Quality Improvement: The Multi-State Learning Collaborative Approach

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Multi-State Learning Collaborative:
Lead States in Public Health Quality Improvement

MLC Project Purpose

- Prepare states/locals for accreditation
- Incorporate quality improvement practice into public health systems
- Inform the national accreditation program
- Promote collaborative learning across states and partners
- Expand the knowledge base in public health

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MLC Project Support

- Funded by RWJF
- Collaboration with national partners
  - PH practice organizations: APHA, ASTHO, NACCHO, NALBOH, PHF, CDC, RWJF, PHII, PHAB
- Managed by NNPHI and PHLS

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MLC I

"Performance Assessment and Accreditation"

- **5 states, 1 year**
- **Informed Exploring Accreditation**
- **Enhance state accreditation & assessment**
- **Real time laboratory demonstrating proof of accreditation concept**

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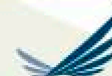

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MLC II

"Quality improvement *in the context of* Accreditation"

- 10 states, 1 year
- Introduction of QI Training & Consultation
- Use of in-state ("mini") collaboratives
- Increased reach to LHDs
- Linked to Accreditation progress
- Began use of Storyboards

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MLC III

"Lead States in Public Health Quality Improvement"

- 16 states, 3 years
- Supporting PHAB
- Leading the way in QI
- Bolstering QI capacity
- Institutionalizing QI in states and localities
- Showing progress on QI targets

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Goal

The goal of MLC-3 is to bring state and local practitioners and other stakeholders together in a community of practice that will:

- ***Prepare local and state health departments for national accreditation;***
- ***Contribute to the development of the national voluntary accreditation program; and***
- ***Advance the application of quality improvement methods that result in specific, measurable improvements, and the institutionalization of quality improvement practice in public health departments.***

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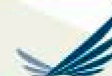

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Guiding Principles

- Expand the Reach
  - Within state
  - Within collaborative
  - Within accreditation community
  - To broader public health community

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MLC-3: 101,488,655

US: 304,678,231

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Setting Targets

- Targets to be selected from a larger menu
- 5 Capacity/Process Target Areas
- 5 Outcome Target Areas

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Principles of Engagement

- Inspired by existing work/data/information/evidence
- Transparency
- Full participation
- Consensus to the greatest extent possible

Capacity/Process Targets

- State/local leveraging of opportunities
- National PH Performance Standards
  - 10 EPHS
  - CDC/PHF/UK
- Operational Definition (NACCHO)
- Healthy People 2010 Infrastructure Chapter
- Institute of Medicine 2002 Report
- Crosswalk of performance gaps

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Outcome Target Areas

- Experiences of state QI programs with health status measures: FL, WA
- Healthy People 2010
- MAPP Community Health Assessment
- Community Health Status Indicators project

(http://communityhealth.hhs.gov/homepage.aspx?j=1)

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Criteria for Target Selection

- Defined in standard and specific terms
- Measure an important aspect, result, or outcome of PH work
- Actionable

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Process of Selecting

- Data gathering
- State and partner reps identified
- Explanatory conference call with reps
- Menu of targets shared with reps
- Reps gathered input and feedback
- Recommendations submitted
- Voting from menu
- States select their targets
- States select their sub-targets

Targets Selected

OUTCOME

- *Reduce the incidence of vaccine preventable disease*
- *Reduce preventable risk factors that predispose to chronic disease*
- *Reduce infant mortality rates*
- *Reduce the burden of tobacco related illness*
- *Reduce the burden of alcohol related disease and injury*

CAPACITY/PROCESS

- *Community Health Profile*
- *Culturally appropriate services*
- *Health Improvement Planning*
- *Assure Competent Workforce*
- *Customer Service*

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DRAFT #2: 10/14/2008

Target Area #6: Vaccine Preventable Disease Logic Model

Inputs

- NNPHI & Consultants
- Mini-Collaboratives
  - -Staff
  - -Resources
- Programmatic Resources
- Provider Community
- Data Capacity & Availability
- Existing ACIP Standards
- Existing Evidence (e.g., *The Community Guide*)

Strategies

- Review ACIP standards for children
- Analyze existing data to identify gaps and barriers
- Review existing evidence on interventions
- Select, develop or modify interventions
- Implement interventions to:
  - Increase awareness
  - Address barriers
  - Enhance access
  - Support providers

Outputs

- Reviews are conducted
- Priority populations and barriers identified
- Interventions are selected, developed, modified and implemented

Short-Term Outcomes

- Increased knowledge regarding standards, evidence and unmet need
- Increased community awareness about vaccines
- Increased access to vaccines
- Increased provider awareness of methods to track vaccine history of clients

Intermediate Outcomes

- Increased policies to support evidence-based practices
- Decreased barriers
- Improved system-supports for tracking, targeting, and giving vaccines
- Increase provider participation in publicly supported vaccine programs
- Increased vaccine coverage among children

Long-Term Outcomes

- Reduced incidence of vaccine preventable disease among children

External Factors Impacting Outcomes

Evaluation

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Target Area #1: Community Health Profile Logic Model

Inputs
- NNPHI & Consultants
- Mini-Collaboratives
  - -Staff
  - -Resources
- Data Capacity & Availability
- Existing Models & Approaches
- Community Partners

Strategies
- Train Mini-Collaborative members in creating a community health profile with a focus on QI
- Engage the community in the development of the health profile
- Select a model or approach
- Review data sources and validity
- Develop a template for the profile
- Develop the profile
- Develop a dissemination plan
- Disseminate the profile

Outputs
Group Process
- Mini-Collaborative members are trained
- Mini-Collaborative members agree on approaches

Data and Targets
- Core indicators are selected
- Benchmarks are established
- Health-related data is organized into comprehensive profile
- Uniform set of health indicators is developed into a profile

Profile Disseminated
- Community Health Profile is published and disseminated

Short-Term Outcomes
- Increased community awareness of public health issues
- Agency staff more knowledgeable of community health status

Intermediate Outcomes
- Data are utilized by the community
- Community participates in the decisions about priorities
- Agency uses profile to make data driven decisions about priorities and resources

Long-Term Outcomes
- Improved population-based health outcomes in priority areas

External Factors Impacting Outcomes

Evaluation:
Example: Assess the Process, Product, Dissemination, Utility and Anticipated Outcomes.

Note: Shaded area is consistent with "sub-targets"

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MLC Accreditation Landscape

- Legacy states with longstanding accreditation or similar systems
  - Accreditation/accreditation-like/accreditation-lite
- States developing accreditation systems
- States developing accreditation capacity

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Accreditation and QI

In the first year of MLC 3, we've seen…

- States more focused on accreditation
- States developing more expertise in QI
- Rare hybrids

Accreditation Preparation Include Some QI Activities

- Vetting and Beta testing
- Cross-walking with proposed standards/etc
- Communication plans
- Utilizing Operational Definition metrics
- Undertaking NPHPS
- Incorporating QI into Accreditation
- Seeking equivalency

Legacy States

- Limited QI initially
- Strong leadership engagement
- Typically mandatory
- Multiple iterations and cycles
  - Ex. MI now in 4th cycle

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QI and Accreditation

- Development of PI Systems
  - Statewide/LHD/SHD
  - QI Advisory Councils formed
  - Offices of QI formed
- Address performance gaps uncovered by accreditation or assessment (NPHPS, Op Def)
- Developed QI manuals
- Some TA capacity for QI and for accreditation

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QI and Accreditation

- Development of tracking systems to monitor progress
- Community involvement in CHIP
  - Often building from Turning Point
- Developing substantial capacity for supporting mini-collaboratives (not tied to accreditation)

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Models and Tools

- PDCA: broad and wide application
- IHI: greater resonance with outcomes targets
- Lean: greater resonance with outcomes targets
- Mini-collaboratives: large and small; group and/or individual initiatives

Performance Management

- Big QI vs. little qi
- Greater focus on little qi
- Limited attention to PM (notable exceptions)

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Discussion

- Questions?
- Comments?
- Diatribes?

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