

New PPMRS Performance Measures

Session #2

What you need to know now for reporting in 2013

PPMRS Training Webinar
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Welcome!

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Committee



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Welcome everyone. I'm Bonnie Brueshoff, Public Health Director for the Dakota County Health Department and Chair of a new standing committee of SCHSAC – the Performance Improvement Steering Committee. This Committee has developed new Local Public Health Act performance measures for PPMRS.

The original performance measures for the Local Public Health Act were developed by a SCHSAC committee several years ago. The measures remained largely unchanged for several years. In 2010, SCHSAC recommended that SCHSAC align the measures with the national standards and create a performance management system. These new measures are the heart of that system.

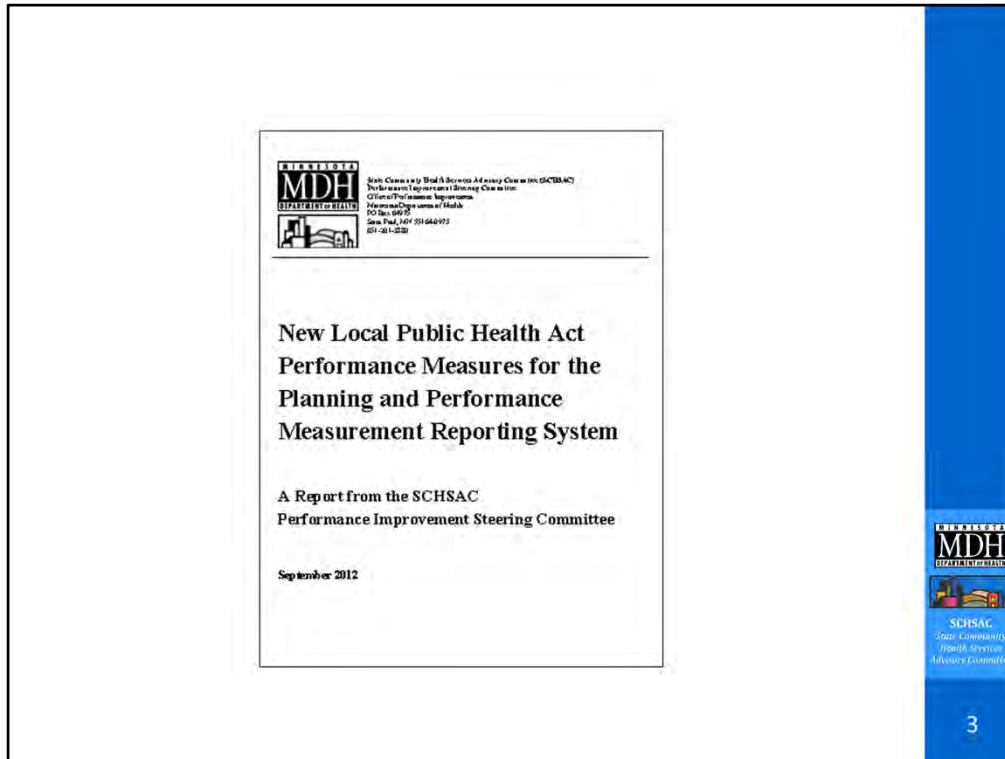
In addition to developing these measures, the Performance Improvement Steering Committee will oversee this performance management system and will make sure that the measures continue to be meaningful and used for system improvement.

I think there are a lot of improvements in these measures. We've taken steps to minimize duplicate reporting and make the most of existing data. Many of these measures closely align with the national standards.

This webinar will focus on measures that will be introduced into PPMRS during the next reporting period, which begins February 2013.

Many of you may have participated in an earlier webinar (Nov 29) focused on LPH Act measures that will phase into PPMRS in 2014. Those measures and training guidance are posted on the MDH PPMRS website.

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For more on the process to develop these measures, refer back to the SCHSAC report that we presented at the annual meeting in Brainerd last year.

Learning Objectives

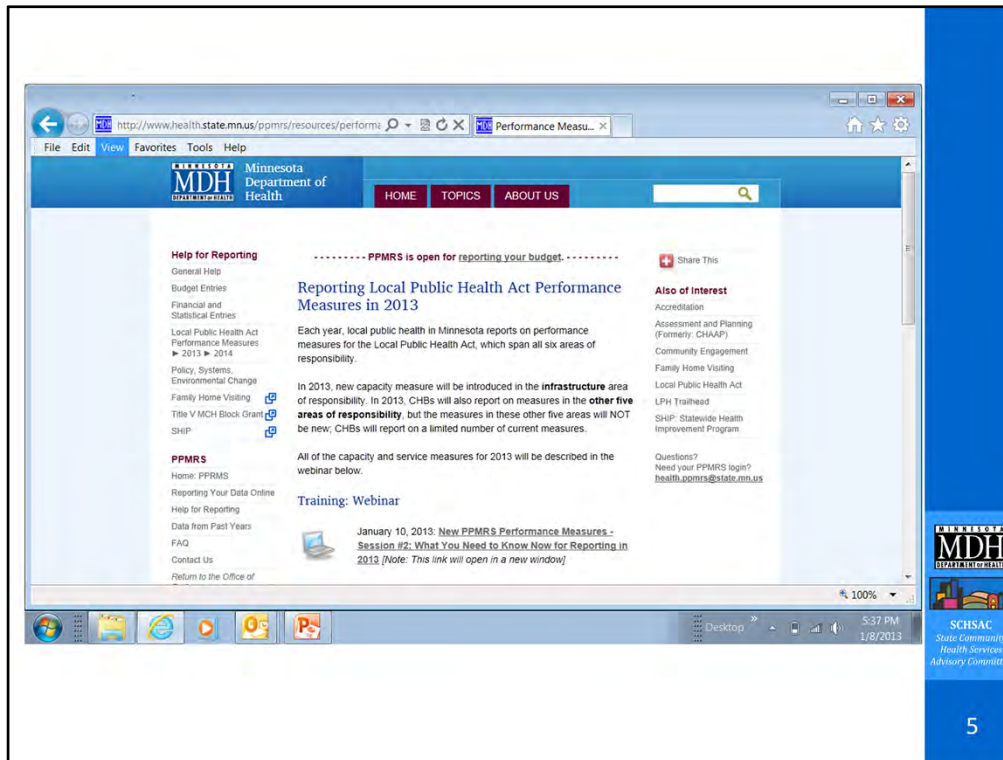
- Learn about the LPH Act performance measures for reporting in 2013
- Obtain guidance for reporting on new measures in 2013
- Learn where to locate measures, guidance and this presentation on the internet
- Identify contacts for more information



Good morning everyone. I'm Kim Gearin from the MDH Office of Performance Improvement. I'll be presenting the next several slides.

There are several learning objectives for this training. During this webinar, you will learn about the LPH Act performance measures for reporting in 2013, obtain guidance on those measures, and learn where to go and who to contact for more information.

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New LPH Act performance measures are available on the PPMRS pages of the MDH website. <http://www.health.state.mn.us/PPMRS>

This slide shows a screenshot of one of those webpages. You can see in the upper left corner, along with the other modules of PPMRS (Family Home Visiting, Title V, SHIP), there are pages dedicated to the Local Public Health Act performance measures.

If you scrolled down this main page, you would find links to new measures and companion guidance documents by area of responsibility. You will also find this PowerPoint presentation, with talking points visible in the “notes” view, and additional guidance tailored to multi county CHBs. A recording of this webinar will also be posted soon.

This is a transitional year. We have worked hard to produce the new measures, develop guidance materials and post them on line. As you prepare to report, we want to know what is unclear, or what can be better, so that we can improve.

In addition to inviting this feedback leading up the 2013 reporting period, after reporting closes, we will also be conducting a formal evaluation of the reporting process, measures and materials.

Presentation Outline

- Explain the phased implementation and purpose of the measures
- Highlight reporting guidance by area of responsibility
- Suggest next steps
- Review resources on-line to prepare for reporting
- Address questions




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Here is an outline of today's presentation.

We'll explain the phased implementation and purpose of the measures, highlight reporting guidance by area of responsibility, suggest next steps, and review relevant resources available on line.

LPH Act Performance Measures: Phased Implementation
Focus of today's webinar highlighted in blue text below

2013	2014
Assure an Adequate Local Public Health Infrastructure →	Assure an Adequate Local Public Health Infrastructure
Promote Healthy Communities and Healthy Behaviors	Promote Healthy Communities and Healthy Behaviors
Prevent the Spread of Infectious Diseases	Prevent the Spread of Infectious Diseases
Protect Against Environmental Health Hazards	Protect Against Environmental Health Hazards
Prepare/Respond to Disaster, Assist Communities in Recovery	Prepare/Respond to Disaster, Assist Communities in Recovery
Assure the Quality and Accessibility of Health Services	Assure the Quality and Accessibility of Health Services



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The new measures phase into PPMRS over the next two reporting periods. As in the past, measures are organized within the six areas of public health responsibility.



New infrastructure measures will be introduced in 2013. Reporting on these new measures will continue in 2014, as signified by the arrow.

For the other areas of responsibility in 2013, CHBs will report on a limited number of LPH Act performance measures that have been part of PPMRS for the past several years. There are only a few exceptions. I will be drawing attention to a few new measures also in HCHB.

To summarize:

- In 2013, CHBs will report on a limited number of mostly familiar measures in five of the six areas of responsibility.
- In 2013 CHBs will also report on new Infrastructure measures.
- In 2014, reporting on the new Infrastructure measures will continue (signified by the arrow).
- In 2014, CHBs will also report on new measures in the other areas of responsibility.
- Guidance on those new measures was presented during a November 29 webinar, and is also available on-line.
- Note that EH measures are still in development and won't be introduced before 2015.

Purpose of LPH Act Measures
Assess capacity
Identify the total number of services provided or rank funding sources
Determine the types of strategies or services in place
Characterize the overall status or approach to services within the CHB
Highlight innovative approaches and/or success stories
Explain differences in capacity or services within the CHB



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Across all 6 areas of responsibility, the questions serve different purposes, shown here.

These purpose statements point to how we can use the data to understand, describe and ultimately improve the local public health system.

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What You Need to Know Now for Reporting in 2013

Help for Reporting

- General Help
- Budget Entries
- Financial and Statistical Entries
- Local Public Health Act Performance Measures
 - 2013 & 2014
 - Multi-County CHBs
- Policy, Systems, Environmental Change
- Family Home Visiting
- Title V MCH Block Grant
- SHIP

PPMRS

- Home PPMRS
- Reporting Your Data Online
- Help for Reporting
- Data from Past Years
- FAQ
- Contact Us
- Return to the Office of Performance Improvement

----- PPMRS is open for reporting your budget. -----

Guidance: Reporting into PPMRS as a Multi-County CHB

Jump To:

- [Context for Moving Toward CHB Reporting](#)
- [Guidance for Reporting as a Multi-County CHB](#)
- [Download Guidance Table](#)
- [References](#)

Minnesota currently has 50 community health boards (CHBs); 20 of them are multi-county CHBs. Many of these multi-county CHBs have been reporting into PPMRS (the Planning and Performance Measurement System) as a single entity. Others have reported separately as individual local health departments. Beginning in 2013, all CHBs will report on the Local Public Health (LPH) Act performance measures as a single entity.

Context for Moving Toward CHB Reporting


In 2012, there were 21 multi-county CHBs. Eleven of them reported as individual local health departments, and 10 reported as a single CHB. In the past 3 years a handful of multi-county CHBs have transitioned to reporting as a single entity. The Office of Performance Improvement is shifting toward reporting only at the level of the CHB for several reasons, including:

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Also of Interest

- Accreditation
- Assessment and Planning (Formerly CHADP)
- Community Engagement
- Family Home Visiting
- Local Public Health Act
- LPH Trailhead
- SHIP: Statewide Health Improvement Program
- Questions?
- Need your PPMRS login? health.admin@state.mn.us

What is the Purpose of the Question?	Where are Questions Like This Located?	What are Some Examples?	How Should a Multi-County CHB Report?
To assess the capacity of the CHB	<ul style="list-style-type: none"> Infrastructure (all questions on capacity to achieve national standards) Infectious Disease (all except correctional health questions) Emergency Preparedness (all four questions) Health Informatics (HE Plan) 	<p>Does your CHB, fully, partially or not meet the following national measure: Ensure that the community health assessment is accessible to agencies, organizations, and the general public?</p> <p>The CHB measured and/or used infectious disease data to identify disease trends and reporting gaps.</p> <p>The CHB updated the public health contact information in the CHB's Emergency Operations Plan.</p> <p>Does your CHB have a written plan to achieve electronic health information exchange?</p>	<p>Report on the lowest level of capacity of the local health departments within the CHB. When reporting on capacity to meet the national standards, if one department in a two-county CHB can fully meet a measure, and the other can partially meet the measure, then the CHB should report that it can partially meet the measure.</p> <p>When reporting on its emergency preparedness or infectious disease (all departments provided the service (e.g., monitor review infectious disease data), the CHB should report yes. If one or more departments did not, the CHB should report no.</p> <p>Note that if another entity provided the service on behalf of an individual health department or the CHB, then that department or CHB is considered to have met the measure.</p>
To identify the total number of services provided, or rank funding sources within the CHB	<ul style="list-style-type: none"> Healthy Communities Healthy Behaviors 	<p>For the highlighted program, please indicate the top three funding sources (rank as 1, 2, 3) that supported this program.</p>	<p>Total all sources of funding to the CHB for the program indicated and rank the top sources.</p>
To determine the types of strategies or services in place anywhere in the CHB	<ul style="list-style-type: none"> Infrastructure (school health and some health informatics, one in workforce) Infectious Disease (correctional health) Health Services Access 	<p>How does the CHB work with school health?</p> <p>Indicate which of the organizational activities relating to informatics your CHB conducted in the last year.</p> <p>The CHB provided correctional health services.</p>	<p>In "check all that apply" questions, a multi-county CHB should "check" all strategies used within the CHB. In some cases, a strategy may be used by multiple local health departments in the CHB. In other cases, a strategy may be used by one health department in the CHB. As long as a strategy is being used within the CHB, the CHB should "check" the strategy.</p>



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To see which measures fall under each purpose, and learn how multi-county CHBs should report on each type of measures, go to the guidance tailored to multi-county CHBs that is posted on the PPMRS webpage.

We will be covering this information in the slides to come, but also know that a printer friendly summary table is also available.

Highlight Reporting Guidance

- 1. Assure an Adequate Local Public Health Infrastructure**
2. Prepare/Respond to Disaster, Assist Communities in Recovery
3. Protect Against Environmental Health Hazards
4. Assure the Quality and Accessibility of Health Services
5. Prevent the Spread of Infectious Diseases
6. Promote Healthy Communities and Healthy Behaviors



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On next several slides, we'll be highlighting reporting guidance on the LPH Act measures in the order shown here.

Assure an Adequate Local Public Health Infrastructure

1. **Measures from National Standards**
2. Minnesota Specific Measures



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There are two types of performance measures within the Infrastructure area:

1. Measures from National Standards
2. Minnesota Specific Measures

We'll look at that measures adopted from the national standards first.

Infrastructure: Capacity Measures from National Standards

For the following questions, please rate the extent to which your CHB meets 35 measures from the national standards. The response options are "Fully," "Partially" or "Not at All."

1. (1.1.3 A) Ensure that the community health assessment is accessible to agencies, organizations, and the general public



Fully Met Partially Met Not Met

2. (1.2.1 A) Maintain a surveillance system for receiving reports 24/7 in order to identify health problems, public health threats, and environmental public health hazards

Fully Met Partially Met Not Met

3. (1.3.2 L) Provide public health data to the community in the form of reports on a variety of public health issues, at least annually

Fully Met Partially Met Not Met



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The infrastructure area includes 35 measures from the national standards for local public health departments.

These measures represent a subset of the 97 measures within the national standards. The Performance Improvement Steering Committee identified these measures as particularly important and relevant for monitoring Minnesota right now. Findings from the organizational assessments completed by most CHBs in 2011 was especially useful to the Committee when deciding which measures to include.

This slide is a screen shot of how the first three questions in this area will look when you enter the reporting system.

The numbers in parentheses refer to the domain/standard and measure nomenclature of the Public Health Accreditation Board.

You will be asked to rate the extent to which your CHB meets each of the 35 measures. The response options are "Fully," "Partially" or "Not at All."

Each of these responses are operationally defined in the guidance document that you will find on-line.

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Infrastructure: Measures from National Standards

2012 Performance Measures: Reporting Guidance
Adapted from *Adapted from Public Health Infrastructure*
(Chapter 1: Measures from National Standards)

Updated December 2012

This assessment tool will help you accurately report on the extent to which your CHB meets each of the 15 national measures included in the Infrastructure area of public health responsibility. To assure that CHBs report in a standardized way, it is crucial that you review this guidance prior to reporting on PPMRS.

You will be asked to rate the extent to which your CHB meets 10 measures from the national standards. The response options are "Fully," "Partially," or "Not at All."

For any measure that you report fully meeting, you will be prompted with an automatic following question that asks whether you can provide documentation ("Can you document your response?" Yes/No). If your CHB has documentation for all of the components listed for the measure, you should report Yes. If your CHB could provide some or no documentation listed for the measure, you should report No. If you report that your CHB can document a response of fully achieving a measure, you are indicating that you have documentation for all measure components represented in the measure.

For Multi-County CHBs

When reporting on the national measures within the Infrastructure area of responsibility, multi-county CHBs should report on the lowest level of capacity of the individual health departments within the CHB. If one LHD in a multi-county CHB can fully meet a measure, and the others can partially meet the measure, then the CHB should report that it can partially meet the measure. There are optional opportunities within each area of responsibility for multi-county CHBs to provide details on how levels of capacity differ within the CHB.

Supporting Materials

Suggested guidance and significance was modified or taken directly from the Public Health Accreditation Board (PHAB) Measures and Standards Guide Version 1.0. For any questions about the PHAB guidance, please refer to that document: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Relevant page numbers from the PHAB guide are noted throughout this Self-Assessment Tool. The guidance within this tool is not meant to take the place of the official guidance provided by PHAB.

PHAB
Public Health Accreditation Board
STANDARDS & Measures
VERSION 1.0
APPLICABLE PERIOD 2011-2012
APPROVED MAY 2011

MDH
Minnesota Department of Health

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Minnesota's guidance document, shown here on the right, is essentially an assessment tool.

Much of the tool was taken directly from the Public Health Accreditation Board (PHAB) Measures and Standards Guide Version 1.0. <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>.

For convenience, relevant page numbers from the PHAB guide are noted throughout.

You should use Minnesota's tool as you prepare for reporting. The guidance within the tool will enable CHBs to respond in a standardized way and improve the quality of our data.

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26. Implement a systematic process for assessing customer satisfaction with CHB services (9.1.4A)

Significance: Customer focus is a key part of an organization's performance management system. To evaluate the effectiveness and efficiency of the CHB's work, it is essential to identify customers and stakeholders, both internal and external. A CHB also needs a process to capture and analyze customer feedback in order to address the expectations of various public health customers.

Rationale for Inclusion: In 2011, 80 percent of CHBs reported they were either slightly or not able to demonstrate Standard 9.1.

The CHB has the capacity to assess its process to measure the quality of customer relationships and service.

Fully Met ----- Partially Met ----- Not Met

Measure Components	Do You Have?
1. Description of the process used to collect and analyze feedback from two different customer groups	<input type="checkbox"/>



Reporting Guidance

Customer satisfaction results must be provided from two different types of customers and can be obtained through forms, surveys or other methods.

When reporting on the national measures within the Infrastructure area of responsibility, multi-county CHBs should report on the lowest level of capacity of the local health departments within the CHB. If one department in a two-county CHB can *fully* meet a measure, and the other can *partially* meet the measure, then the CHB should report that it can *partially* meet the measure.

Time Frame: Must have occurred within the past five years.

Source: PHAB Guidance: p. 199



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A portion of that guidance document is shown here

Guidance on all 35 measures is formatted in the same way.

The top of each page specifies the measure, highlights the significance of the measure, and summarizes a rationale for including the national measure in MN's reporting system. So this measure -- #26 -- is the 26th of MN's 35 measures from the national standards.

Measure components -- based on the national standards -- are also specified for each measure. Please review these components when deciding how to report.

CHBs that have also measures components should report Fully Met. Those that have none of the components listed should report Not Met. Those that have some of the components listed should report Partially Met.

When reporting into PPMRS on these national measures, multi-county CHBs should report on the lowest level of capacity of the individual health departments within the CHB. This means that if one LHD in a two-county CHB can fully meet a measure, and the other can partially meet the measure, then the CHB should report that it can partially meet the measure.

Let's look at another measure that has multiple components to consider.

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2012 Performance Measures Reporting Guidance
Assure an Adequate Local Public Health Infrastructure (Capacity Measures from National Standards)

1. Ensure that the community health assessment is accessible to agencies, organizations and the general public (1.1.3A)

Significance: The community health assessment is a resource for all members of the public health system and the population at large. It is a basis for collaborations in priority setting, planning, program development, funding applications, coordination of resources, and new ways to collaboratively use assets to improve the health of the population. Other governmental units and non-profits will use the community health assessment in their planning, program development, and development of funding applications.

Rationale for Inclusion: Community health assessment aligns with existing MN requirements. Measure 1.1.3A is the end point in a series of measures.

The community health assessment has been distributed to stakeholders and the community.

Fully Met ----- Partially Met ---- Not Met

Measure Components	Do You Have?
1. The community health assessment has been distributed to partner organizations [two examples]	<input type="checkbox"/>
2. The community health assessment and/or its findings have been made available to the population of the jurisdiction served by the CHB	<input type="checkbox"/>



Reporting Guidance

CHB must be able to provide two examples of distribution to partner organizations. Examples include sample emails or documentation of distribution to libraries. Publication of the health assessment on department websites or summaries of results in newspapers also qualify.

- **Fully Met:** The CHB has both components listed
- **Partially Met:** The CHB has one of the components listed
- **Not Met:** The CHB does not have any of the components listed

Time Frame: Must have occurred within the past five years.

Source: PHAB Guidance, p. 19



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Again, the page begins with the measure listed at the top.

In this case, there are 2 components to the measure. You should use these components to decide if you fully, partially, or do not meet the measure.



Infrastructure: Capacity Measures from National Standards

1.1.3 A. You have reported that this measure can be fully met: *Ensure that the community health assessment is accessible to agencies, organizations, and the general public.* Can you document your response?

Yes
 No

1.2.1 A. You have reported that this measure can be fully met: *Maintain a surveillance system for receiving reports 24/7 in order to identify health problems, public health threats, and environmental public health hazards.* Can you document your response?

Yes
 No



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CHBs that report being able to fully meet any of the 35 measures from the national standards, will be prompted with an automatic follow-up question – as shown here. The follow up Yes or No question asks whether the CHB can document that response.

For documentation guidance, refer directly to PHAB standards and measures at <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>.

The assessment tool we created and posted on-line (and that we just looked at) includes helpful page numbers.

- If your CHB has documentation for all of the components listed for the measure in the guidance, you should report Yes.
- If your CHB could provide some or no documentation listed for the measure, you should report No.
- If you report that your CHB can document a response of fully achieving a measure, you are indicating that you have documentation for all measure components represented in the measure.
- So in a multi county situation, a “yes” to response to the “Can you document” follow up probe, means that all local health departments in the CHB can provide all of the documentation components.

Again, The follow up question related to documentation will only appear when a CHB reports that it can fully meet a measure.

This series of question will help us distinguish between capacity to perform the activities of the

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measures and documentation of the measure. This will provide a useful level of detail to prioritize system improvements, guide technical assistance, and identify CHBs that may have model documentation systems/templates that could be used by others.

Assure an Adequate Local Public Health Infrastructure

1. Capacity Measures from National Standards




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Now we'll move on to the Minnesota Specific Measures within the Infrastructure area.
Questions in this area span 6 topics.

Pause for questions first

Assure an Adequate Local Public Health Infrastructure



1. Capacity Measures from National Standards 
2. **Minnesota Specific Measures**
 - Workforce Competency
 - School Health
 - Organizational QI Culture
 - Health Informatics
 - Statutory Requirements



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Now we'll move on to the Minnesota Specific Measures within the Infrastructure area.
Questions in this area span 5 topics.



Workforce Competency

1. Please select the top two **strengths** in the workforce of the CHB: _____

- Analytical/Assessment
- Policy development/program planning
- Communication
- Cultural Competency
- Community Engagement
- Public health sciences (e.g., epidemiology, biostatistics, etc.)
- Financial planning and management
- Leadership
- Informatics

2. Please select the top two **gaps** in the workforce of the CHB: _____

- Analytical/Assessment
- Policy development/program planning
- Communication
- Cultural Competency
- Community Engagement
- Public health sciences (e.g., epidemiology, biostatistics, etc.)
- Financial planning and management
- Leadership
- Informatics



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CHBs need a trained and competent workforce, so there are 3 questions related to workforce competency.

The first two questions ask CHBs to select from a list the top to strengths and gaps in the CHB workforce.

Response options for questions 1 and 2 are based on the 8 domains of the Public Health Core Competencies, with the addition of Informatics.



These workforce competencies were developed by the Council on Linkages between Academia and Public Health Practice

Guidance on-line explains that for measures like this, CHS administrators of multi county CHBs should identify the best response(s) in consultation with directors and/or supervisors of individual local health departments within the CHB.

Workforce Competency

3. How did you assess the strengths and gaps in the public health workforce of the CHB (check all that apply)?

- The CHB used the Public Health Core Competencies Tool
- The CHB did not use the Public Health Core Competencies Tool (to recommend another tool, please list it here)
- The CHB assembled a team knowledgeable of staff skills to conduct the workforce assessment
- The CHB compiled and analyzed individual assessments to create an overall workforce assessment
- None of the above



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In a third question, CHBs indicate whether and how they may have used the Public Health Core Competencies to assess the CHB workforce for questions 1 and 2 (in other words, CHBs are asked how they identified their workforce strengths and gaps).



More information and links related to the public health core competencies are provided in the guidance document posted on-line.

School Health

School Health

4. How does the CHB work with school health (check all that apply)?

- Employ school nurses
- Partnership activities
- Provide health services in the schools
- Conduct trainings: For staff
- Conduct trainings: For students
- Consultations
- Facilitate or coordinate joint meetings
- Provide public health updates/resources
- Information and referral
- Community crisis management (e.g., outbreaks)
- Wellness activities (e.g., SHIP)
- Environmental (e.g., mold, pesticides, lice)
- CHB does not partner with school health



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The Performance Improvement Steering Committee noted that the working relationship between local public health and school health continues to grow in scope and importance.

This question will help to more fully understand how CHBs are working with school health to promote children's health (and how that level of relationship varies across the system).



In "check all that apply" questions like this one -- where a CHB is asked to indicate the strategies used by the CHB -- a multi-county CHB should "check" all strategies underway in the CHB.

In some cases, a strategy may be used by multiple local health departments in the CHB. In other cases, a strategy may be used by one health department in the CHB.

As long as a strategy is being used within the CHB, the CHB should "check" the strategy.

Organizational QI Culture

	Strongly Disagree [1]	[2]	[3]	[4]	Strongly Agree [5]	I don't know
5. Staff members are routinely asked to contribute to decisions at my CHB.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The <i>leaders</i> of my CHB are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Job descriptions for many individuals responsible for programs and services at my CHB include specific responsibilities related to measuring and improving quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Ten new questions to assess organizational QI culture will be used to measure improvements in QI culture across Minnesota’s local public health system. Above are three sample questions, as they will appear in the reporting system. Those of you who participated in the multi-state learning collaborative may recognize these questions from the larger, annual survey that was conducted through that project. In addition, the MDH Office of Performance Improvement has recommended them in the course of technical assistance related to QI.

This reduced set of questions were selected by Minnesota’s Research to Action Network through a grant from the Robert Wood Johnson Foundation. The research network is a partnership of SCHSAC, LPHA, UM SPH and MDH. These questions are also being used within MDH to track progress at the state level.

Full list of questions and guidance for determining level of agreement is posted on-line

Organizational QI Culture

- My CHB currently has aligned our commitment to quality with most of our efforts, policies and plans.
- My CHB currently has a high level of capacity to engage in quality improvement efforts.

Response Option	Description
Strongly agree	Consistently true across the CHB – whether CHB includes one or many local health departments
Agree	Generally true across the CHB.
Neutral	Neither true nor untrue. Perhaps the statement is widely inconsistent across program areas of a single county or city CHB, or across individual health departments of a multi county CHB.
Disagree	Not generally evident within the CHB
Strongly Disagree	Not at all true or evident within the CHB



CHBs will use a 5 point Likert scale to indicate their level of agreement with the 10 statements.

Refer to the guidance to help determine your best response.

There is also an “I don’t know” option provided for those without enough information to respond.

Organizational QI Culture

My CHB has a quality improvement plan.

Response Option	Description
Strongly agree	The entire CHB is covered by a QI plan (through a single CHB QI plan, or the individual plans of separate LHDs). QI plan implementation is happening across the CHB.
Agree	The entire CHB is covered by a QI plan (through a single CHB QI plan, or the individual plans of separate health departments), but the plan(s) is/are not being implemented across the CHB.
Neutral	A QI plan is (or plans are) being developed
Disagree	The entire CHB is not covered by a QI plan, although a planning team(s) is coming together
Strongly Disagree	The entire CHB does not have a plan and there is no progress to develop one.



The reporting guidance for one of the 10 QI culture items, the QI Plan, is somewhat different, and shown here.

Refer to the guidance to help determine your best response. We strongly encourage multi-county CHBs to refer to the overarching guidance related to multi-county CHB reporting when answering these questions.

There is also an “I don’t know” option provided for those without enough information to respond.

Health Informatics



Please answer these questions with respect to your CHB for the past year.

Health Information Exchange

15. In the current year, which software application will be used for the public health electronic health record? This does not include systems that the state or federal government provide (e.g., MIIC, HuBERT, SSIS) nor does it include Excel, Access, or similar tools. (Please check all that apply.)

- PH-Doc (Public Health Documentation System by MCCC)
- Software by CareFacts Information Systems, Inc
- Software by CHAMP Software, Inc
- Digital Health Department (by Garrison Enterprises, Inc)
- Decade (by DECADE Software Company)
- Custom-built local system (if other or custom-built local systems, please list and briefly explain)
- No electronic system in place
- Other (if other or custom-built local systems, please list and briefly explain below)

If other or custom-built local systems, please list and briefly explain: _____



25

The infrastructure area continues to include questions relate to health informatics. These questions remain unchanged from prior years, with the exception of some wording changes to reflect the shift toward CHB reporting.

Statutory Requirements

26. The composition of the CHB meets the requirements required by Minn. Stat. § 145A.03, subd. 4.

Yes
 No

27. How many times did the CHB meet in the past year?
(The CHB is required to meet at least twice per Minn. Stat. § 145A.03, subd. 5.)



Number of Meetings:

28. The CHB has in place written procedures for transacting business and has kept a public record of its transactions, findings and determinations as required by 1Minn. Stat. § 45A.03, subd.5.

Yes
 No

29. The CHB has CHS Administrator who meets the requirements of Minn. Rule 4736.0110. (Note: these requirements pertain to CHS Administrators who were appointed after March 21, 1994).

Yes
 No



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Questions to determine compliance with key provisions of the MN LPH Act are also largely unchanged. Some of them are shown here.

The only wording change occurs in Q 26: CHBs are now asked to indicate the number of times they met in the past year – as opposed to indicated whether they have met the statutory minimum two or more times.

Assure an Adequate Local Public Health Infrastructure

1. Capacity Measures from National Standards
2. Minnesota Specific Measures



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So those are the LPH Act performance measures for the Infrastructure Area of Public Health Responsibility.

CHBs will continue to report on those measures in 2014.

Highlight Reporting Guidance

1. Assure an Adequate Local Public Health Infrastructure
2. **Prepare/Respond to Disaster, Assist Communities in Recovery**
3. Protect Against Environmental Health Hazards
4. Assure the Quality and Accessibility of Health Services
5. Prevent the Spread of Infectious Diseases
6. Promote Healthy Communities and Healthy Behaviors



28

Now we'll walk through 5 remaining areas of public health responsibility.

An earlier training on November 29 reviewed new LPH Act performance measures in these areas that will be introduced in 2014. Since this is a transition year, we have essentially retained a limited number of LPH Act performance measures that have been used in the past.



In addition, in two areas of responsibility, we have included XX optional, developmental measures as part of a national study.

We'll start with emergency preparedness.

Prepare/Respond to Disaster, Assist Communities in Recovery

PPMRS: Prepare for/Respond to Disasters, Assist Communities in Recovery

1. The CHB updated the public health contact information in the CHB's Emergency Operations Plan (OEP).
 Yes
 No
2. The CHB has trained appropriate staff in the National Incident Management System (NIMS).
 Yes
 No
3. The CHB tested the notification and deployment system.
 Yes
 No
4. The CHB has an emergency response plan that includes how the public health department will communicate with the media and the public.
 Yes
 No



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29

Four questions that were included last year are included this year.
The only change has been to change “Local health department” to “CHB

The purpose of these questions is to determine the capacity of CHBs on these measures. Multi county CHBs should report on the lowest level of capacity within the CHB.

Highlight Reporting Guidance

1. Assure an Adequate Local Public Health Infrastructure
2. Prepare/Respond to Disaster, Assist Communities in Recovery
- 3. Protect Against Environmental Health Hazards**
4. Assure the Quality and Accessibility of Health Services
5. Prevent the Spread of Infectious Diseases
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Protect Against Environmental Health Hazards

- Give up to three examples of vectorborne, foodborne and/or waterborne disease response activities



31

A single question that has been used in the past is included in this area of responsibility in 2013.


Highlight Reporting Guidance

1. Assure an Adequate Local Public Health Infrastructure
2. Prepare/Respond to Disaster, Assist Communities in Recovery
3. Protect Against Environmental Health Hazards
- 4. Assure the Quality and Accessibility of Health Services**
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Assure the Quality and Accessibility of Health Services



Topic: Service Provision/Health Insurance Status					
3. Please indicate whether your CHB provided any of the following (check all that apply):				Significance: These four topics were identified as the most important for tracking public health services at the system level. Information provided from this data is relevant for communicating with stakeholders.	
	Provided or contracted for services	Assessed health insurance status	Referred clients without health insurance		CHB able to report health insurance status
Primary Care: Medical					
Primary Care: Dental					
Licensed Home Care					
Correctional Health					
Reporting Guidance: Please focus on "routine" or expected practices for the items above (e.g., things done on a regular basis within your CHB) Definition of primary care (non-specialist care): the level of health care at which a patient is evaluated and treated by a family doctor or nurse, or, if necessary, is referred to a specialist					
Links to Tools/Resources:					
MDH area that contributed to the development of this measure: Office of Rural Health and Primary Care					

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As in prior years, the questions in this area of responsibility relate to identifying and addressing gaps in health care services. CHBs that report working on a gap or barrier, will be prompted to answer a follow-up question about how they are addressing gaps or barriers.

CHBs will also continue reporting on a question related to public health services and health insurance status (shown here). Compared to past years, the scope of the question is much more focused. CHBs will only report on their activities regarding public health services and health insurance status

In 4 key areas:

- primary care (medical and dental);
- home care; and
- correctional health

These areas are included in the first column of the table as row headings. Previously, there were many more rows to this table, since CHBs had to report on a much longer list of service areas.

Highlight Reporting Guidance

1. Assure an Adequate Local Public Health Infrastructure
2. Prepare/Respond to Disaster, Assist Communities in Recovery
3. Protect Against Environmental Health Hazards
4. Assure the Quality and Accessibility of Health Services
- 5. Prevent the Spread of Infectious Diseases**
6. Promote Healthy Communities and Healthy Behaviors



Prevent the Spread of Infectious Disease

1a. The CHB Monitored and reviewed infectious disease data to identify disease trends and reporting gaps.

Yes
 No

1b. If yes, please describe: _____

1c. If no, check why not:

Another entity performs this function for our jurisdiction
 Do not have staff capacity
 Do not have timely data
 Do not have CHB-specific data
 Other: _____

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Reporting in this section represents a subset of the questions from previous reporting years. Question 1 (shown on the screen) should look familiar. Question 2, 2b and 2c follow a similar format but focus on immunization data and trends.

Question 3 asks if the CHB provided infectious disease and immunization information to local providers.

Question 4 is provided by MDH and covers immunization coverage of children aged 24-35 months

Question 5 and 5a relate to correctional health activities.

Questions 6 and 7 focus on TB

None of the questions have changed except to change the reporting entity to reflect CHB reporting—rather you are reporting on a shorter set of questions than in previous years.

Multi-County CHB Reporting: Report on the lowest level of capacity of the local health departments within the CHB. Except for correctional health questions, if all departments provided the service (e.g., monitor/review infectious disease data), the CHB should report yes. If one or more departments did not, the CHB should report no. Note that if another entity provided the service on behalf of an individual health department or the CHB, then that department or CHB is considered to have met the measure.

New PPMRS Performance Measures – Session #2
What You Need to Know Now for Reporting in 2013

For Multi-County CHB reporting on correctional health: a multi-county CHB should “check” all strategies used within the CHB. In some cases, a strategy may be used by multiple local health departments in the CHB. In other cases, a strategy may be used by one health department in the CHB. As long as a strategy is being used within the CHB, the CHB should “check” the strategy.

Highlight Reporting Guidance

1. Assure an Adequate Local Public Health Infrastructure
2. Prepare/Respond to Disaster, Assist Communities in Recovery
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4. Assure the Quality and Accessibility of Health Services
5. Prevent the Spread of Infectious Diseases
6. **Promote Healthy Communities and Healthy Behaviors**





Now we'll move on to Healthy Communities, Healthy Behaviors...

Promote Healthy Communities and Healthy Behaviors

1a. Highlight one program or accomplishment related to promoting health behavior or community health from the reporting year. Please indicate what you did, what you achieved (outcomes or impact), and what you learned.

1b. For the highlighted program, please indicate the top three funding sources (rank as 1, 2, 3) that supported this program

- 2 Local Tax Levy
- State Program-Specific Grant
- State General Funds (LPH Act)
- 1 SHIP Funding
- Community Transformation Grant (CTG) Funding
- Federal Program-Specific Funding
- Title V Block Grant
- Grants/Foundation Funds
- Fees/Reimbursement



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In past years, you have been asked to report on programs from a variety of topic areas. For this transition year, we are asking you to highlight one program or accomplishment for the topic of your choice. So, for question 1a, you could identify a tobacco-related program. We ask that you use the text box to elaborate on what you did, what you achieved and what you learned. A follow-up question (shown above), gives an example of how you would rate the funding source(s) for the program described. So if you were using primarily SHIP funding to support the tobacco program described, you would number SHIP as the first funding source. If you also used some local tax levy money for the program, that would be numbered second.

Questions 2 and 3 will continue to be provided by MDH (count of women, infants and children served by WIC)

Promote Healthy Communities and Healthy Behaviors

- Developmental questions that are part of a larger, multi-state effort, which has gained national attention
- Series of questions related to tobacco, physical activity and nutrition
- Answer the questions to the best of your ability

Example Developmental Question:

9. Was your CHB involved in an initiative to increase access to free or low cost recreational opportunities for physical activity (like working to develop policies to increase access to public facilities for physical activity, increasing worksites that have policies that enhance physical activity) in the reporting year?

Yes

No



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MN was one of six studies selected to participate in a national study to develop and test measures of public health services. As you know there are not standard measures of public health services that would help us make the case that public health services improve population health. We have included these developmental questions in PPMRS that have been selected to be collected as part of the national study. There are also developmental questions related to infectious disease and environmental health, but we can obtain those responses directly from MDH to minimize duplicative reporting for CHBs.

We hope to learn about the quality of the questions, as well as the utility of collecting them across multiple states.

The Performance Improvement Steering Committee has reviewed the questions and suggested they be included as developmental measures in this round of PPMRS reporting. While we recognize that you haven't had the opportunity to prepare to answer them for this reporting period, we ask that you answer them to the best of your ability with the information that you have readily available to you.

If you choose to do so, there will be space at the end of the developmental measures for you to provide comments and feedback on them.

A Look Into the Future

Performance Management

Objectives
Where do we want to be?

Measurement
How will we know?

Monitoring and Communicating Progress
How well are we doing?

Quality Improvement
How will we improve?

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Bonnie:

Last year, the Performance Improvement Steering Committee spent quite a bit of time developing these new measures.

In the year ahead, we'll expand our focus to include the full cycle of performance management.

So in addition to phasing in the new measures, we'll be communicating findings and using those findings to recommend opportunities for system improvement.

Bear in mind that a main reason for these new measures is to have information for SCHSAC to improve Minnesota's public health system.

So please follow the reporting guidance as you prepare to report. This will help standardize our reporting so we get an accurate picture of the capacity and services provided across the state.

Also – please do your best to report on the developmental measures. We will be able to use the data here in Minnesota, and we will also be helping to develop and refine a core set of national measures.

Next Steps to Report in 2013

- Review the measures
- Use guidance
- Consult with others in your CHB, as needed, to report accurately
- Reach out with questions



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So now that we have oriented you to the new LPH Act performance measures, we hope you will

- Go on-line if you haven't already to review the measures
- Use the guidance and consult with others to make sure you report accurately
- Reach out with questions (contact info on next slide)

Contact information

LPH Act Performance Measures and PPMRS Reporting

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Performance Improvement Steering Committee

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For questions on LPH Act performance measures and general PPMRS reporting, contact Becky Buhler

For questions about the SCHSAC Performance Improvement Steering Committee, contact Chelsie Huntley or Allie Freidrichs.

Allie is the incoming chair of the committee.

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Questions?



Evaluation

- When you leave the webinar, an evaluation survey will appear in your browser.
- Please look for this and take a minute to complete the survey. It is only nine questions.

