Facilitating Uptake of Standardized Local Public Health Service Delivery Measures

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http://phastdata.org

Data

Quantitative Information
- Public health service data from 300 LHDs in six states and PHAST's National Advisory Group representing six states; Interview data reflected Dearing and Kreuter's (2010) Push-Pull Infrastructure Model intended to bridge the research and practice gap through a knowledge distribution system.

Qualitative Feedback
- Phone interviews regarding data collection processes from 15 PHBRN partners representing six states; Interview data reflected Dearing and Kreuter's (2010) Push-Pull Infrastructure Model intended to bridge the research and practice gap through a knowledge distribution system.

Background: The MPROVE Study

Multinetwork Practice & Outcome Variation Examination Study (Glen Mays, PhD) - Purpose: Support investigations of the causes and consequences of variation in public health service delivery
- Measures were developed in 2012 and data collected in 2013
- Measures characterize volume, intensity, quality, efficiency, and equity of service delivery in three core domains of chronic disease prevention, communicable disease control, and environmental health protection

Adoption Example
- Washington State Activities and Services Inventory Committee has agreed to incorporate MPROVE items for collection of 2014 data

Use Examples
- Q1: Minnesota presented MPROVE Immunizations measures as "performance data" to identify a gap in provider utilization of the IS.
- Q2: Minnesota presented MPROVE Immunizations measures as "performance data" to identify a gap in provider utilization of the IS.
- Q3: Minnesota presented MPROVE Immunizations measures as "performance data" to identify a gap in provider utilization of the IS.

Implications, Conclusions, Next Steps
- Practice partners are committed to:
  - improving data collection systems with detailed local public health service delivery measure definitions and revisions support this critical progress toward capturing public health inputs contributed at the community level, by state government public health agencies and by other service providers
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  - integrating evidence into standard reporting systems
  - developing evidence-based practice activity measures

Quantitative Information
- Missing data were found proportionally across measure bundles and by county
- Relevance: The MPROVE measures were already included in many existing systems
- Ongoing refinements and collaboration between practice and research leaders are critical to assure:
  - improvement of measures already under development
  - state (or national) performance measures and indicator systems
  - state EHR program guidance and support
  - improved utilization of MPROVE measures

Informing the Process

Adoption & Use of Standardized Measures
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