

## HealthSTAT Project Findings

Five focus groups were held to ask for feedback about HealthSTAT, the software application. Focus groups consisted of members of the PHSD communications workgroup, quality improvement workgroup, section supervisors, and program managers, in addition to the management team members. People who were invited to a focus group session but could not attend were provided a deadline to submit feedback in writing.

Results were analyzed using qualitative methods, and a brief description of findings is provided below.

### Results

#### Program Planning

Focus group participants were asked whether they use logic models and workplans to help plan their work. Participants indicated they tend to use program planning techniques more often when their work is funded by grants, particularly from the CDC. Logic models and workplan templates are typically provided by the CDC and staff often use those resources to help develop their HealthSTAT pages. However, the link between HealthSTAT and logic models aren't clear for everyone. As one participant stated, "I feel like HealthSTAT is an organizational chart, it's more like a business diagram."

Programs that don't use logic models and workplans for their work tend to have their work based in Montana state rules and statutes, and may be more likely to use desk manuals, policies, and procedures to capture their work.

There are a few main considerations about using the HealthSTAT application as a program planning tool:

- **Duplicating efforts:** Between CDC reporting mechanisms and HealthSTAT, staff can feel like they are using "three different systems" for their work.
- **Planning for HealthSTAT was helpful:** Some staff still refer to the logic models and workplans they created when they designed their HealthSTAT, and stated "the process of doing the planning for what to put into HealthSTAT was really helpful. The personnel available to help with the development of the core activities was really useful."

#### The purpose of HealthSTAT

Participants demonstrated a need for more information about the vision and purpose of HealthSTAT, both the application and the performance management system. Regarding the application, the following questions came up:

- **What do I track?** Participants weren't sure if the application was for day-to-day work or high-level metrics. One asked, "Is HealthSTAT a tool that is looking to manage all of our work, or are we looking at how to measure where we are in our key performance indicators?"
- **How often do we update our workplans?** Some staff update the content of their HealthSTAT regularly to make sure it reflects their current work, and other staff haven't updated the content since it was first developed. One participant stated, "It would be good to really dive into each section's work again." Another stated, "We were maybe using it a lot, but it's trickled off as grant outcomes have changed and things."

- **What's the benefit?** As one participant stated, “I already have workplans somewhere else. What's the benefit to me?” Another participant said, “I'm trying to justify using HealthSTAT.”

The HealthSTAT presentations were mentioned as one reason to keep the HealthSTAT application updated—some participants only update their application when their presentation is due.

- **What are the expectations for presentations?** Participants weren't sure if they are supposed to be using the HealthSTAT application or PowerPoint for presentations, and staff have seen it change over time. “People don't use [healthSTAT] in presentations any more, they look at the high-level metrics and then open up a PowerPoint they store in HealthSTAT.”
- **Challenges with presentations:** Staff identified a few challenges with presentations, such as difficulty “picking and choosing the things you have time to present in the 30 minutes,” as well as pressure on “getting the presentation done right” instead of focusing on the discussion, which some see as the most important part of the presentation experience. Additionally, presenting twice a year is problematic for larger programs, as “if I have five core activities it would take 2.5 years to get through them. It's hard to get continuity in terms of what you're presenting.”

In general, participants have questions about the vision of the PHSD's performance management system.

- **Inconsistency in use:** Participants voiced confusion over how to use HealthSTAT because of the differences across Bureaus and Offices. As one person said, “I think an application like HealthSTAT needs to have a specific purpose that fits the Division's needs. Currently, a lot of different programs all use HealthSTAT differently, making the information not comparable or able to be combined. More could be done to define the role of HealthSTAT and what information should and should not be included.” The inconsistencies cause staff to second guess their work: “When you see people are tracking completely different things, we wonder if we are supposed to be doing that too, and what would be better?”
- **Unclear expectations:** One participant stated, “there isn't a super clear goal of the purpose of HealthSTAT, and people struggle with that.” Participants asked the management team to clarify why the PHSD is using HealthSTAT, and said “it's critical that management and leadership say, this is the goal and the purpose of HealthSTAT. The goal is different than it was 8 years ago. And we need to hear that really strongly articulated...it would help for management to sell the system and intent of it.”

### Description of the current state

Participants were asked to talk about what isn't working well with the current performance management system and HealthSTAT application. The following challenges were identified:

- **Not a good presentation tool:** As mentioned earlier, some participants mention only updating the application when preparing for their presentations. Once they are presenting, HealthSTAT isn't seen as a tool that “can tell a story.” As one participant described, “I have to scramble to pick a topic, and still pull up a PowerPoint presentation to explain my work.” The charting capabilities were also described as inadequate for presentation purposes.
- **Not user-friendly:** A few participants described the HealthSTAT application as complicated: “We have a system that is trying to do a lot of things, and because of that it struggles with doing one thing well.” It was described as a “clunky” system that “isn't very easy to use.”

- **Not useful for financial management:** Staff don't use HealthSTAT for managing their budgets. They work with their supervisors and financial managers to track funds, and often what it calculated for HealthSTAT "doesn't match our budgets."
- **Can't capture complexity:** While HealthSTAT can be complicated to use, it doesn't necessarily capture the complicated nature of some work, particularly for projects that are coordinated efforts across programs. For example, "We lost our CDC funding and I work across a lot of program areas right now...when I'm in there, it feels like it doesn't reflect what I'm actually doing."
- **Requires duplication:** When staff have CDC reporting requirements attached to their work, the CDC is "providing nice, user-friendly templates" that are "similar, but not really, to HealthSTAT." Using HealthSTAT to track work in addition to reporting templates provided by funders feels duplicative.
- **Time intensive:** Aspects of the current system are time consuming. "Reporting weekly, monthly, and sometimes quarterly is not feasible as it seems like all we do is reporting." Maintaining the system is particularly difficult when "we have so many other responsibilities." Staff suggested a designated time be set aside for conducting performance management work, and not all programs have time set aside for that purpose.
- **Out of date:** Due to the various reporting requirements and time constraints, HealthSTAT is seen as the system that "will always be out of date." As one participant stated, "it seems like you are never caught up...which doesn't make it a good tool for monitoring progress."
- **Disconnected:** While there is a feature in HealthSTAT for connecting metrics to the PHSD Strategic Plan strategies, participants felt there could be a stronger connection between HealthSTAT and the Strategic Plan, and potentially PHAB standards as well. Participants liked the idea of a system being able to "in some shape or form link more clearly to the Strategic Plan," and suggested "it could be used as a tool for showing how various programs flow up to the same goal. Right now, participants don't see a strong connection between HealthSTAT and larger PHSD goals and strategies."

Participants also provided examples of ways in which HealthSTAT is currently working well:

- **Quality Improvement:** While not everyone uses HealthSTAT to reflect quality improvement projects, some staff did "like the QI aspect of HealthSTAT."
- **Demonstrate improvement over time:** Long term metric tracking has been useful for some programs: "It's nice to see historical data and talk about what's been happening, that really works well for me."
- **Reflects our work:** When staff take the time to keep HealthSTAT content updated according to their work, they feel it is flexible enough to reflect changes and track both grant measures and program-specific measures.
- **Reporting:** Some staff do pull information "right out of HealthSTAT for reporting." When HealthSTAT is up to date, "I know the most recent numbers are in there and I can pull them, and it becomes a communal reference point."
- **Central repository:** Having metrics and resources in one place is helpful for some staff, who use HealthSTAT to "facilitate conversations within our section and other sections." HealthSTAT serves as "a place to record things" and it has become "the file for the program."
- **Reviewing high-level metrics:** Staff felt that HealthSTAT is best used for looking at high-level metrics, rather than day-to-day work, to "tell the story of our program."
- **Presentations:** Some participants feel like the "Thursday discussion is the best piece." As one participant stated, "I like the preparation for HealthSTAT. It's good to review the process and

outcome metrics and really thoroughly review your logic model to talk about if we are still on track and what it all means.” Additionally, the feedback from the management team is useful for programs because “there are usually one or two good ideas to get us to think about our work in a new way or consider new ways to partner with other groups.”

### Desirable future state

Participants would like to see a system that tracks the following:

- **Detailed metrics:** Some staff do use HealthSTAT to track “smaller things that are helpful to look at for how our programs are doing” and “special projects that are important, but may only happen once.”
- **High-level metrics:** Programs want to show “high level indicators,” perhaps that match with the Strategic Plan and the SHIP, or metrics that aren’t reported back to funders but still important to communicate within the Division. However, participants emphasize that “different programs have different ways of tracking their data” and would like it to be as simple as possible to use and maintain.
- **Quality Improvement:** One participant stated the most important piece for them was to learn how others were thinking about quality improvement: “What’s your snapshot, and what’s your improvement plan? Quality improvement is a component that needs to be included.”
- **Tracking PHAB reaccreditation:** Participants would like to more easily keep track of PHAB accreditation examples and responsibilities, because “we get to a point where we are scrambling.”
- **Simplified financial tracking:** While participants expressed the current level of budget monitoring in HealthSTAT was not useful, a useful feature would be tracking the rate at which a budget is being spent down, and if a program is on track to spend its money on time.

A performance management application with the following features would be desirable, according to the focus group participants:

- Alerts and reminders for updating the application
- Application Programming Interface (API), where two different applications can “speak” to each other
- Uploading attachments
- Connections to the State Health Improvement Plan, PHSD Strategic Plan, and PHAB accreditation standards
- Customizable reporting templates
- High-level dashboard to review programs and metrics
- Grant and task management tools
- Flexible data entry, with import and export features
- Interactive display features for charts and graphs
- Track quality improvement projects
- Role-based access and permissions

Participants recommended the PHSD Management Team consider 1) PHAB requirements for performance management and 2) cost (of both money and time) before switching to a new application and continuing to incorporate evaluation in their decisions: “I feel grateful that you are doing this project to ask questions and put thought into the decision to change it or not.”