE 2
Awareness of need for PM & usefulness
- PM training for some staff
- Leadership desires data to make decisions
- No centralized data collection system
- Fear about how data will be used

STAGE 3
Limited PM Deployment
- Data drives QI
- PM integrated into regular meetings
- Measures align with strategic plan
- Deployment primarily at program level (not agency-wide)

STAGE 4
Formal Agency-Wide PM Process
- Functioning PM Council/Team
- Measures collected, analyzed & reported by all programs on a defined timeframe
- Role clarity
- PM System (data collection process/tool) in place

STAGE 5
Culture of PM
- Performance data drive decisions & budgets
- PM training on a regular schedule for all staff
- PM reports drive program planning
- PM Communications Plan implemented

See Guide for Transition Strategies

Figure 2: Stages of Agency Performance Management
Polling question

What stage is NMDOH at?

- [ ] Stage 1
- [ ] Stage 2
- [ ] Stage 3
- [ ] Stage 4
- [ ] Stage 5
Challenges Encountered Among Health Departments

1. Aligning with Strategic Direction
2. Identifying relevant standards
3. Selecting useful measures
4. Collecting rigorous data
5. Creating action plans for success
6. Responding to past performance
Lessons Learned

➢ Start small

➢ Distinguish between strategic measures and grant measures

➢ Align to the strategic objectives – roll up

➢ Take action

➢ Too much data or too little data

➢ Review every three months
Lessons Learned

Above all keep it simple and useable:
# Lessons Learned – Keep It Simple and Visual

<table>
<thead>
<tr>
<th>Goals, Objectives, &amp; Measures for:</th>
<th>State Health Department</th>
<th>Accreditation</th>
<th>Trend Direction</th>
<th>Support &amp; Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 1: Improve EH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective or Activity:</strong> Enforce EH codes and laws</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measures:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of eating establishments inspected at least 1x every 12 months</td>
<td>6</td>
<td>72%</td>
<td>68%</td>
<td>100%</td>
</tr>
<tr>
<td>% of eating establishments that pass inspection</td>
<td>1</td>
<td>96%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td># of eating establishments the fail re-inspection after first failure</td>
<td>2</td>
<td>0.00</td>
<td>0.00</td>
<td>3.00</td>
</tr>
<tr>
<td><strong>Objective or Activity:</strong> Investigate and contain EH hazards</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measures:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of confirmed new food borne illnesses per quarter</td>
<td>2</td>
<td>2.00</td>
<td>3.00</td>
<td>3.00</td>
</tr>
<tr>
<td># of qualified homes given a home lead testing kits per quarter</td>
<td>3</td>
<td>173.00</td>
<td>100.00</td>
<td>80.00</td>
</tr>
</tbody>
</table>
What has been our approach

The NMDOH Solution

Differentiate between **Measures of Health** and **Measures of Performance on Health**

- Measures of Health, which we call Indicators, provide a snapshot of New Mexico’s health status.

- Measures of Performance on Health, which we call Program Performance Measures (or just Performance Measures), provide an up-to-date assessment of program actions that contribute to improving New Mexico’s health status, as measured by the Indicators.
The NMDOH Performance Management System

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• Measures of Performance on Health, which we call Program Performance Measures (or just Performance Measures), provide an up-to-date assessment of program actions that contribute to improving New Mexico’s health status, as measured by the Indicators.
The Clear Impact
Results Scorecard

Population Accountability

R A Result (aka outcome, or goal) is a desired condition of well-being for a population.

I An Indicator is a measure of a population’s health status.

Program Accountability

P A Program is the organizational unit accountable for action to improve a population’s health status.

PM A Performance Measure is a measure of the performance of a program on health status.
Real World Example

Population Accountability

- **R** Improved health status for New Mexicans
- **I** Drug overdose death rate per 100,000 population

Program Accountability

- **P** NMDOH Public Health Division
  - **PM** Number of opioid overdose reversals per client enrolled in Harm Reduction
- **P** NMDOH Epidemiology and Response Division
  - **PM** Percentage of retail pharmacies that dispense naloxone
NMDOH Results Scorecard

FY18 STRATEGIC PLAN RESULT 1

Result 1: Improved Health Status for New Mexicans

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual Value</th>
<th>Target Value</th>
<th>Current Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>209.3 per 1,000</td>
<td>185.5 per 1,000</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>179.9 per 1,000</td>
<td>185.5 per 1,000</td>
<td>1</td>
</tr>
<tr>
<td>2015</td>
<td>189.1 per 1,000</td>
<td>185.5 per 1,000</td>
<td>1</td>
</tr>
<tr>
<td>2016</td>
<td>187.9 per 1,000</td>
<td>185.5 per 1,000</td>
<td>1</td>
</tr>
<tr>
<td>2017</td>
<td>186.7 per 1,000</td>
<td>185.5 per 1,000</td>
<td>2</td>
</tr>
</tbody>
</table>

P002: Diabetes hospitalization rate per 1,000 people with diagnosed diabetes

Story Behind the Curve

- Diabetes, one of the leading causes of death and disability in the US, is the sixth leading cause of death in NM.
How we use the Scorecards to support Performance

Programs complete/update Templates each fiscal year or as information is available
  • Indicators
  • Programs
  • Performance Measures
    o Action Plans

Programs report on performance quarterly
  • Action Plans with Milestones
  • Story Behind the Curve
# NMDOH Results Scorecard Performance Score

## NMDOH Performance Management
### Accountability Score

| OVERALL PERFORMANCE | 63.7% |

### Completeness Determinants

<table>
<thead>
<tr>
<th>Factor</th>
<th>Num</th>
<th>Denom</th>
<th>% of Value Captured</th>
<th>Weight</th>
<th>Performance Result</th>
<th>Performance Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four or more years of baseline data (Indicator &amp; PM)</td>
<td>40</td>
<td>50</td>
<td>80.0%</td>
<td>0.25</td>
<td>0.20</td>
<td>80.0%</td>
</tr>
<tr>
<td>All Notes sections completed</td>
<td>208</td>
<td>208</td>
<td>100.0%</td>
<td>0.25</td>
<td>0.25</td>
<td>100.0%</td>
</tr>
<tr>
<td>Notes up-to-date</td>
<td>190</td>
<td>208</td>
<td>91.3%</td>
<td>0.25</td>
<td>0.23</td>
<td>91.3%</td>
</tr>
<tr>
<td>Actual data values up-to-date</td>
<td>45</td>
<td>50</td>
<td>90.0%</td>
<td>0.20</td>
<td>0.18</td>
<td>90.0%</td>
</tr>
<tr>
<td>Measure forcast value</td>
<td>0</td>
<td>50</td>
<td>0.0%</td>
<td>0.05</td>
<td>0.00</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

### Quality Determinants

<table>
<thead>
<tr>
<th>Factor</th>
<th>Num</th>
<th>Denom</th>
<th>% of Value Captured</th>
<th>Weight</th>
<th>Performance Result</th>
<th>Performance Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes updates follow guidelines</td>
<td>100</td>
<td>208</td>
<td>0.48</td>
<td>0.45</td>
<td>0.22</td>
<td>0.48</td>
</tr>
<tr>
<td>What works are for reaching the measure target</td>
<td>34</td>
<td>50</td>
<td>0.68</td>
<td>0.15</td>
<td>0.10</td>
<td>0.68</td>
</tr>
<tr>
<td>Strategies are subset of what works</td>
<td>39</td>
<td>50</td>
<td>0.78</td>
<td>0.20</td>
<td>0.16</td>
<td>0.78</td>
</tr>
<tr>
<td>Milestones are quarterly in nature</td>
<td>80</td>
<td>160</td>
<td>0.50</td>
<td>0.20</td>
<td>0.10</td>
<td>0.50</td>
</tr>
</tbody>
</table>

### Performance Determinants

<table>
<thead>
<tr>
<th>Factor</th>
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<th>% of Value Captured</th>
<th>Weight</th>
<th>Performance Result</th>
<th>Performance Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trending Positively</td>
<td>24</td>
<td>51</td>
<td>0.47</td>
<td>0.60</td>
<td>0.28</td>
<td>0.17</td>
</tr>
<tr>
<td>Better Than Baseline</td>
<td>25</td>
<td>51</td>
<td>0.49</td>
<td>0.40</td>
<td>0.20</td>
<td>0.08</td>
</tr>
</tbody>
</table>

*PHF*
Polling Question

Which of the following would likely be the most effective strategy to improve our performance?

- Phone a friend
- Hire a consultant
- Wish upon a star
- Initiate a QI project
Quality Improvement Toolkit

Quality Improvement in public health is the use of collaborative and defined improvement processes based on evidence. It is also a continuous and ongoing effort to achieve sustainable improvements in efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or programs.

Key Questions in QI:
- What are we trying to accomplish?
- How will we know the change is an improvement?
- What changes can we make that will sustain an improvement?

Guiding Principles of QI:
- Develop a strong customer focus.
- Continuously improve all processes.
- Leverage employees.
- Mobilize both data and team knowledge to improve decision making.

QI TOOLS: ASSESSMENT
- Tableau Diagram - (Minnesota Department of Health QI Tool)
  - Video: http://www.youtube.com/watch?v=dQWmSxk
- Line (Minnesota Department of Health QI Tool)
- Look (Minnesota Department of Health QI Tool)
- Standard Survey (Minnesota Department of Health QI Tool)
- Hybrid-based Analysis (NIDCOM QI Practice)
- Project Learning Circle (Lancaster)

QI TOOLS: PLANNING
- Goal Chart (Minnesota Department of Health QI Tool)
- Balanced Scorecard (Minnesota Department of Health QI Tool)
- Run Chart (Minnesota Department of Health QI Tool)

QI TOOLS: DECISION-MAKING
- Affinity Diagram (Minnesota Department of Health QI Tool)
  - Video: http://www.youtube.com/watch?v=3p3iUTbc
- Fishbone (Minnesota Department of Health QI Tool)
- Process Flow (Minnesota Department of Health QI Tool)
- Flowchart (Minnesota Department of Health QI Tool)
- Pre-Diagnosis (Minnesota Department of Health QI Tool)
- Breakout Session: (Minnesota Department of Health QI Tool)

QI RESOURCES
- New Mexico Department of Health QI Council (NIDCOM)
- New Mexico Department of Health (NMDOH)
- Minnesota Department of Health (MDH)
- Colorado Local Public Health Directors (LPHC)
- Ohio State University Center for Public Health Practice
- National Quality Center
- Public Health Quality Improvement Exchange (PHQIE)
- Public Health Foundation (PHF)
- Centers for Disease Control and Prevention
- National Association of County & City Health Officials (NACCHO)

PHF
Workshop April 24th, 2018

➢ For the Workshop::
  ➢ Review the article: Selecting QI Good Projects
  
  ➢ Review the article - Guide to the Stages of Performance Management
  
  ➢ Bring your copy of the Quality Improvement Tools Encyclopedia and Glossary
Agenda for the April 24th Workshop

Pathway to Performance Workshop

9:00 AM
➢ Welcome and Introductions
➢ Objectives for today
➢ Review of the highlights of the QI and PM webinars
➢ Overview of current state of CHILEnet and plans for the future
➢ Questions about today
➢ Each team review their data and discuss the area they are focusing on for improvement
➢ Team Work
➢ Develop the AIM Statement
➢ Construct a Force Field Diagram around the AIM Statement
➢ Develop a current state flow chart of the process to be improved

12 Noon – Lunch

1:00 PM
➢ Continue team work
   ➢ Develop a Cause and Effect Diagram
   ➢ Develop a Solution and Effect Diagram
   ➢ Develop a project plan to implement
   ➢ Review with large group
➢ 4:00 PM Final remarks and adjourn
Knowledge Check

NEW MEXICO DEPARTMENT OF HEALTH
Knowledge Check: Polling Questions

1. Which of the following is the best definition of an indicator, as used by NMDOH?
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Thank you!