

# *DPH Annual Public Health Measures Review: Making the Case for QMS v2.0*

CY 2016 & FY 16-17

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## Session Agenda

- 1) Review the Aggregate Population Indicator & Performance Measure Evaluation Results
- 2) Quality Management System (QMS) v2.0
- 3) Program/Division-level break-out discussion groups

# What are Public Health Measures?

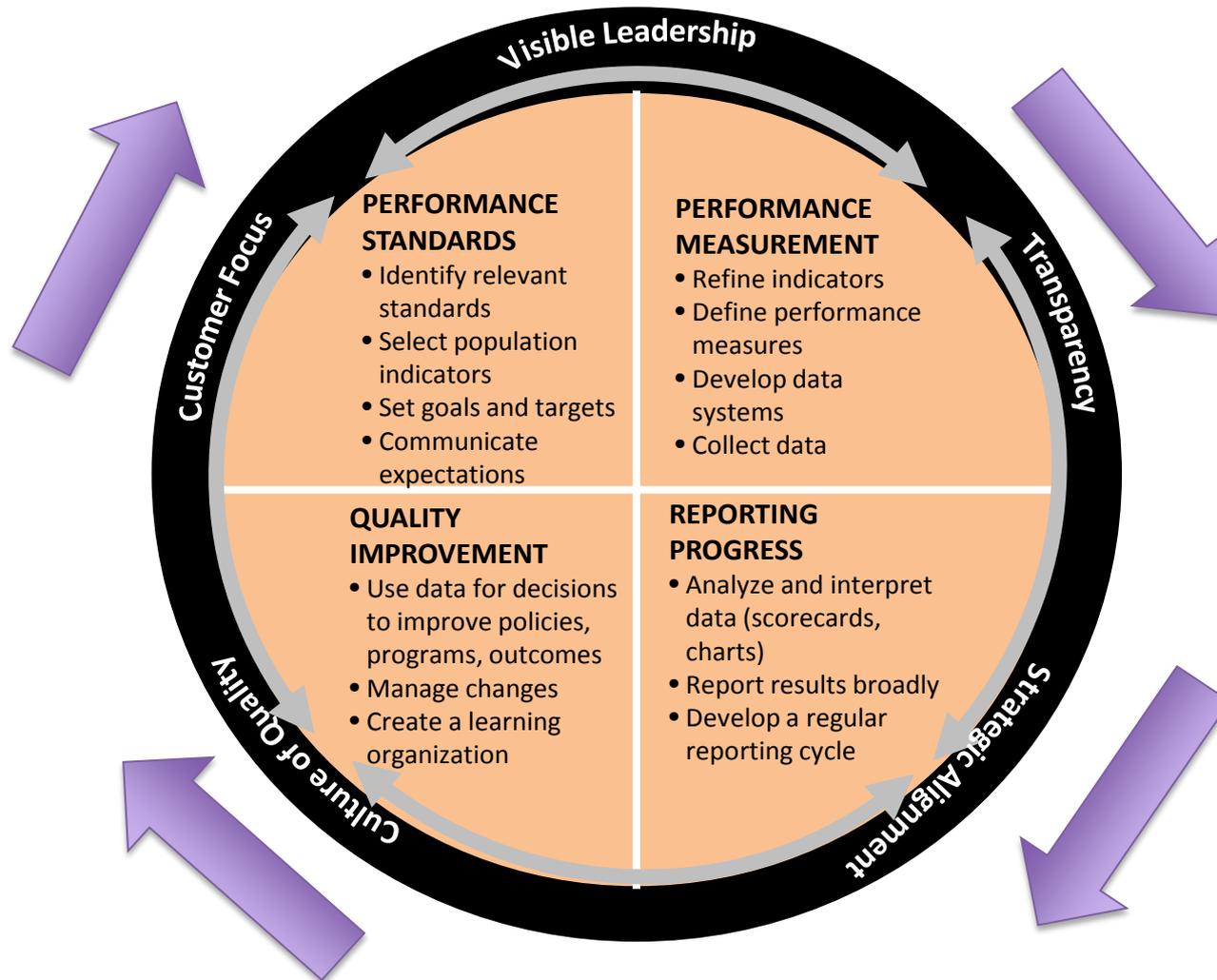
## Population Indicators

- Definition: Measures of population-level outcomes & behaviors
- *What it really means: Is the population better off?*
- Example: Rate of reported Salmonella (per 100,000 population)
- We track 143 of these in DPH

## Performance Measures

- Definition: Measures of program effort and output
- *What it really means: How effective is the program?*
- Example: Number of permanent food facilities (per 1000 inspected) with holding temperature violations
- We track 387 of these in DPH

## DPH Quality Management System (QMS)



# Public Health Measure Scorecards

## Purpose

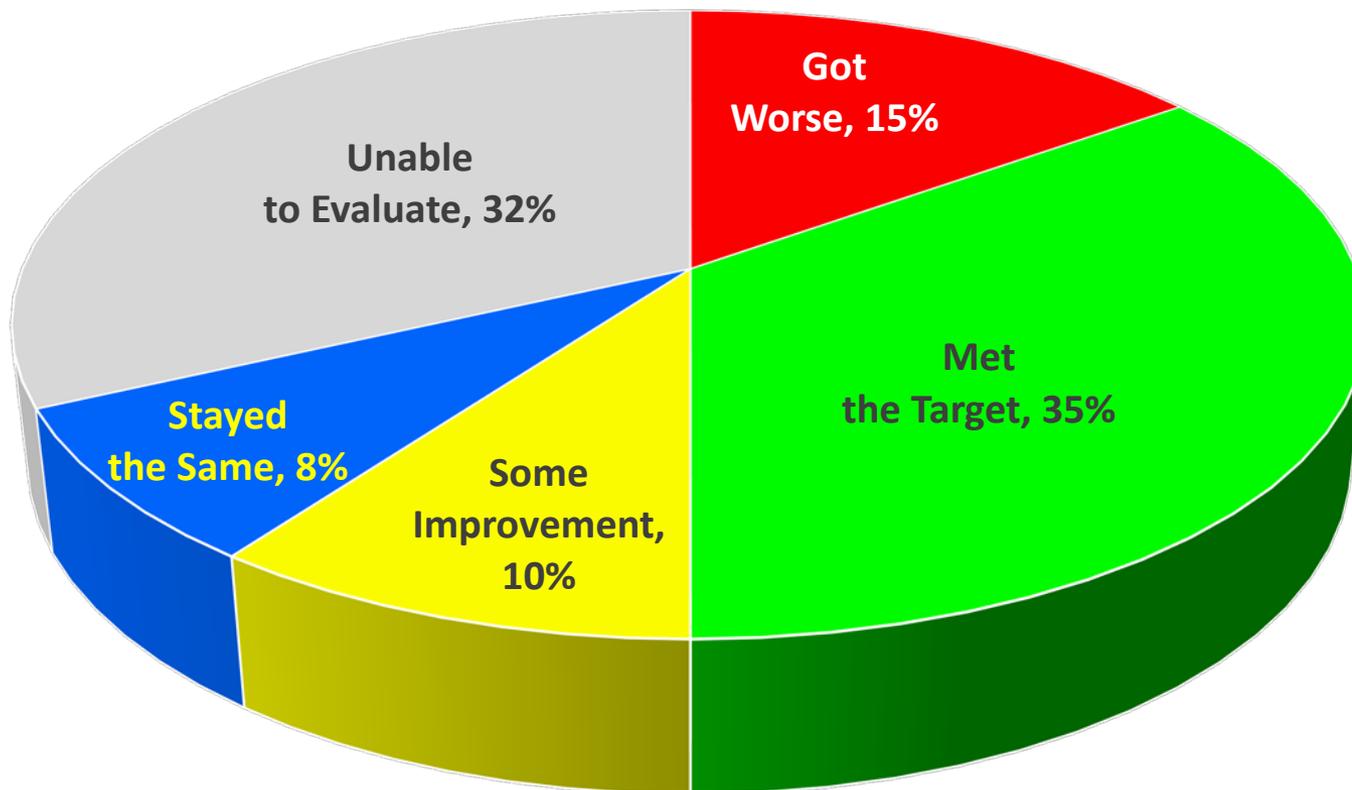
- 1) To provide a department-level view of how well DPH's programs are meeting their performance goals;
- 2) To provide program-specific performance feedback
- 3) To identify areas of performance that need improvement

# Scorecard Results

- Public Health Measure Results Evaluation
  - Met the target
    - Measure value = target value
  - Some improvement
    - Measure value moved towards target value
  - Got worse
    - Measure value moved away from target value
  - Stayed the same
    - Measure value did not change from previous measurement
  - Unable to evaluate
    - No comparison can be made due to missing data, new measure or data not available every year

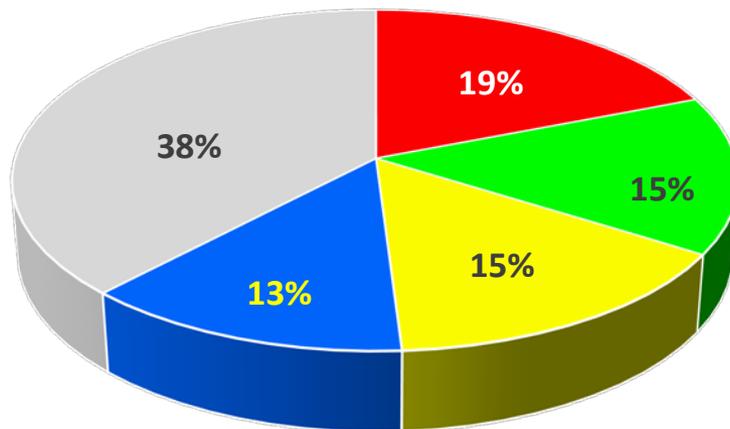
## Current Results (CY 2016 & FY 16/17)

All Public Health Measures (n= 530)



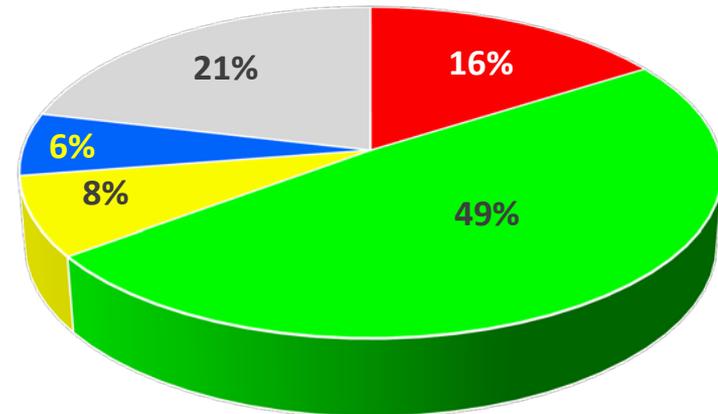
# Current Results by Measure Type

Population Indicators (n= 143)



Top 10

Performance Measures (n= 244)



45 PIs stayed the same or got worse



54 Top-10 PMs stayed the same or got worse

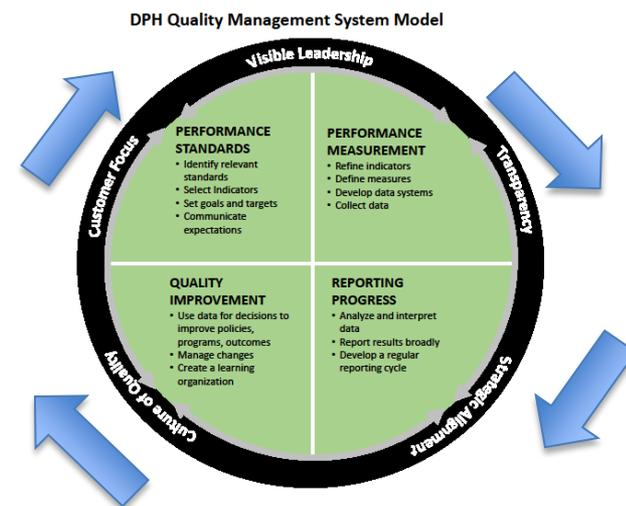
## QMS v2.0

So we can really answer: “Are we improving as a Department?”

- Run the highest priority, most meaningful measures through the QMS

This will tell us:

- ✓ Where we can get better
- ✓ Where we can improve collaboration
- ✓ Where to redirect resources, if needed



## How do we do this?

## STEP 1

### 1) Choose 1-2 Population Indicators per Program

- That reflect your highest-priority goals
- All programs have populations
- From these, QIAP will identify shared population indicators between programs

## How do we do this?

## STEP 2

### 2) Choose 1-2 Performance Measures for each Population Indicator

- Measures strategies implemented for that indicator
  - How well implemented (process measure)
  - Effectiveness (outcome measure)

## How do we do this?

## STEP 3

### 3) Review Rest of your PH Measures

- Keep the ones your program wants to continue to track
- They can remain in the Performance Improvement Application
- They will not be part of QMS 2.0

## Example: Maternal Child & Adolescent Health (External-facing Program)

POPULATION GOAL: Improve the health of children and adolescents in Los Angeles County		
		Program(s)
PI - 1	Percent of children covered by health insurance	CHOI
<b>PERFORMANCE GOAL: Partner with community organizations that provide health insurance information, referrals, and enrollment assistance to assist uninsured families with navigating the health coverage programs for which they may qualify</b>		
PM 1-1	Percent of health insurance applications that resulted in a successful enrollment	CHOI
PM 1-2	Percent of children and family members initially assisted with a health insurance application who remain enrolled 14 months after a successful enrollment	CHOI

# Example: Quality Improvement & Accreditation (Internal-facing Program)

**POPULATION GOAL: Ensure that DPH programs apply continuous Quality Improvement processes and tools**

PI - 1	Percent of programs working on a Quality Improvement project
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**PERFORMANCE GOAL: Build workforce capacity to apply Quality Improvement processes and tools**

PM 1-1	Percent of QI team members who rate themselves as competent using QI processes and tools
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# Program Guidelines for QMS v2.0 Measure Selection

Step 1) Choose 1-2  
Population Indicators per  
Program

Step 2) Choose 1-2  
Performance Measures  
for each Population  
Indicator

Step 3) Keep other PH  
Measures that your  
program wants to track  
in the PIA

## Suggested Guidelines for CHS QMS 2.0 Measures Selection

Step 1) CHS Administration  
prioritizes one Population  
Indicator for all SPAs

- 1-2 Performance Measures

Step 2) Each SPA prioritizes  
one Population Indicator

- 1-2 Performance Measures

## Example- CHS SPA 6

POPULATION GOAL: Reduce communicable diseases	
PI - 1	Incidence rate of probably Congenital Syphilis cases (per 100,000 live births) by SPA
PERFORMANCE GOAL: Ensure access to medical and case management services to optimize health outcomes and prevent disease transmission	
PM 1-1	Percent of pregnant women diagnosed with Syphilis (at any stage) who are <u>interviewed within 7 days</u> from date of assignment to DPHN per SPA
PM 1-2	Percent of pregnant women diagnosed with Syphilis (at any stage) who are <u>treated within 14 days</u> from date of assignment to DPHN by SPA
POPULATION GOAL: Create healthy and safe communities	
PI - 1	Mortality rate from intentional injuries for SPA 6
PERFORMANCE GOAL: Increase prevention planning efforts	
PM 1-1	Develop a comprehensive youth violence prevention plan in partnership with the communities of Westmont West Athens

## Your Turn: Program Break-out Discussion

- 1) Sit with your program/division colleagues
  - Scorecard & Codebook in your packet
  
- 2) Review your Public Health Scorecard results
  - How did your program do last year? Any areas needing improvement?
  
- 3) What are your 1-2 most important population indicators on your current scorecard?
  - Do you have corresponding Performance Measures for the strategies you are implementing?

Next: 10:25 AM Break

10:40 AM Reconvene