Performance Improvement Tools for State Flex Programs

Andrew F. Coburn, Ph.D.

National Rural Health Association Annual Meeting

May 21, 2005

Flex Monitoring Team
University of Minnesota
University of North Carolina at Chapel Hill
University of Southern Maine

Performance Improvement Context for State Flex Programs

- ORHP's Strategic Planning Outline
  - Objective #9: Monitor and improve effectiveness and efficiency of grantees and contractors associated with the Flex program.
- Vulnerability of rural programs in Federal budget
- Government Performance and Results Act (GPRA)
- Internal evaluation

Goal of the Flex Program Logic Model Project

- Develop tools to:
  - Support strategic planning initiatives
  - Assist in program management
  - Monitor outcomes and evaluate performance
  - Report program performance to key state and federal policy makers

Program Logic Models (PLMs)

- A PLM is a visual representation of how a program will work to solve identified programs within a given context.
- A PLM describes the logical connections between:
  - Goals
  - Objectives
  - Strategies and Activities
  - Outputs
  - Outcomes

Benefits of Using a PLM

- Builds common understanding of the program and expectations for results
- Facilitates program design and improvement
- Identifies elements critical to goal attainment
- Exposes redundant elements, resource bottlenecks, and inconsistent or impractical linkages between program elements
- Identifies key performance measurement points

Washington State: A Case Study in Flex Logic Model Development

- Washington's ***Quality Improvement Network***

Problem Definition

- Existing Quality Improvement Programs are not relevant to the small hospital environment

Assumptions

- A rural appropriate QI program organized through a network of CAHs will demonstrate that CAHs can deliver services of comparable or better quality as urban facilities.
- Strong administrative and clinical leadership is critical to building sustainable networks.
- Quality network will produce value that will assure sustainability over time.

Strategies: Rural Healthcare Quality Network

- Governance and administrative structure, membership, video-conferencing system;
- Clinical QI program that meets Medicare COP;
- Coordinated QI Program status;
- Minimum standards of performance (SOP) for peer review, credentialing, annual performance evaluation; and
- Clinical quality benchmarking system.

Planned Outputs

- Business/strategic plan;
- Policies and procedures for peer review;
- Minimum standards of performance on Medicare COP for peer review, credentialing, annual performance review;
- Quality measurement tools for patient satisfaction, patient safety, and one clinical collaborative.

Initial Outcomes and Measures

- Effective operational structure in place by 08/05
  - Complete operational documentation
  - CAHs received contracted services (9/04-8/05)
  - CAHs commit to participate during 09/05-08/06
- Participants meet standards for Medicare COP
  - Rural appropriate benchmarks are created
  - 90% meet or exceed minimum acceptable SOP

Initial Outcomes and Measures (continued)

- Members adopt common quality measurement tools by 08/05
  - 80% of RHQN members adopt at least 1 common quality measurement tool

Intermediate Outcomes and Measures

- Network increases capacity through 8/06
  - # of participating CAHs increases
  - Larger proportion of RHQN expenditures are self-supporting
  - Focus areas are identified
- Scope of CQIP is expanded by 8/05
  - All peer review discussions are shielded from disclosure.

Intermediate Outcomes and Measures (Cont'd)

- Participants meet standards set for Medicare COP
  - 95% meet or exceed minimum acceptable SOP
- RHQN participants demonstrate higher patient satisfaction scores over time
  - Baselines are established
  - Best practices are identified

Long Term Outcomes

- Sustainable, productive network in place by 8/07
  - All CAHs participate in the RHQN in some capacity by August 2007
  - More than 50% of RHQN expenditures are self-supporting
  - RHQN participates in national quality initiatives
- CQIP covers all facets of RHQN operations.
  - Members express confidence in protection of peer review and QI discussions

Long Term Outcomes (Continued)

- Participants meet standards for Medicare COP
  - 100% meet or exceed minimum acceptable SOP
  - 100% are able to get insurance coverage
  - 100 % meet State Licensure QI standards
- CAHs exhibit appropriate volume and utilization
  - Less than 25% of patients inappropriately by-pass the hospital
  - Improvement is shown on quality measurement tools

Challenges: Dealing With Complexity

- Trying to convey everything in a PLM
  - Develop individual PLMs for core strategies
  - Consolidate activities under core strategies
  - Present only core strategies and key outcome and indicators on overall logic model
- Failure to depict the underlying rationale
  - Problem statements and activities are more easily identified than underlying rationale
  - Clearly identify theory of change

Challenges: Outcomes and Measurement

- Extract outcomes from targeted causes of underlying problem.
- Extract measurable objectives from the identified outcomes
    - For which outcomes are indicators necessary?
    - Can changes in outcomes be expected during the course of the program?

Lessons from Washington PLM

- The logic modeling process requires a careful examination of program strategies, activities, and expectations for results;
- New program design and improvement options become evident;
- Helps priority setting by identifying elements critical to goal attainment;
- Exposes redundant elements, resource bottlenecks, and inconsistent or impractical linkages between program elements; and
- Identifies key performance measurement points