

NATIONAL HEALTHCARE PREPAREDNESS EVALUATION PRESENTATION SUMMARY

Dr. Craig Thomas, PhD
Improving Measures of Performance
Wednesday, July 22, 2009

About The Speaker- Dr. Thomas is a health scientist with the Centers for Disease Control (CDC).

Discussion Topics/Presentation Points:

- I am going to speak today about the work CDC has been doing with our performance preparedness measures.
- I want to focus on some of the lessons we have learned for program improvement and adaptability.
- The CDC public health emergency preparedness program is coordinated through the division of state and local readiness (DSLRL).
- We are asked:
 1. Are we ready?
 2. How can we be better?
 3. How well do we perform?
 4. Are we better prepared?
- Why its important to measure these things:
 1. Accountability is demonstrated when we measure these things so then we can reform.
 2. Program improvement. It is hard to define the public health emergency preparedness program (PHEP) because the definitions keep evolving and changing and the mission keeps expanding.
 3. There is a lack of a strong evidence- base so it is hard to implement it because it is not what we are focused on in public health. It's a practice program, not an implementation program so we are focusing on things that may or may not happen.
 4. It involves a series of networks that span horizontal and vertical and cross-jurisdictional areas so it's hard to know who is in charge?
- The key question is how do we create a system where we have common goals?
- Also, there is varying opinion on what needs to be measured. How do we decide what to measure?
- Past measurement efforts have yielded:
 1. Multiple and disparate measures.
 2. Inconsistent implementation from year- to year.
 3. Incomplete and poor quality data reporting and collecting.
 4. Data with questionable reliability and validity and utility.
- We have taken a very systematic approach to what needs to be measured so that we are reducing the burden on people doing the collecting.
- We were originally 2002 capacity focused (checklist with yes/no questions). Now we are time based in our measurements.
- Data collection is a process with three aspects:
 1. Technical- what to measure and how to measure.
 2. Political- must involve Washington and appropriate buy-in on all levels.
 3. Social-buy-in with our end users in mind.
- Our goals for PHEP:
 1. Develop an evaluation framework to promote program accountability and improvement
 2. Develop a standardized set of measures.
- Our systematic approach involves:
 1. Engage partners and stakeholders.
 2. Describe and define the PHEP.
 3. Apply evaluation tools and methods to identify key points of measurement.

4. Develop measurement plans to include how the data will be collected, managed, analyzed and reported.
 5. Build evaluation capacity for state, territorial and local jurisdictions as well as the CDC.
 6. Ensure use and share lessons learned. It is really critical to work with the end users.
- We developed a PHEP work group that was formed in 2008. It includes experts, Federal partners, national association members, state and local representatives etc. It helps the process get the buy in that we need, but it is labor intensive.
 - We have to develop measurement subgroups to develop and refine existing measures. To define and describe the program is hard, we know that: PHEP is not an end state. It is based on public health agency capabilities to respond to routine and emergency situation.
 - Federal guidance leads to CDC planning, which leads to program implementation, which leads to program assessment and evaluation.
 - There are 10 essential services that are necessary to PHEP and combined with equipment and supplies, workforce development, partnership dev., resource planning and legal preparation make up the PHEP infrastructure.
 - Challenges and questions:
 1. How do we identify those key points of measurement to identify the priority public health capabilities for initial development?
 2. We need to define each capability and use process mapping and other data measurement sources.
 - a. What is worth measuring? What metrics and measurements are common to all?
 - b. What is under the control of public health agency?
 - c. What are common points for HPP and PHEP?
 - d. What is feasible and useful at state and local level?
 - e. What is the core public health?
 - f. What is an appropriate scale?
 - g. What are the potential "choke points"?
 - h. What will affect people downstream?
 - Final Conclusions:
 1. The process map yielded measurements and process measures that can be implemented to better define emergency procedures and how they work in the public health arena.
 2. We are really challenged because a lot of our data are based on self-reporting and it is questionable if there is corruption of the measurements or not.
 - Resources/Recommendations:
 1. Development of measurement plans. Ways around this are: third party audits, data collection templates/tool/forms, quantitative and qualitative reporting, then we can decide how the data will be used, develop preparedness indices and reporting formats (e.g. dashboards), pilot test measures as we go to assure quality.
 2. Build evaluation capacity: Data collection and evaluation guidance and tools, training and technical assistance, support monitoring and evaluation of PHEP operational capabilities.
 3. Performance standards (what is an appropriate level of performance), reporting of progress, performance measurement, and QI process all make up a PERFORMANCE MANAGEMENT SYSTEM.
 - Continued evaluation will yield: greater accountability of funds, consistency in program operations and implementation, improved efficiencies, promising practices, data to secure resource and drive program improvement.