



# Use of Performance Measures and Results-Based Accountability Model

July 8, 2020





# Today's Objectives

- Review alignment of Performance Management with House of DPH
- Introduce Performance Management Basics and Definitions
- Review Customer Identification
- Review current status of Performance Management System at DPH
- Review Results-Based Accountability (RBA) approach



### VISION

Optimal health and well-being for all people in Massachusetts, supported by a strong public health infrastructure and healthcare delivery.

### MISSION

The mission of the Massachusetts Department of Public Health (DPH) is to prevent illness, injury, and premature death; to ensure access to high quality public health and health care services; and to promote wellness and health equity for *all* people in the Commonwealth.

## DATA

We provide relevant, timely access to data for DPH, researchers, press and the general public in an effective manner in order to target disparities and impact outcomes.

## DETERMINANTS

We focus on the social determinants of health - the conditions in which people are born, grow, live, work and age, which contribute to health inequities.

## DISPARITIES

We consistently recognize and strive to eliminate health disparities amongst populations in Massachusetts, wherever they may exist.

EVERYDAY EXCELLENCE

PASSION AND INNOVATION

INCLUSIVENESS AND COLLABORATION



# Commissioner's Priorities CY19

## Data Utilization and Population Health

- Utilize and link data in innovative ways to improve population health, health equity, and public health value
- *Establish Public Health Data Warehouse 2.0*
- *Implement Population Health Information Tool (PHIT)*
- *Rollout SAS Enterprise solution*

## Social Determinants of Health

- Increase the integration of community-based SDoH initiatives into health care practices
- *Implement community engagement standards for hospitals for all community health investments*
- Institute a public health approach to homelessness by identifying, preventing, and reducing risk factors associated with homelessness
- *Coordinate housing and homelessness initiatives across agency*

## Opioid Response

- Identify, prevent, and reduce the risk factors associated with opioid overuse, misuse, and overdose
- *Develop and implement strategies to reach populations disproportionately impacted by epidemic*
- *Utilize an incident command structure to coordinate cross-department work*
- *Continue to implement the recommendations from the Governor's Opioid Addiction Working Group*

## Public Health Value

- Define and strengthen critical health functions
- *Create coordinated department-wide roadmap for diversity, inclusion, and racial equity*
- *Develop a coordinated communication strategy on public health value*
- *Maintain PHAB accreditation and document effective delivery of 10 essential public health services*



# Maintaining PHAB Accreditation

FY20

- PHAB Annual Report Submitted Nov. 2019
- Update SHIP Measures
- Determine Community Engagement Strategies

FY21

- Strategic Planning (July – February)
- Submit PHAB Annual Report (November)

FY22

- State Health Assessment
- Submit PHAB Reaccreditation Documentation



# De-siloifying

**Substance Abuse Services**

**Family & Community Health**

**Health Care Safety & Quality**

**Community Health & Prevention**

**Public Health Hospitals**

**Laboratory Services**

**Environmental Health**

**Infectious Diseases**

**Commissioner's Office**



# Working Definition of Performance Management

*“...the use of **data** to help set agreed-upon performance goals, allocate resources and inform policy or program directions to meet those goals, and report on progress...”*



- Adapted from the Guidebook for Performance Measurement, Turning Point Project



# Public Health Performance Management System







# Learning Objective:

To identify customers and what they expect of our process





# Who is the Customer?

- People who receive the direct output (i.e. service/report/call) from the process
- Can be “internal” or “external”
- Use your output as an input to their work process(es)





# The Basics

1. What do your customers care about?
2. Capture attributes/indicators that they care about
3. Incorporate those attributes/indicators into your processes and systems
4. Measure, monitor, and report on the performance of those attributes/indicators
5. Continuously improve the processes and systems based on the performance of those attributes/indicators



# What Attributes/Indicators Do Customers Care About?

- ✓ Accessibility
- ✓ Attention
- ✓ Communication
- ✓ Competence
- ✓ Timeliness
- ✓ Resolution
- ✓ Reliability



## Customer Satisfaction:

- **Accessibility:** How easy is it for customers to receive services when they want them, where they want them, and how they want to receive them?
- **Attention:** Do customers feel that they are listened to and that their individual needs are recognized?



## Customer Satisfaction:

- **Communication:** Do customers believe that they receive necessary information and are kept informed on a timely basis about matters that relate to them?
- **Competence:** Do customers believe staff know their jobs and have the ability to meet customer needs?



## Customer Satisfaction:

- **Timeliness:** Do customers believe that service was delivered in a timely manner?
- **Resolution:** Do customers feel that their need was definitely met, that they received an excellent service or their problem was resolved satisfactorily?
- **Reliability:** Do customers receive consistent quality service regardless of who provides it, across staff, across locations, and over time?



# Learning Objective:

To Review Current Performance Management System at MDPH





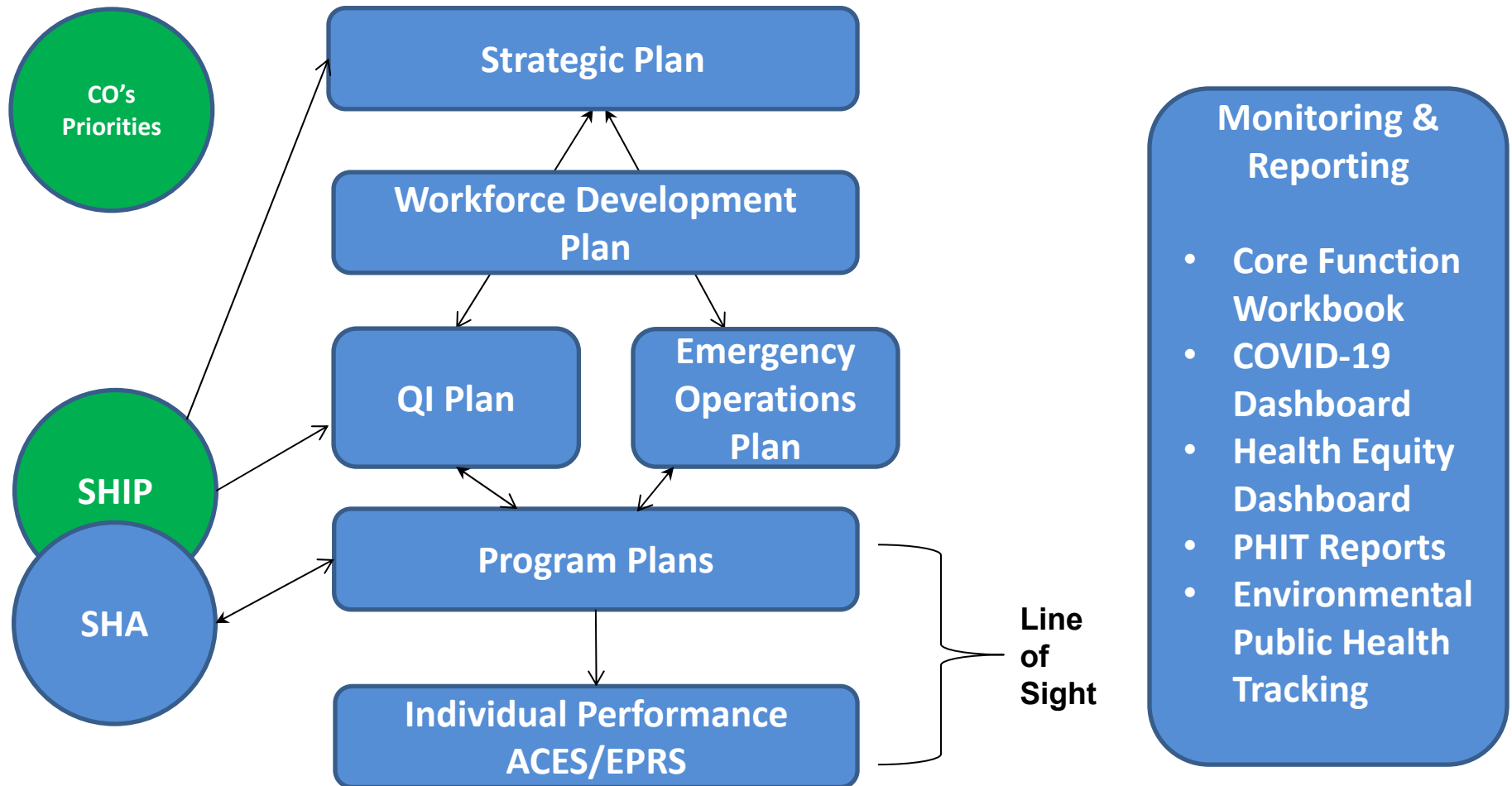


# Performance Management at MDPH

1. Mission Level Outcomes: set by the MDPH Commissioner, the EOHHS Secretary and the Governor's agenda and in accordance with MDPH's Strategic Plan.
2. Domain Level Macro Outcomes: set by the SHIP or updated annually/as needed
3. Bureau/Program/Office Specific Outcomes: set by individual programs and/or bureaus.
4. Individual Level Outcomes: set in collaboration with employee and manager (EPRS or ACES)



# MDPH Coordinating Framework





# Learning Objective:

To Review Results-Based Accountability (RBA) Approach and Create Performance Measures



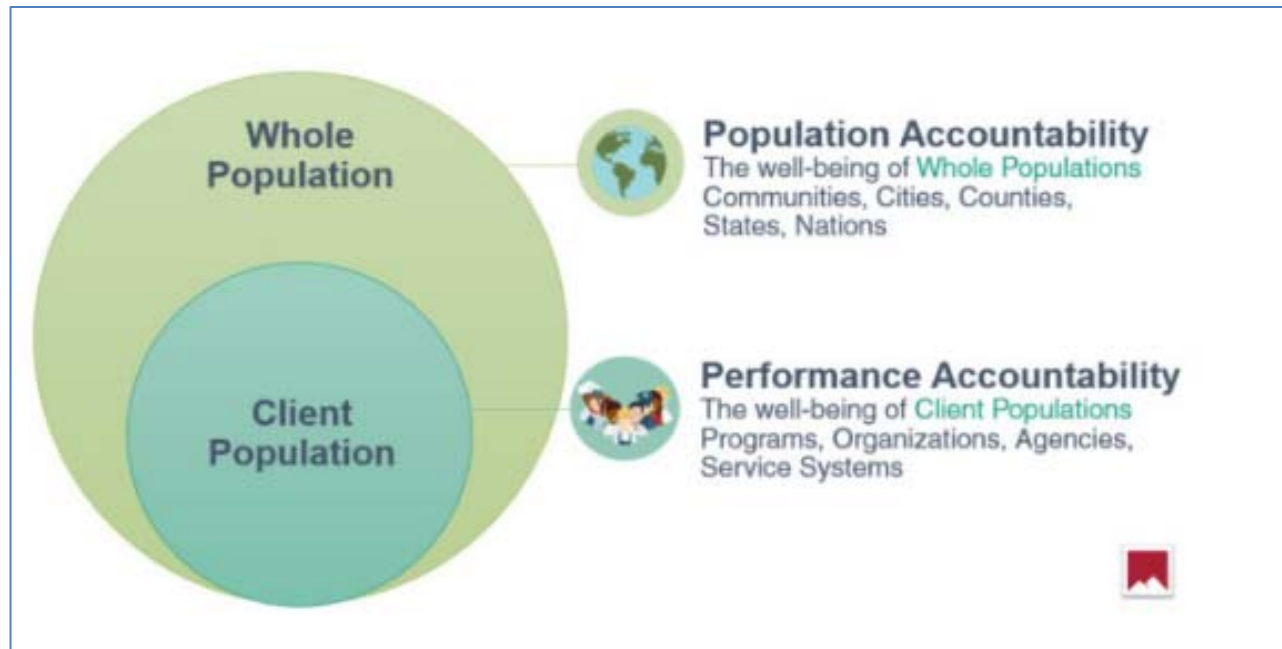


## Results Based Accountability (Score Card/Dashboard)

<b>What</b>	<p>Results Based Accountability is an accountability framework developed by Mark Friedman. The main tenant is to start with the ends (population health status) and work backward to the means (programmatic performance measures.) This allows organizations to orient efforts to the priorities they are working to address, apply the relevant strategies to making a change for these populations, and quantify the activities of the programs.</p> <p>Through these two levels of accountability, appropriate resource and programmatic decisions can be made and together teams can be accountable to making population level change.</p>
<b>Roles</b>	<p>Program managers, coordinators, and division directors need to understand and use this framework to identify their population priorities and program performance measures.</p> <p>Staff involved in carrying out activities need to understand how their work may contribute to a performance measure and therefore a population objective.</p>



# Results-Based Accountability





# Identifying Performance Measures





# Definitions

POPULATION  
ACCOUNTABILITY

## RESULT

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.*

PERFORMANCE  
ACCOUNTABILITY

## STRATEGY

A coherent collection of actions often implemented as program, initiatives, systems, and services that have a reasonable chance of improving results.  
*Let's Move, Promise Neighborhoods, Prevention & Wellness Trust Fund*

## PERFORMANCE MEASURE

A measure of how well a program, 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**





# Line of Sight

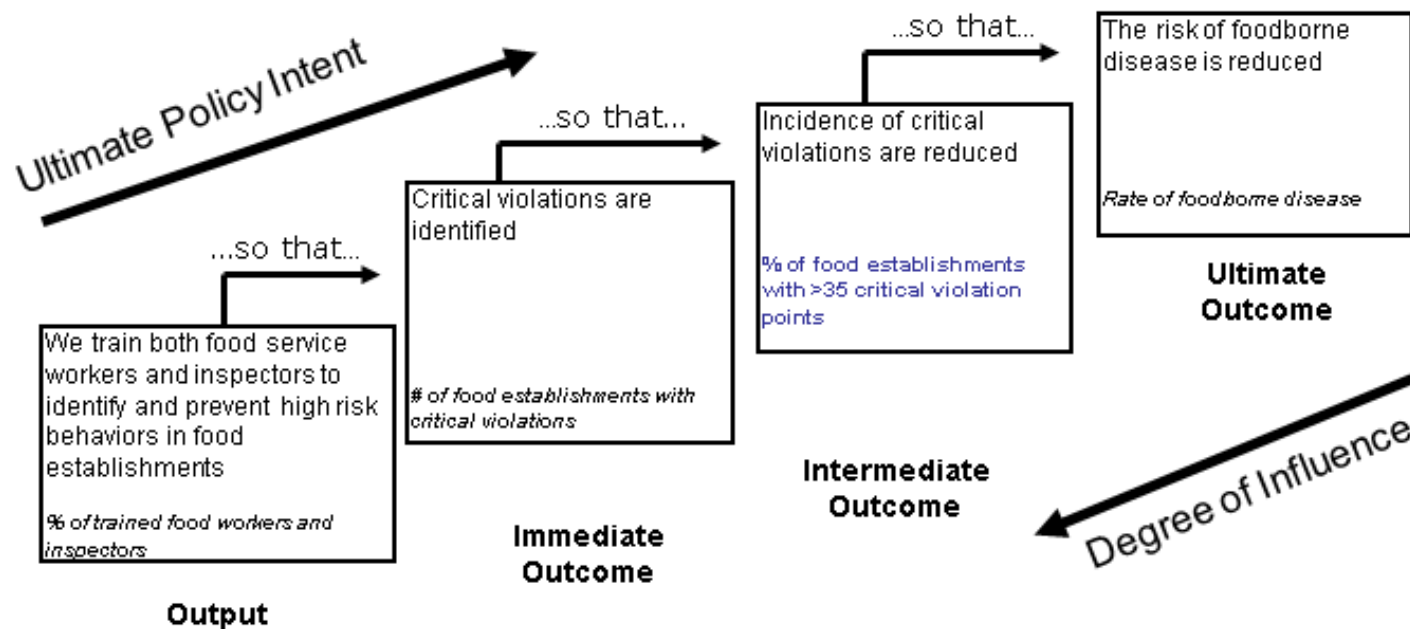
## Food Safety

**Goal:** Partners and stakeholders have the information they need to sustain and improve food safety compliance and enforcement activities.

**Objective:** Provide technical assistance and training to partners and stakeholders to reduce known risk factors associated with foodborne disease.

**Strategy:** Provide training to food establishment inspectors to ensure they are able to identify and assist food establishments in controlling the occurrence of known risk factors associated with foodborne disease

**Measure:** % of food establishments with >35 critical item violation points during inspections





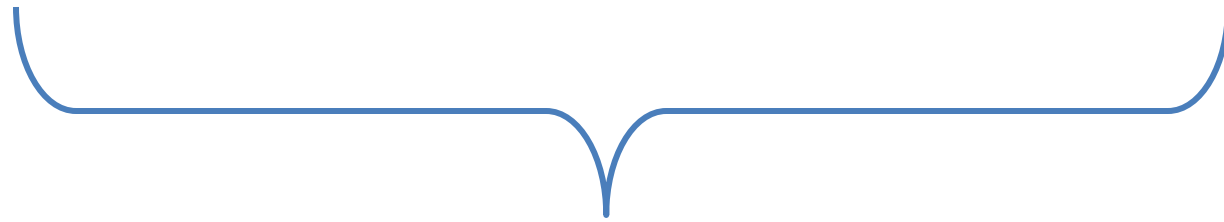


# **CONVERTING LINE OF SIGHT TO PERFORMANCE MEASUREMENT STATEMENTS**



# DEVELOPING PERFORMANCE MEASURES

Complete inspections in a timely manner.



Statement of Objective



# DEVELOPING PERFORMANCE MEASURES

Complete inspections in a timely manner.



Performance measure



# FOUR PARTS OF EFFECTIVE OBJECTIVES

**Increase** restaurant inspections

**from the baseline of 120 days to 90 days by December 31, 2016**

Direction   Performance measure   Target   Time frame



# DATA DESCRIPTION FORM

<i>Outcome Measure #1:</i>	
Numerator:	
Denominator:	
Source of data:	
Target or Goal:	
Who will collect this information	
What tool will be used to collect these data?	
How often will the data be analyzed and reported?	
Baseline measurement dates:	
1 <sup>st</sup> remeasurement dates:	



# DATA DESCRIPTION FORM

<b>Employee Performance measure:</b>	% of Hepatitis C case investigations completed	
<b>Target population:</b>	People being tested for Chlamydia	
<b>Numerator:</b>	# of Hepatitis C case investigations completed	
<b>Denominator:</b>	% of Hepatitis C cases assigned	
<b>Which are you using—a target or benchmark?</b>	Target	
<b>What is the target/benchmark?</b>	80% of Hepatitis C case investigations completed within 30 days	
<b>SMART objective:</b>	Increase the percent of Hepatitis C case investigations completed from 60% to 80% by the end of 2016	
<b>Source of data:</b>	DOH records	
<b>Who will collect the information?</b>	Jim Smith	
<b>How often will the data be analyzed and reported?</b>	monthly	
<b>Baseline measurement data and date(s):</b>	2009: 40% 2010: 45% 2011: 40%	2012: 55% 2013: 65% 2014: 70%
<b>Definitions and other comments:</b>		



# Example

Outcome:

The Commonwealth has intended pregnancies.

Indicators:

- % of pregnancies that are planned
- % of adolescents in grades 9-12 who used contraception at most recent intercourse
- % of female adolescents who receive education on STDs
- % of male adolescents who receive education on STDs



# Performance Measures

- # of individuals receiving free or low-cost family planning services through MPDH-sponsored programs
- % of low income (Title X) family planning clients that use effective or highly effective birth control methods
- # of primary care practices that are implementing the \_\_\_\_\_ initiative
- # of youth ages 10-19 receiving evidence-based comprehensive sexuality education through MDPH-sponsored programs
- % of \_\_\_\_\_ clients who are counseled postpartum about the health benefits associated with optimal inter-pregnancy interval and receive referral to family planning services, as needed





# Identifying Performance Measures

- Start with ends, work backward to means. What do we want? How will we recognize it? What will it take to get there?
- Be clear and disciplined about language.
- Use plain language, not exclusionary jargon.
- Keep accountability for populations (e.g., health outcomes) separate from accountability for programs and agencies.
- Use data (indicators and performance measures) to gauge success or failure against a baseline.
- Use data to drive decision making process to do better.
- Involve a broad set of partners.
- Get from talk to action as quickly as possible.



# Performance Measure Criteria

- High-Yield
- High-Impact
- Systems-Oriented
- Benchmarks
- Evidence-based practice
- Fidelity to evidence-based practice



## **ANALYZING YOUR ORGANIZATION'S PERFORMANCE MEASURES**

- **How would you rate the organizations' performance based on these measures?**
  - Can you tell whether it's doing well or not?
  - Are you able to tell the story with this information?
  - What is appealing or useful about this information?



# ANALYZING YOUR ORGANIZATION'S PERFORMANCE MEASURES

- **How is this information used?**
  - Who is the intended audience for this measure?
  - Do you review it regularly? Does the management team?
  - Who else uses this information? Would it be useful for customer, authorizer, and/or public consumption? Why or why not? What kind of information does that audience need?
  - Do your colleagues know where to find this? Even if they do, would they go look at it? Why or why not?



# ANALYZING YOUR ORGANIZATION'S PERFORMANCE MEASURES

- **How do you compare to others?**
  - Where could you look for examples of good performance reports? Who does a good job of measuring and reporting, in your field? Who does a good job within your own organization?
  - What data are you missing? Why? What would it take to get it – and is it worth it?
  - In what areas of your performance management system (any of the points above) would you most like to see improvement?



# ANALYZING YOUR ORGANIZATION'S PERFORMANCE MEASURES

- **Do these measures help you make your case?**
  - Can you sketch out the logic model – do you know where your link is in the chain? How about your colleagues, your partners, your authorizers – do they understand how your activities contribute to the bigger picture goals?
  - Is this information used to inform resource allocation decisions, or other financial decisions? How direct is the link between this information and financial decisions?
  - If you were the central budget office and you saw this report, would you invest more or reduce the budget? Why?
  - How well connected to day-to-day operations is this information? To team and individual performance expectations? Can it help you motivate your employees?



PMQI Council Scorecard - Internet Explorer

https://app.resultsscorecard.com/Scorecard/Detail: Guidance, Orders & FAQs.docx ... Order Spreadsheet - Google Sh... PMQI Council Scorecard

CLEARIMPACT PMQI Council Scorecard Paul Oppedisano RS-16520

Home  
Scorecard Objects  
Scorecards  
Results  
Programs  
Indicators  
Performance Measures  
Tags  
Action Manager  
Custom Reports  
Tools  
Admin

Improvement methods to update the State Health Improvement Plan and revise the DPH strategic plan

	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
<b>R</b> Data Utilization and Population Health				
+ <b>I</b> Develop a Health Equity Dashboard prototype	-	-	-	-
+ <b>I</b> Complete development of Public Health Data Warehouse 2.0 and conduct and disseminate new analyses	-	-	-	-
+ <b>I</b> Roll out SAS Enterprise solution	-	-	-	-
<b>P</b> PROGRAM Performance Management and Quality Improvement Council	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
+ <b>PM</b> PERF-MEASURE How much did we do?	Oct 2019	76	↑ 2	95% ↑
<b>P</b> Office of Performance Management & Quality Improvement (PMQI)	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
<b>P</b> Bureau of Infectious Disease and Laboratory Sciences (BIDLS)	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change

**Kickoff Checklist** 4

Start | Internet Explorer | Google Chrome | Word | Excel | PDF | 8:34 AM 6/12/2020



- P PROGRAM		Performance Management and Quality Improvement Council	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
+ PM	PERF-MEASURE	How much did we do?	Oct 2019	76	↗ 2	95% ↗





# Performance Management for Public Health

- 1. Determine our customers, clients, people we serve**
- 2. Determine the measures that show whether our customers/clients are better off**
- 3. Determine if the measures show how well the program is delivering service**
- 4. Choose measures that reflect factors we have control over**
- 5. Share measures with community to get feedback**



## Next Steps....

- Schedule next meeting with objective of setting performance measures for the program
- Establish / identify customers and their prioritized attributes
- Identify the alignment with Commissioner, DPH, Bureau, SHA/SHIP measures (results/indicators)
- List services and activities performed on behalf of customers that need / have performance measures