

Piloting Performance Measurement for Comprehensive Cancer Control Programs

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What Is Comprehensive Cancer Control?

- Comprehensive Cancer Control (CCC) encourages an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation
- Approximately \$16.5 million from Congress to CDC's Division of Cancer Prevention and Control (DCPC) to implement CCC
 - Distributed to state health departments and partners organized as coalitions

Current CCC Programs

- In 2008–2009, 65 programs are funded by CDC
 - 50 states
 - District of Columbia
 - 7 tribes/tribal organizations
 - 7 U.S. territories/Pacific Island jurisdictions
 - ◆ Additional 4 individual states of Federated States of Micronesia

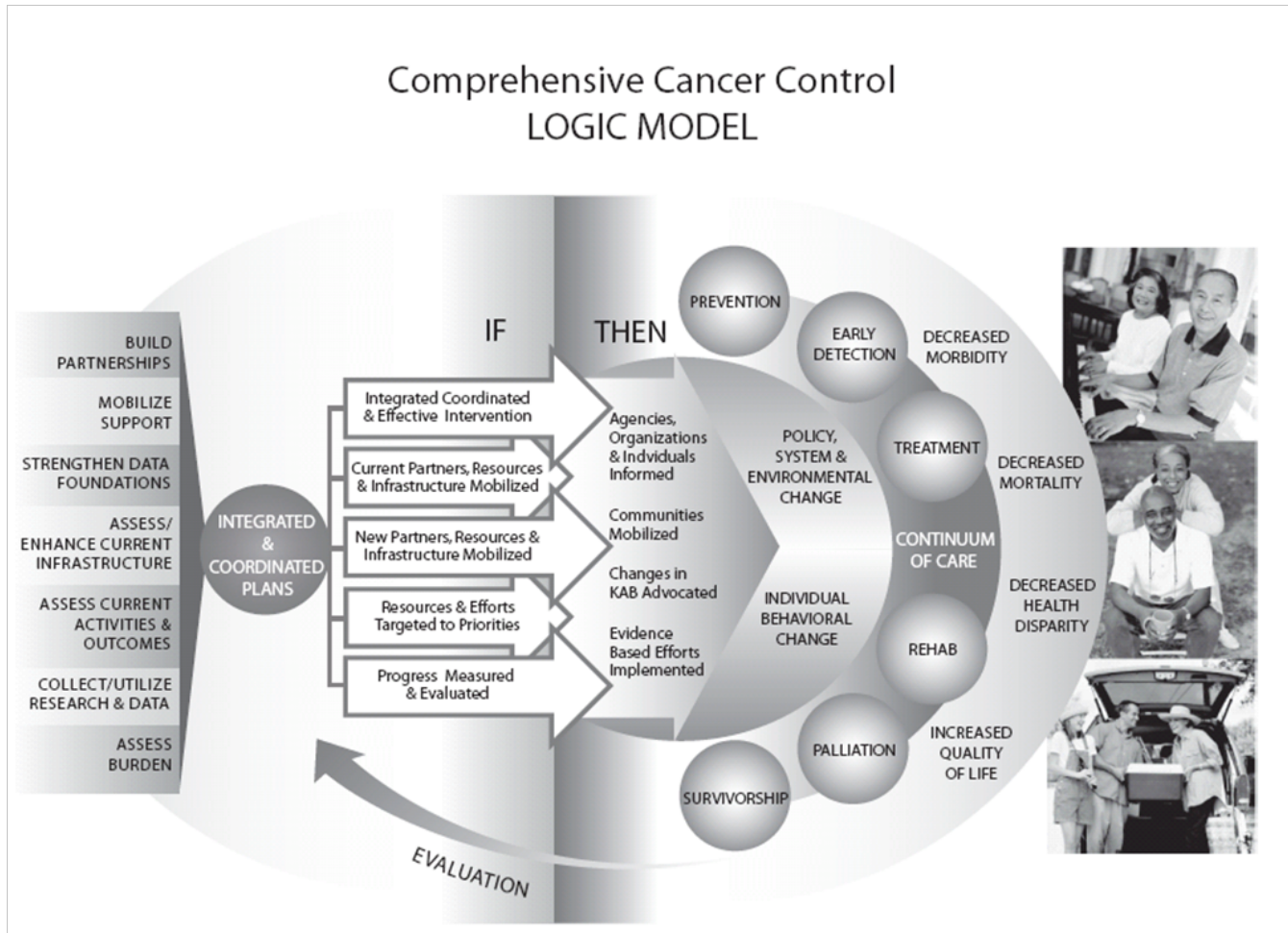
Performance Measures in CCC

- Since 1998, performance measures were specified in the funding requirements but not *systematically* assessed across all programs
- In 2003, the DCPC initiated a formal process to refine performance measures
- Initial purposes of performance measurement include the following:
 - Establish accountability for public investments in cancer prevention and control
 - Document the outcomes and accomplishments of funded programs and partners
 - Facilitate a quality improvement process at the national program level

Methods

- CDC-RTI Workgroup developed the Performance Measures Worksheet (PMW) in 2007
 - Framework based on CCC logic model
 - Draft performance measures
 - Stakeholder review
 - Pilot of worksheet in 2008
- Programs were required to provide data, but the use of the worksheet was optional

CCC Logic Model



2007 Performance Measure Worksheet

- 13 measures across the following domains:
 - Enhance infrastructure
 - Develop partnerships
 - Assess the burden of cancer
 - Mobilize support (resources)
 - Implement a plan with broad support
 - Conduct evaluation of the plan
 - Effect policy change

Performance Measure 3.2. Amount of In-kind Resources Provided for Planning and Implementation of the Plan (in Dollar Amounts)

Rationale	An important outcome for CCC is an increase in funding to enhance the quality or reach of cancer control services that are provided. Funding is also the key to the sustainability of the partnership and its capacity to do its work.
Definitions	<i>In-kind resources:</i> Contributions of labor, supplies, or other items that have a measurable value by the program or partner <i>Partnership:</i> A broad group of organizations and agencies working collectively to plan and implement a CCC effort
Value	For your current cooperative agreement, <i>please list the total dollar amount</i> of in-kind resources provided by partners. \$ _____ <i>Please also submit a breakdown by categories (such as labor, supplies, travel, and other) and the method you used to calculate the in-kind amounts.</i>
Data Source	Grantee-developed member survey, program records

Response Rate and Response Burden

- RTI received the Performance Measure Worksheet from 88% of the program population ($n = 61$)
- The response rate for individual performance measure items ranged from 72%–100% ($n = 44$ –61)
 - Performance measure 5.3, evidenced-based interventions, had the lowest response rate ($n = 44$)
- The program median of time to complete the worksheet was 10 hours (IQR 6–20 hrs)

Results: Develop Partnerships

- Six performance measures
- The percentage of a list of organization types represented in the CCC partnership: 61% (range 15%–97%)
- The extent to which partnerships have formal representation of relevant racial/ethnic populations: 86% (range 0–100%)

Results: Mobilize Support

- Two performance measures
- Amount of non-CDC funds leveraged
 - Median amount: \$119,315 ($n = 61$)
 - Range = \$0–\$28,068,000
- Amount of in-kind resources provided to programs
 - Median amount: \$29,000 ($n = 61$)
 - Range = \$0–\$11,800,000

Results: Conduct Evaluation of the Plan

- One measure
- The percentage of programs that have a written evaluation plan: 66%

Results: Effect Policy Change

- The percentage of programs that contributed to at least one policy change: 75%
 - The total number of policies submitted by all programs is 297
- Examples: tobacco tax, coverage for cancer screening, nutrition standards in schools, regulation of tanning facilities

What Did CDC Learn?

- Successful pilot process
 - Revisions to the measures and worksheet
 - Revisions to the methods for year 2
- New knowledge
 - General information to be aggregated nationally
 - General knowledge of the program to help in technical assistance
 - Documenting outcomes that can be used to show that CCC “works”

What Were Additional Lessons Learned in the Process?

- Challenges of measuring key constructs
- Need for training of CDC and program staff on the performance measures

Limitations of the Data

- Self-report
- Missing data on specific items
- Variation in how programs were able to track and report on data for the measures
- Challenge of attribution to a CCC program or to the “system”

How Is the Information Being Used?

- Technical assistance to programs
 - Development of evaluation toolkit
 - Individualized guidance by program consultants based on performance measure results
- Encouragement of programs to develop or adopt data collection systems for the performance measures

How Can Performance Measure Data Contribute to PHSSR?

- Planned exploratory analyses of program and population characteristics associated with performance
- Tracking of performance trends and ability to use a prospective design to understand relationship between program characteristics, funding, or other interventions and performance

Conclusions

- Performance measurement is an important tool for public health agencies to establish accountability and a culture of quality improvement.
- With further refinement of the measures and evolution of a system of routine measurement, this activity has the potential to stimulate improvements in CCC at the program level and to document nationwide progress in CCC efforts.