Discussion of Standards for Public Health

On April 20, 2005, WSALPHO Officers or designees and Administrator met with the PHIP Standards Committee Co-Chairs, Committee Staff and PHIP Coordinator to discuss approaches to measuring performance of the Standards for Public Health in Washington State. (Larry Jecha, Larry Fay, Janet Davis, Vicki Kirkpatrick, Bill White, Torney Smith, Rita Schmidt, Joan Brewster.)

These key concepts were important to the discussion and mentioned in our summary at the end of the meeting:

- Consider the Model we use
- Data Collection Process
- Ongoing process
- Fear of Funding Links
- Validation
- Communications
- Refine Standards and measures
- Establishing local value

The outcome of the discussion was agreement that:

1. The standards process would continue as planned this year.
2. The Standards Committee will be asked to recommend changes to the Steering Committee for future reviews, having considered these ideas.

Below, a summary is provided of ideas expressed about each key concept. I have tried to draw these from the notes and capture the meaning intended.

In addition, I have added a comment in italics in order to reflect on past Committee discussion or to provide context that might be helpful. My hope is that this will document, or "fill in the blanks", for what has been a multi-year process, in which different leaders have been involved in decision-making. I have also added suggestions for what the next Committee could be asked to do in order to respond to the questions raised. *Joan Brewster*

The Model

Documentation

We are using a model similar to JACHO, based on documentation as evidence that a measure is satisfied. Without documentation, no credit is awarded; partial credit is possible. Many participants have expressed that they believe they perform the measures – but do not document that - and that amassing documentation is not a productive use of time. They often say workload makes documentation not practical.

> *The importance of documentation has been fundamental from a very early point in the development process. The early committees believed that without objective*

evidence, this would risk becoming a political process. Two participants mentioned software or processes that would make documentation easy, if done over time and not only in time for a review. So, the committee might look at process (timing and volume) as well as software in considering changes that could make documentation less burdensome.

Qualitative Review:

With a different concern, some participants want to include a component that is more qualitative, particularly to capture relationships in the community and client satisfaction. A key informant interview with community partners was mentioned.

> *Adding a qualitative approach seems do-able and could fit with a newly designed process. It could incorporate some of the ideas emphasized by the national program, where community work was emphasized. Our standards currently call for evidence of community relationships, but do not go beyond "paper."*

Levels of Performance

A question was raised about establishing levels of performance. These standards were written as "Stretch" standards based on a series of decisions: while they are beyond the ability of agencies to fully meet with current resources, they demonstrate what public health agencies should be aiming for. Should there be different levels established, with achievement goals set by the local Board of Health?

> *This has been discussed (early as 1994) and sometimes seen as desirable. To date, attempts to do this have been met with strong disagreement over what is adequate – and what is not. Creating levels may undermine a basic idea the committee has used frequently: all residents deserve high quality service, regardless of county size. Nevertheless, the idea has been brought up many times and could be work for the Committee to pursue in earnest, using the findings of this year's review.*
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> *The notion of establishing stretch standards was a conscious choice by Committee and was selected to avoid a "rush to the floor" for high performing agencies, to establish that improvement was needed system wide, and to communicate that the emphasis is on quality improvement – so being unable to meet the "stretch" standards would not carry a stigma.*

Alternative models:

The Florida model was described and it was noted we have had an "exchange" with Florida in past years. Washington had some things that Florida wanted – and vice versa.

> Strengths of Florida: Key indicators were used to prompt attention to issues. Community partners were interviewed. Peers were involved. The exit interview was public, very positive, and involved stakeholders. Issues to be worked on were documented and both the local and state offices recorded commitments to make changes, creating a public follow up plan with shared accountability. .

> Weaknesses: Lacking system standards, it was very “program” oriented, so some weak areas could be overlooked. The state was not subject to the same level of review. Best practices were not formally collected and disseminated.

Missouri and Michigan are using an accreditation model: meet the Standards to gain accredited status. In time this might give them advantages for funding, but may not be in place today. Illinois requires participation in a process as part of I-Plan, necessary to receive funding. Ohio passed standards very similar to Washington’s and put them in law, so I think they are part of the requirement to receive state funding. South Carolina passed standards and made them a requirement of their state-based system. New Jersey has adopted detailed standards and I think they are in law.

Data Collection Process

Having materials *in hand sooner* was a comment many have heard. While the schedule was promoted all year, the matrixes seemed to arrive late to prompt the documentation process.

Many people objected to completing the matrix early and on a *single date*. They wanted to turn in documentation closer to their review date.

The *volume* of documentation was overwhelming for small health departments. Needing two examples increased the workload. There are not extra staff members to pull documents – the “lead” staff does it all, so services suffered. This was true to some extent in all health departments but was especially acute in small agencies. A question was raised about whether it would make a material difference – would people actually collect information sooner?

> *The mailing schedule, due dates and volume were all discussed by the committee – and all seem reasonably easy to alter.*

Ongoing Process

Some have expressed that they would like to see this be a rolling process, not saved up and done system-wide once every three years. Smaller, do-able “chunks” would be preferred. Some wanted an annual review, while others were concerned about the workload for the LHJ.

> *The Florida model was referred to re: frequency. An LHJ is reviewed only once every three years, but the review process takes place over a yea’s time, with documents and site visits conducted on a predictable schedule and culminating in the meeting described above.*
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> *The Standards Committee has debated the merits of “ongoing” versus “point in time” all along – and it can be done either way. (See Local Value, too.)*

Fear of Funding Links
Some local health staff are concerned about linking the Standards to funding in any way. They fear having their funding cut if they are unable to meet them. Everything written to date underscores why that would not be a good approach: Too early in the development. Resources are vastly unequal. The Committee agreed a participation requirement makes sense but not a "score." (PHIP 2005.) In addition, the agreement has been that the committee would develop the review process, including state and local partners. And, local partners have emphasized that far more funding is involved than what comes from the state or federal government: nearly half is local.

Other members have objected to the "soft" approach we have taken – and have intimated that we are resisting real accountability and efficiency.

> *For the Committee, the go-slow approach makes sense, especially in a field where we have no track record of performance measurement. The committee can underscore the approach, but may not be able to shake the idea that accountability leads to "punishment." Continued experience and the Committee's work on quality improvement may help alleviate concerns. At some future point, public health leaders – both state and local – need to decide: how should persistent low performance be addressed?*

Validation:
A question was raised about whether the standards and measures have been adequately validated.

For environmental health, directors question whether the current material reflects what is actually done. They question how to link these system standards to program effectiveness. They want measures that incorporate interaction in the community. An attempt to have EHD re-write them this year was initially accepted, but subsequently rejected after the material went to press and the review was underway.

> *There may be different ideas about what constitutes validation. Given our experience, this is an evaluative process based on judgment of public health workers. In our early experience we decided there was not likely to be one set of objectively valid measures to be "discovered", but that we would need to draft and select standards that worked based on comments from many people.*
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> *The process for creating and validating the framework, standards and measures was given great care in the two lengthy field tests and drafts for comments. The current content was built through a process of revision and evaluation by hundreds of people answering these questions: Is this important – should be included? Is it clear? Can you do it? Can you document that? Changes were made at each step to incorporate suggested improvements.*
>
> *The Committee expects the Standards and Measures will be refined and changed with experience, as we are gaining now through their use. The common*

discussion among the Committee members is that more attention is needed on how to *<u>use</u>* *the results, both at the system level and within individual agencies and programs. In this approach, validation will result from use and evaluation of results over time.*

Refine Standards and measures:
See comments above. This was mentioned at the end as a separate topic but seems to reinforce the ideas above: The material we use will change over time. The system will mature. We want to continue to have a Committee on Standards – and want them to make improvements.

The Committee will use the new findings to do this. They could also be asked to make major, new outreach to the field in the process. This could be compatible with the planned follow up to help us use findings better.

Communications:
PHNDs were asked for input for topics on the menu. They thought they were deciding which topics to include, so were surprised when the selections were different.

Some people who learned about the menu – "selecting two" – assumed that only those topics would be looked at. They were chagrined to learn all the topic areas would be reviewed. Others were surprised that anyone had made that interpretation.

People change positions over time, so the thread is lost about the development of the standards, why they matter, how it works, etc. Training on the process itself is not sufficient to address this.

Staff and consultants work very hard on their communications – sharing drafts and testing messages, but communication across so many agencies is challenging. Lots of information is given in meetings, increasing the possibility of different interpretations. Written information is often scanned or overlooked. Hearing these comments will help people pay even closer attention to messages, but it will never be perfect. Routinely encouraging questions may help.

For the last item, the Committee could be asked to develop a Standards course that is available on-line or by disk so that newcomers can obtain the background.

Establishing local value:
For some people at the local level, it is hard to see how the system performance matters to their agency or program. They don't see the findings as having value nor helping them do their jobs better. There is not much motivation to do the work if one can't answer "how does this apply to me?"

The follow up sessions planned for 2005 should help. In addition, some LHJ administrators have used the material with staff and BOHs and could share their

ideas with others. The Standards Committee has described both system-wide benefits and individual LHJ / Program benefits and could be asked to ensure they are emphasized in the course or follow-up sessions.

Some people want program standards. Others do not. The type of standards and measures we have today were based on these conclusions:

- *We need higher level standards that describe what we should do because the range of public health programs available today have very big gaps.*
- *Program measures are needed – but are not sufficient by themselves. Programs may come and go. We need both the framework we have today plus ways to measure specific program effectiveness.*
- *We don't agree on which programs are core or essential. Lack of agreement was demonstrated again while selecting a way to estimate costs to achieve the Standards. Bill also recounted his long time experience in developing program standards – and having them rejected.*