

PERFORMANCE

- EXCELLENT
- GOOD
- AVERAGE
- POOR



Bringing Together Practice-Based Research and Performance Management: Maximizing Data for Multiple Purposes

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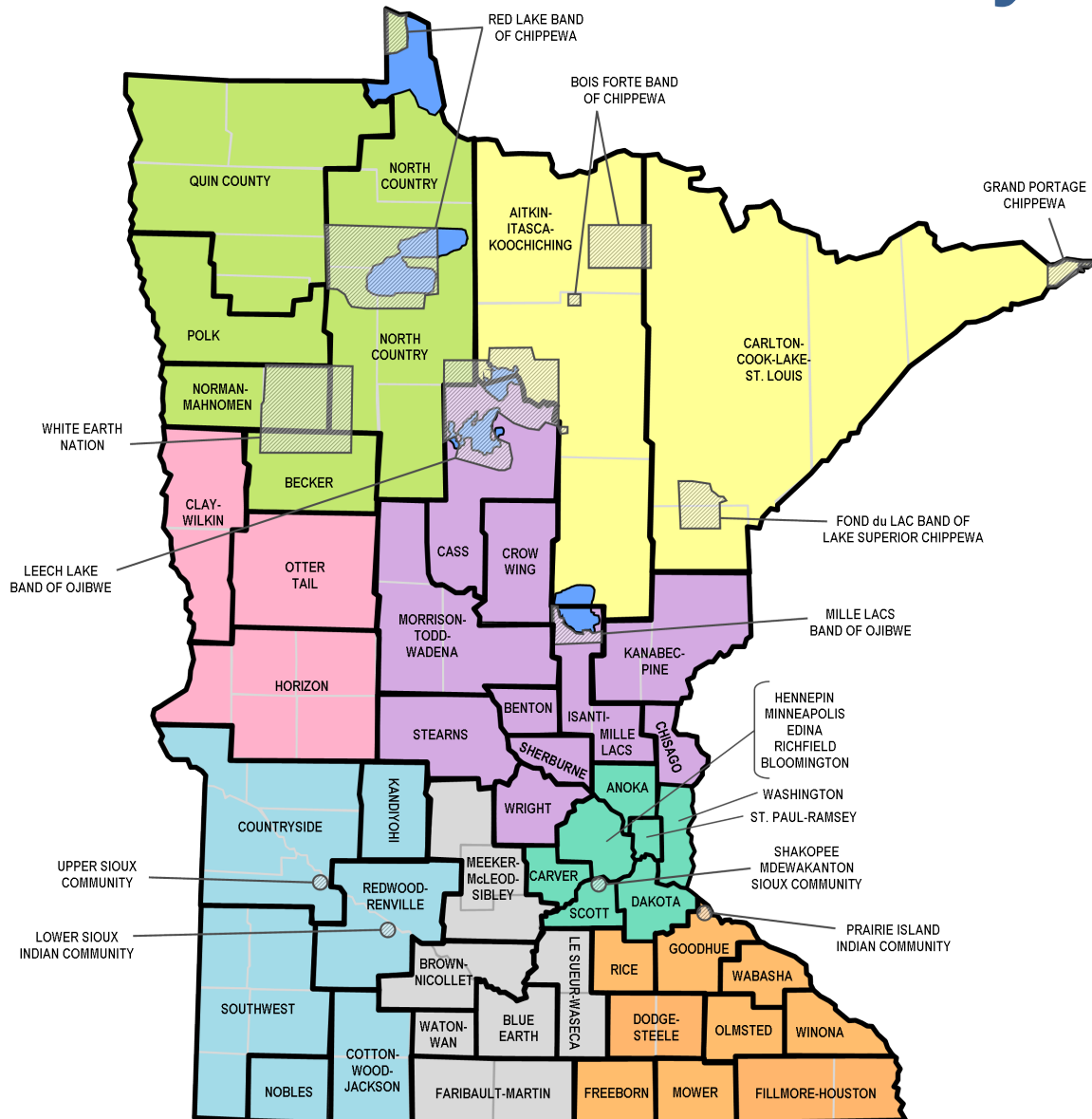
Acknowledgments

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 - Research to Implementation Award (68674)
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MN Local Public Health System



Updated
January 12, 2012



Objectives

- Identify key steps in a process of engaging practitioners in the development of performance measures.
- Describe opportunities to maximize the utility of local data for Public Health Services and Systems Research.
- Summarize the challenges and benefits of truly engaging a practice-based research network as part of developing a system-level performance management system.

State Community Health Services Advisory Committee

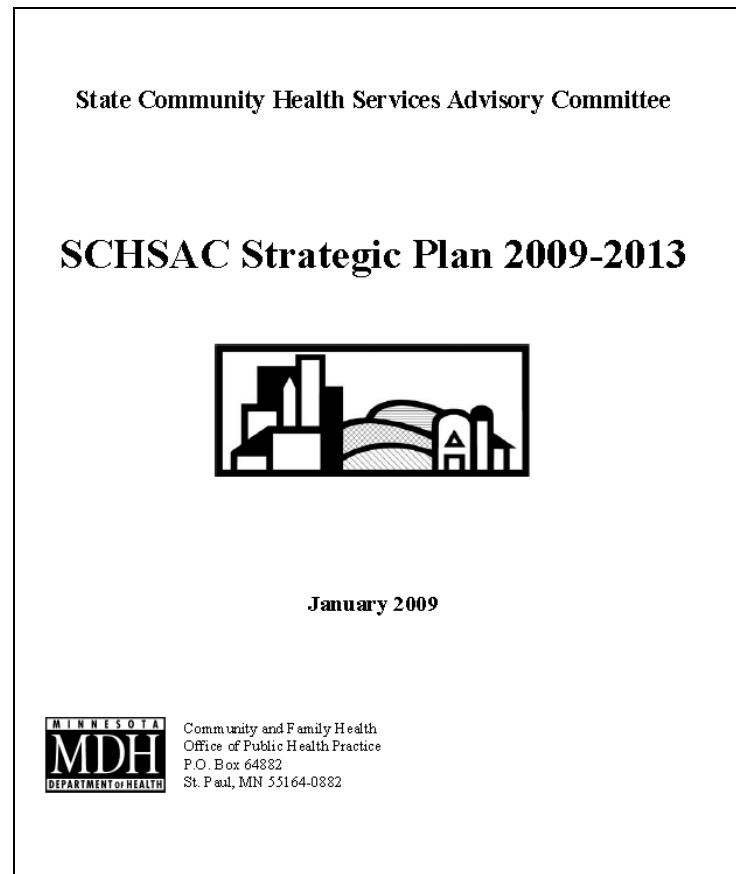


- SCHSAC established in MN's Local Public Health Act
- Comprised of local elected officials and health directors from all 50 Community Health Boards (CHBs) in Minnesota
- Commissioner of Health convenes SCHSAC quarterly
- In 2010, SCHSAC recommended substantial changes to the local public health improvement system, which includes:
 - Annual, on-line reporting toward statewide objectives
 - Community health assessment and planning process
 - Accountability review

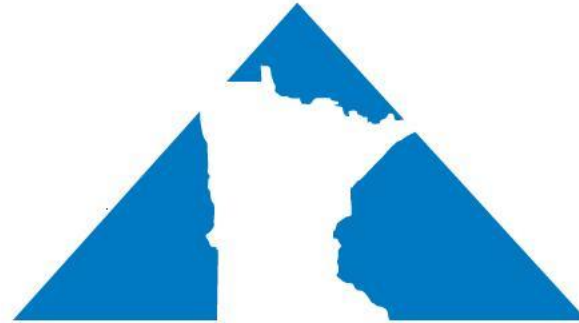
SCHSAC Strategic Plan

Goal: Public health *information* (i.e., data) is leveraged to create the foundation for decision making:

- Identify, report, and translate for practical applications, appropriate public health research.
- Strengthen LPH Act reporting system as a data source for decision making.



Launch PBRN in 2010



Minnesota Public Health **RESEARCH TO ACTION NETWORK**

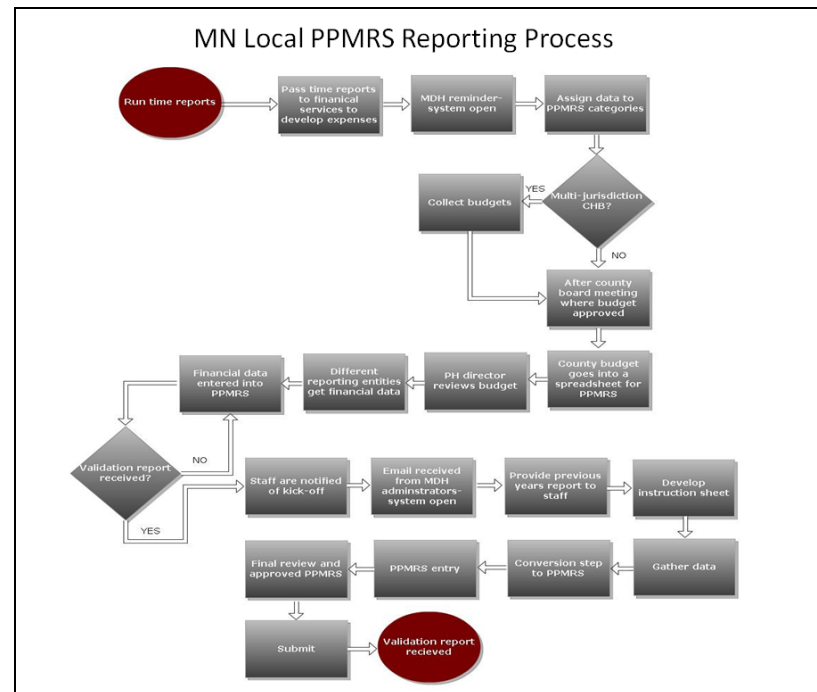
Conducting Research. Making Change. Improving Health.



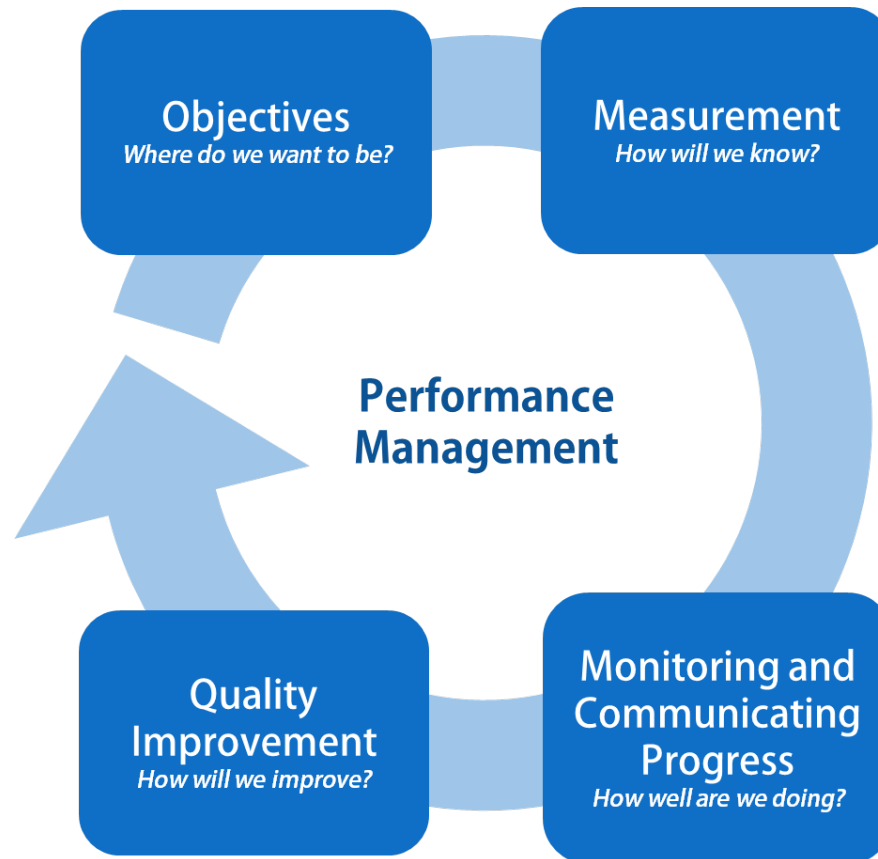
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Connecting System Improvement and Practice-Based Research

- Annual, on-line reporting system
- Charge to align LPH Act performance measures with national standards
- Dissatisfaction and high expectations
- Leadership role with emerging PBRN



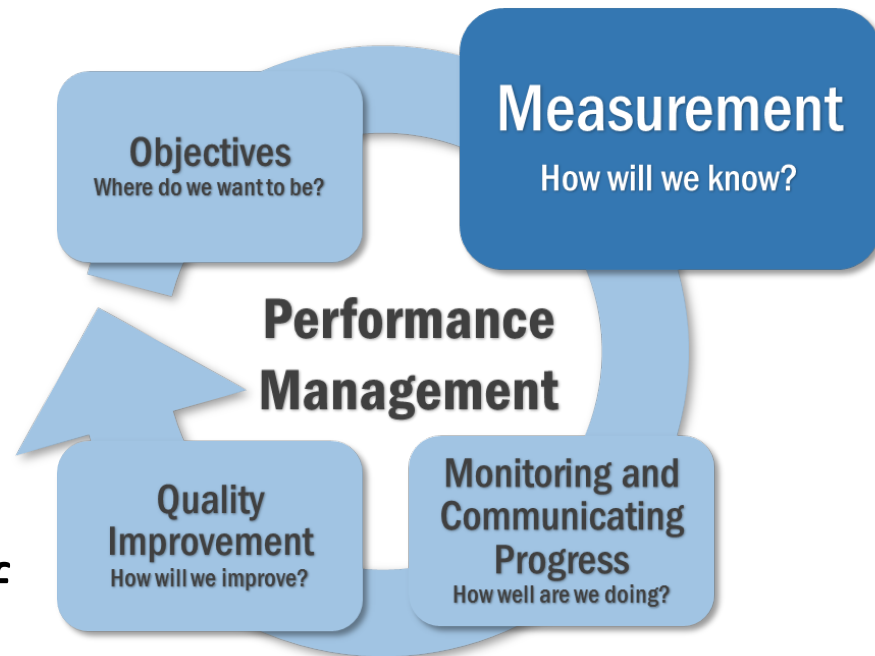
System Level Performance Management



System Level Performance Management: Progress

Collaboratively developed new measures of public health capacity and services

Phased introduction of new measures during 2013 and 2014



Capacity Measures

- Measures align with national Public Health Accreditation Board (PHAB) standards and measures
- Committee selected subset of national measures (n=35) for reporting in 2013 and 2014
- These measures span all 12 domains and were selected through an intensive prioritization process by PISC.
- In 2015, CHBs will report on the full set of PHAB measures.
- CHBs self-report on their ability to meet the measures, with response options ranging from “fully meet” to “not met.”
- Reporting instructions mirror the PHAB documentation guidance

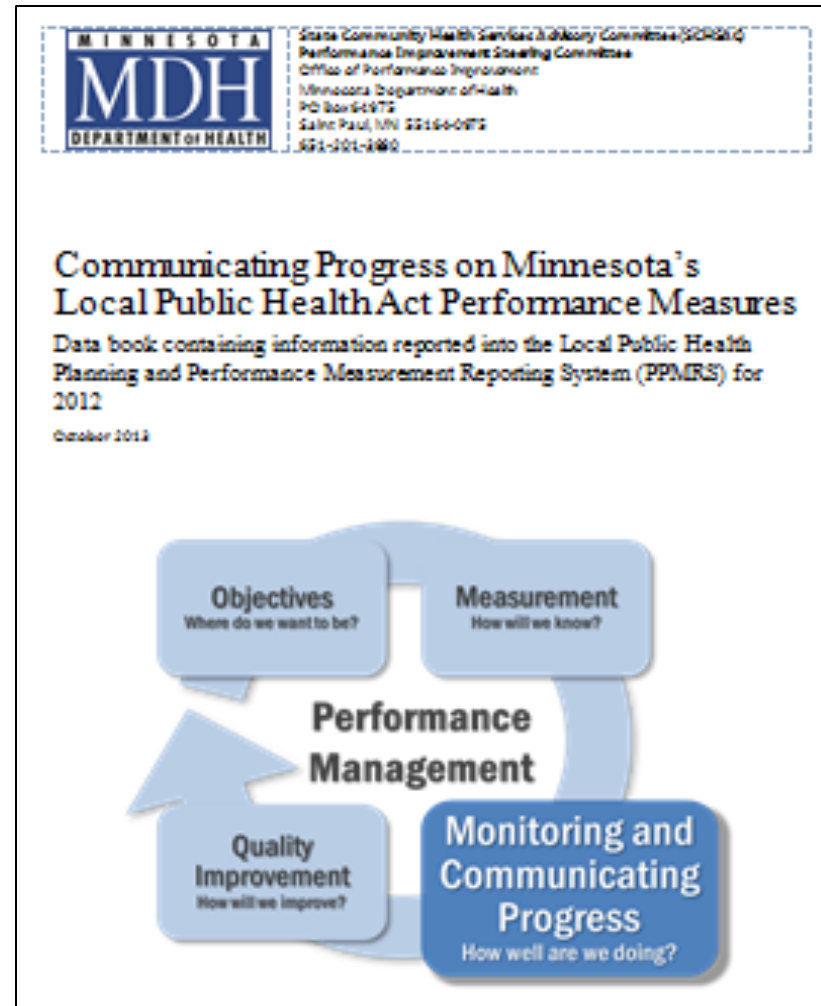
Monitoring and Communicating Progress

- Preliminary data reports available within weeks after reporting period
- System Summary
- CHB-Specific Comparative Reports

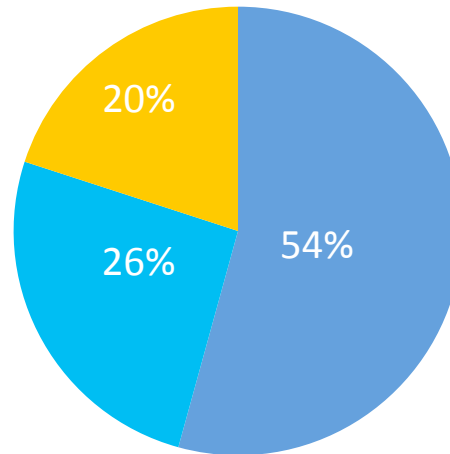
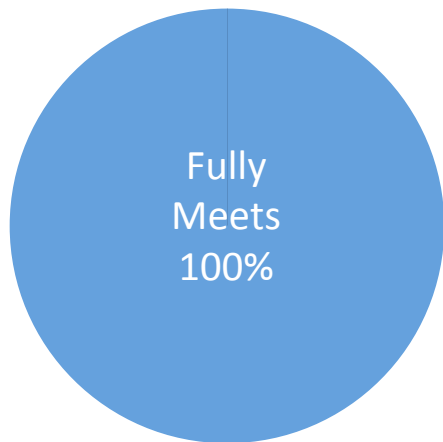


Key System Level Findings

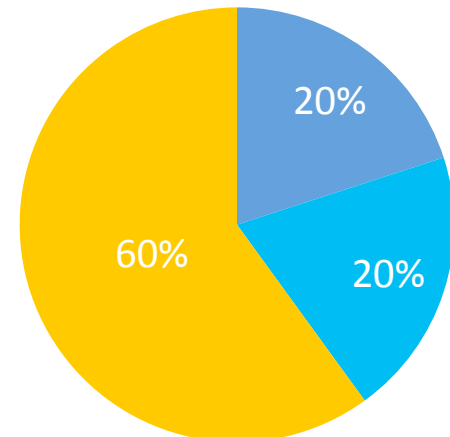
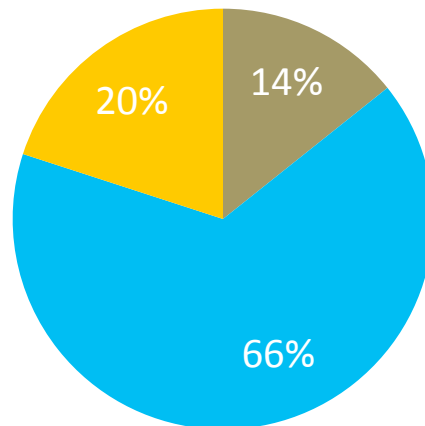
- CHBs vary widely in capacity
- The system performs well on some measures
- There is widespread opportunity to improve, particularly on measures related to planning, workforce and QI.



Elevating Variation



- Fully Meets
- Partially Meets
- Does Not Meet



Four of Minnesota's 52 CHBs are shown as examples

Priorities for System Improvement

Selected priority areas for system infrastructure (capacity) improvement



Setting system objectives

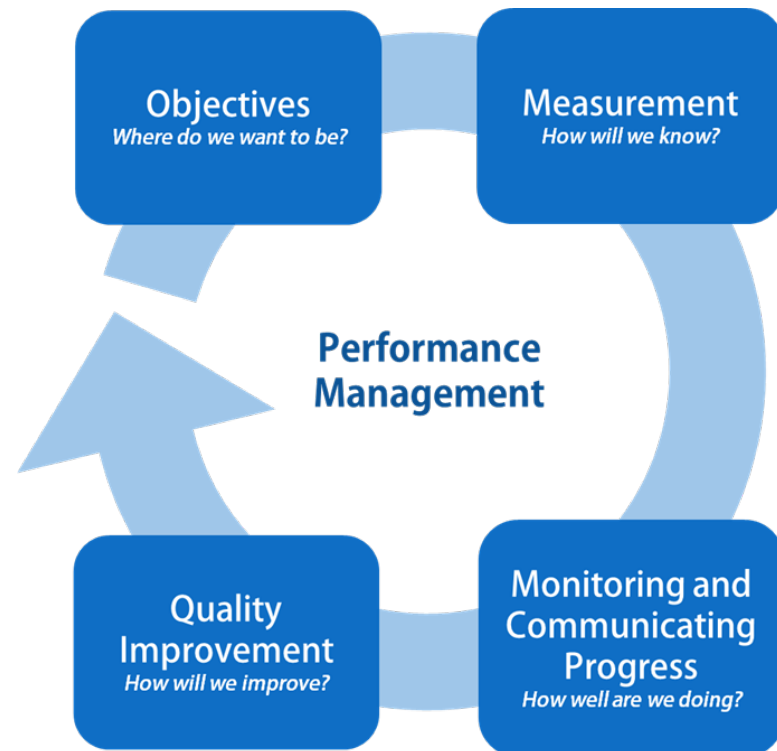
1. Produce a **Community Health Improvement Plan** [national measure 5.2.2]
2. Adopt a **Strategic Plan** [national measure 5.3.2]
3. Establish a **Quality Improvement Program** [national measure 9.2.1]
4. Implement a systematic process for assessing **Customer Satisfaction** [national measure 9.1.4]



Connections to Practice-Based Research

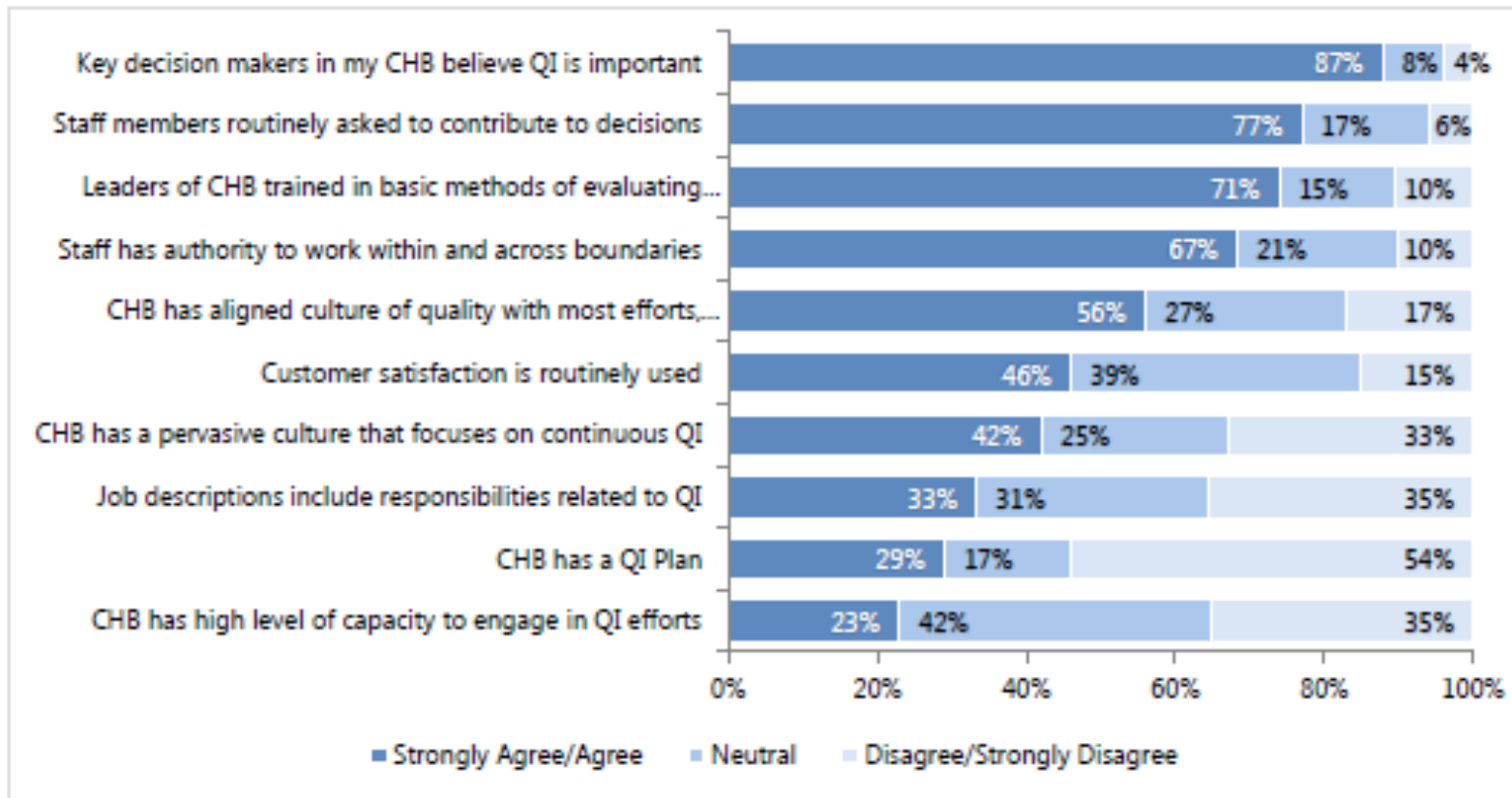
2013 introduced

- Measures from national standards
- Measures developed by PBRN:
 - Measures of organizational QI maturity
 - Standardized measures of evidence-based services for chronic disease



Connections to Practice-Based Research: Organizational QI Maturity

Figure 14. Organizational QI maturity in the Minnesota local public health system.



Gearin KJ, Gyllstrom ME, Joly BM, Frauendienst RS, Myhre J, Riley W.

[Monitoring QI maturity of public health organizations and systems in Minnesota: promising early findings and suggested next steps.](#) (2013) *Frontiers in Public Health Services and Systems Research* 2(3), Article 3.

Connections to Practice-Based Research: Organizational QI Maturity

Table 3. QI Maturity	2011	2012
System QI Maturity Score (median)	3.2	3.5
System QI Maturity Score Distribution		
2.0 – 2.9	28.3%	17.3%
3.0 – 3.9	60.4%	63.5%
4.0 and greater	11.3%	19.2%

Minnesota Department of Health. Communicating Progress on Minnesota's Local Public Health Act Performance Measures. St. Paul, MN: MDH, May 2013. Available at:

http://www.health.state.mn.us/ppmrs/library/docs/2012_perfmeasures_databook.pdf



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Select Physical Activity and Nutrition Initiatives of Minnesota's 52 CHBs, 2012

MPROVE Measures	QI Maturity Level (column percentages)			Capacity Level (column percentages)		
	Low n=9	Medium n=33	High n=10	Low n=15	Medium n=26	High n=11
Initiative to Increase Access to Free/Low Cost Recreational Opportunities						
Yes	56%	61%	30%	53%	58%	45%
No	44%	39%	70%	47%	42%	55%
Allocated Funding to Physical Activity Promotion						
Yes	44%	64%	20%	47%	50%	64%
No	33%	36%	70%	40%	46%	36%
Initiative to Increase Access to Health Foods in the Community						
Yes	77%	85%	70%	67%	88%	82%
No	23%	15%	30%	33%	12%	18%



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Looking Ahead: Performance Management

- Managing large amounts of data -- new measures introduced in 2014
- Monitoring & Communicating – timely reports with relevant comparisons
- Assuring data quality
- Building in more measures of volume and reach
- Adapting to changes in the national standards

Looking Ahead: Research

- Examine variation in measures of capacity and services, factors associated with that variation, and implications for performance
- Expand use of financial and staffing data
- Participate in multi-PBRN research

Benefits and Challenges

Benefits

- Capitalizing on existing structures and relationships
 - Communications
 - Training
 - Translation
- Minimizing reporting burden
- Maximizing data

Challenges

- Long time horizon
- Structures change and n is getting smaller
- Standardization
- Self report

Questions?



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