PERFORMANCE MANAGEMENT TOOLKIT FOR STATE ORAL HEALTH PROGRAMS

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Contents

Introduction

The purpose of this toolkit is to provide state oral health programs with an orientation to performance management (PM) as well as resources to further learning and competency related to PM. The toolkit grew out of an identified need among Association of State and Territorial Dental Director (ASTDD) members and requests for information and technical assistance.

How to Use This Toolkit

The toolkit is divided into the following sections: Background, Prerequisites to Creating a Performance Management System, Performance Management Models, Performance Management Elements, and Creating and Supporting a Performance Management System. Each of these sections provides an overview of the topic with links to definitions, guides, questions for reflection, and additional resources. Also, where possible, the toolkit provides examples from state public health agencies, including state oral health programs.

Because there are many high-quality resources available that address PM in a public health context, we chose to provide introductory information on each topic as well as opportunities to explore additional resources. Resource citations and links, if available, can be found at the end of the section.

Information provided in this toolkit complements an April 2017 ASTDD webinar on PM; **Adopting Performance Management Strategies to Improve Oral Health in Your State.** The webinar provides an overview of PM and showcases examples from state oral health programs.

Background

> *"Performance management is the practice of actively using performance data to improve the public's health. This practice involves the strategic use of performance measures and standards to establish performance targets and goals."* (Turning Point, 2003)

Public health programs have been implementing PM strategies and using PM tools for more than 15 years to save lives, reduce costs, and improve results. Health departments that have used these tools and strategies report improvements in efficiency and effectiveness of administrative processes and programs, as well as increased transparency and accountability to administrators and the public.

A PM system can become the engine driving an agency or department; it can drive decision-making, inform resource allocation, and focus priorities. The system should be aligned with strategic plans, needs assessments, and improvement plans. (ASTHO Performance Management

Leadership Guide.) PM practices include the ones identified in the box. When these practices are used together, rather than ad hoc, they become a PM system that can become the engine of the agency's or department's work.

> **PM Practices**
> - Goal setting
> - Financial planning
> - Operational planning
> - Monitoring key performance indicators
>   - Data collection
>   - Consolidation of data
>   - Data analysis
> - Reporting data
> - Quality improvement
> - Evaluating results

Despite considerable foundational work for PM in public health, in 2017 few public health agencies have fully developed PM systems (Chapman and Beitsch, 2017.) This situation has changed little in the past five years. In 2012, 74% of state health agencies had a PM system in place. Only 13% had implemented the system agency-wide (www.ASTHO.org.) Per Centers for Disease Control and Prevention 2013 data, 22% of 76 National Public Health Improvement Initiative grantees (states, tribes, territories, and large cities) had all four components of a PM system and 72% had established at least one of four components. (McLees et al, 2014.) As explained in the Performance Management Models section, the four components of a PM system are performance standards, performance measures, reporting progress, and quality improvement.

Consistent with other industries, most PM systems in public health settings are created at the agency rather than department level. The Public Health Accreditation Board (PHAB) administers the national voluntary accreditation program for health departments. PHAB domains, standards, and measures include a specific standard requiring a PM system at the agency level. Nevertheless, staff in departments or offices within an agency can create PM systems specific to their unit or align PM efforts with the agency system. As of August 2017, 26 states are PHAB accredited, and 13 are in the process of becoming accredited. It is likely that your public health agency has developed some form of a PM system. Therefore, aligning your state oral health office efforts with this system will likely reap the greatest benefit.

For example, the Oregon Health Authority (OHA) Public Health Division, which was accredited in 2016, created an agency-wide PM system to meet PHAB Domain 9. As part of the accreditation process, OHA created a state health improvement plan (SHIP) and operational dashboards for each section. (Note: OHA's Oral Health Program is part of the Maternal and Child Health Section.) The SHIP included oral health priorities with specific measures for improvement. OHA staff use operational dashboards to track progress and identify areas for improvement to meet measures and standards over time and between accreditation cycles. Thus, the oral health program was an integral contributor to the PHAB process. The Connecticut Department of Public Health uses a similar process for the SHIP and PM. More information about OR and CT approaches PM can be found in the Resources section.

If you have not already done so, working with your agency's existing infrastructure for PM may provide your program with resources for training and technical assistance to establish a PM system and align your system with the agency's system and priorities.

Reflection

1. Is your state health agency PHAB accredited or in the process?

2. Does your agency or department have a PM system?
2a. If yes, how does your oral health program align with this system?
2b. If not, what are the first steps to creating a PM system in your program?

Resources

Association of State and Territorial Health Officials *Performance Management Guide* and ASTHO Profile of State Public Health Volume Three, www.astho.org

Chapman, RW. Beitsch LM. Performance management systems: A public health model practice. *Journal of Public Health Management and Practice*. 2017. May/June. 23(3): 311-314.

Healthy Connecticut 2020 Performance Dashboard and State Health Improvement Plan. http://www.ct.gov/dph/cwp/view.asp?a=3130&Q=553676&PM=1.

McLees, AW, Thomas, CW, Nawaz, S, Young, AC, Rider, N, Davis, M. Advances in public health accreditation readiness and quality improvement: Evaluation findings from the National Public Health Improvement Initiative. *Journal of Public Health Management and Practice*. 2014. 20(1): 29-25.

Razzano, J. PHAB accreditation brings some expected and unexpected benefits to Oregon Health Authority's Performance Management Plan. Accreditation Works! http://www.phaboard.org/accreditation-drives-transparency-and-accountability-in-portland-oregon/

Turning Point Performance Management National Excellence Collaborative. *From Silos to Systems: Using Performance Management to Improve Public Health Systems.* 2003. http://www.phf.org/resourcestools/Documents/silossystems.pdf

Pre-Requisites to Creating a Performance Management System

Creating, implementing, or refining a PM system is part of creating a culture of quality. This culture shift will be successful only if there is a leadership commitment to implementing, sustaining, and using the process for organizational decision-making (Davis et al, 2014.) Similar to reorganizing an entire agency, creating, implementing, or refining a PM system requires a change management approach if it is to be successful. The Public Health Foundation website provides resources to facilitate implementing change management in public health agencies.

There are several change management approaches from which to choose. Population Health Improvement Partners (PHIP) has trained hundreds of public health professionals in continuous quality improvement (CQI) (Davis et al, 2016.) PHIP's programs include a continuous quality improvement for leaders program. As part of this program, PHIP has used Kotter's 8-Step Change Model, which guides leaders through a step-by-step process to implement change in their organizations. Other resources for change management can be accessed through the Public Health Foundation, which provides coaching, training, and technical assistance to leaders in change management and creating PM systems.

Foundational Elements of a Quality Culture

Leadership commitment is identified as one of six foundational elements of a quality culture in the National Association of County and City Health Officials' *Roadmap to a Culture of Quality Improvement.* The other elements are QI infrastructure, employee empowerment, customer focus, teamwork and collaboration, and continuous improvement. We suggest you learn about these elements before starting to work with your agency's PM staff or before creating your own PM system. You will then better understand the basis of a quality culture, which in turn, is the basis for a sound PM system.

Reflection
1. Why is change management important to establishing a PM system in your agency or program?
2. What are the foundational elements of a quality culture?

Resources

Davis, MV. Cornett, A. Mahanna, E. See, C. Randolph, G. Advancing quality improvement in public health departments through a statewide training program. *Journal of Public Health Management and Practice*. 2016. 22(2), E21-E27.

Davis, MV, Mahanna, E, Joly, B, Zelek, M, Riley W, Verma, P, Solomon Fisher, J. Creating quality improvement culture in public health agencies. *American Journal of Public Health.* 2014. 104(1):e98-104. Doi:10.2105/AJPH.2013.301413.

Mindtools. Kotter's 8-Step Change Model.
https://www.mindtools.com/pages/article/newPPM_82.htm

National Association of County and City Health Officials. *Roadmap to a Culture of Quality Improvement.* www.qiroadmap.org.

Population Health Improvement Partners
www.improvepartners.org

Public Health Foundation
www.phf.org

Performance Management Models

Performance management provides a structured approach to ensuring that an organization meets specific standards to achieve its goals. You may be familiar with the Balanced Scorecard or Baldrige Criteria for Organizational Performance Excellence. Both models have been used extensively in industry and healthcare. Several states have adopted the Baldrige criteria or adapted it to fit their local needs. In some states, the Baldrige criteria are used throughout all state agencies.

Another model, the Public Health Performance Management Framework, has been adopted by many public health organizations as the framework to guide agency PM efforts. Originally created by the Turning Point Performance Management National Excellence Collaborative in 2003, in 2013 the framework was updated to include visible leadership, transparency, culture of quality, and customer focus to the existing components: performance standards, performance measures, reporting progress, and quality improvement. The ASTDD PM webinar *Adopting Performance Strategies to Improve Oral Health in Your State* provides a complete overview of this framework and examples of oral health programs implementing the framework. Additional examples of state health departments implementing this framework can be found on the Public Health Foundation's website performance management page.

Before implementing the framework, visible leadership must be in place. Visible leadership is a public display of the leadership commitment discussed in the Pre-Requisites section. Leadership commitment includes leaders engaging in the process, aligning resources and plans with organizational priorities, and tracking and incentivizing progress. This commitment establishes quality and performance as priorities in the organization, which in turn makes these a priority for managers and workers at all levels. Through senior management commitment to a culture of quality, improvements in practices and organizational approaches are possible and sustainable.

In addition to the examples of leadership provided in the ASTDD PM webinar, the San Francisco Department of Health, under the director of the population health division, created a strategic plan for oral health for the city and county of San Francisco. This plan set the oral health vision and performance targets for 2014-17 to guide the efforts of partners to improve oral health throughout the region. Sponsorship at the director level demonstrates visible leadership through the importance of oral health as a priority for the health department.

Assessing Readiness for Performance Management

Prior to implementing a PM system, we suggest you examine readiness for adoption and implementation of PM including determining whether there is a culture of quality among staff. This will help you understand gaps between what exists today and the vision for your PM system. Results from this assessment will help you identify needed resources for training and planning to create the system.

Several resources can be used to assess readiness for PM and QI in your agency or office, such as the Public Health Foundation's *Public Health Performance Management Self-Assessment Toolkit.* An additional resource for assessing the culture of quality in an organization is the National Association of County and City Health Officials' *Roadmap to a Culture of Quality Improvement.*

Performance Management Components: Examples from the Field

A PM system has four major components: performance standards, performance measures, reporting of progress, and QI. In this section, we provide examples for each of the components from a state public health agency perspective, with a particular focus on oral health. The webinar *Adopting Performance Management Strategies to Improve Oral Health in Your State* provides an example from New York Department of Health for implementing all components of a PM system.

Performance Standards

Performance standards are high-level goals or benchmarks often set by national, state, or scientific organizations or other methods. Within the field of public health, several organizations have established performance standards. For example, the Public Health Accreditation Board domains set standards for accreditation of state, local, and tribal public health agencies. Many public health agencies use these standards and the associated measures to set performance goals.

Healthy People 2020 includes the goal (similar to a standard) of preventing and controlling oral and craniofacial diseases, conditions, and injuries, and improving access to preventive services and oral health care. To achieve this goal, *Healthy People* includes 17 objectives or measures, including OH-1, "Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth." Several states, such as Michigan, have used *Healthy People 2020* to guide the development of statewide oral health plans.

Performance Measures

Performance measurement includes establishing indicators and defining measures for performance standards as well as developing data systems and collecting data. The most useful performance measures will include information related to improving the standard such as the baseline performance, how the target is set, the data source, and the timeframe for measurement. This specificity adds clarity and transparency to PM so everyone can understand how successful performance is being measured. Using the *Healthy People 2020* example, the following are measures with added specificity.

HP 2020 OH-1.1: Reduce the proportion of children aged 3-5 years with dental caries experience in their primary teeth.
- Baseline 33%
- Target: 30%
- Target Setting Method: 10% Improvement
- Data Sources National Health and Nutrition Survey, CDC/NCHS
- Timeframe: Every 3 years (example)

OH-13 Population served by community water systems with optimally fluoridated water.
- Baseline 72% (2008)
- Target: 79.6%%
- Target Setting Method: n/a
- Data Sources Water Fluoridation Reporting System CDC/NCCDPHP
- Timeframe: Every 2 years

Using criteria to establish indicators or define measures can facilitate system implementation and make performance targets and improvements transparent to the public. New Hampshire, for example, used the following criteria to select measures for its public health PM system: 1) the

data should be available for several years to show trends; 2) the collected data should be reliable and valid; 3) measures should reflect new and growing initiatives; and 4) measures should accurately demonstrate program effectiveness.

We suggest you consider establishing criteria for measures such as New Hampshire's. The last criterion, accurately demonstrating program effectiveness, is particularly important to ensure that appropriate measures are chosen to demonstrate that a standard has been achieved. Consider *Healthy People 2020* objective OH-8, "Increase the proportion of low-income children who received any preventive dental service during the past year." This measure is more specific than a related measure, "the number of children who have visited a dentist in the past year." Although children may have visited a dentist, the latter measure would not indicate whether the children actually received preventive services.

In addition to *Healthy People 2020,* the Health Resources and Services Administration has established national performance measures for the Title V MCH Services Block Grant Program, including two for oral health:

NPM 13A: The percentage of women who had a dental visit during pregnancy.
NPM 13B: The percentage of children and adolescents, ages 1–17, who had a preventive dental visit in the last year

For a more comprehensive listing of oral health measures at the national level, see the National Maternal and Child Oral Health Policy Center's *Trend Notes*, May 2012 or Dental Quality Alliance Program Level Dental Quality Measures: Medicaid and Dental Plan Assessments.

Reporting Progress

The focus of the fourth component, reporting progress, is to analyze and interpret data. A robust reporting system makes comparisons between current performance and established measures, shows where gaps in performance may exist, and facilitates identifying areas for improvement. Creating a robust reporting system depends on the purpose of the PM system and intended users of performance data. Data collected for monitoring and reporting also may be useful for surveillance and evaluation efforts.

Several state agencies use scorecards or dashboards for their reporting systems. Vermont's reporting system includes oral health standards and measures as well as actual and target values and trend directions. This approach facilitates quick reviews of performance to identify areas for improvement. For example, data from the Vermont scorecard led to the following efforts:
- Recognizing the low number of oral health professionals who are referring patients to 802QUITS, the program manager worked with the Tobacco Control Program to promote a tobacco-cessation training for oral health professionals in Vermont.

- Recognizing that the data submitted by one of the public health dental hygienists showed a decrease in visits for children and pregnant women enrolled in WIC, Vermont uncovered and addressed a scheduling issue that was resulting in missed opportunities.
- Recognizing the increase in the number of children with diverse backgrounds who were accessing oral health care through its Tooth Tutor program, Vermont reinforced its commitment to providing cultural competency training for Tooth Tutor dental hygienists.

More on how Vermont has used reporting for planning and evaluation can be found in the ASTDD Turning Data into Action webinar series.

Other states, including New Hampshire, Arizona, Minnesota, and Colorado have used infographics, a brief visual report, to publicly share progress on key oral health measures. The experience of these states is available in the ASTDD Turning Data into Action webinar series.

Performance monitoring and reporting can occur at the state, county, city, zip code, or even census tract level. Reporting at these various levels can reveal health disparities between communities and improve how resources are targeted. For example, the San Francisco Health Improvement Partnership strategic plan includes three-year indicators (performance measures) that are regularly monitored as part of the community health needs assessment. These indicators include measures of the number of kindergarteners who have experienced caries. In addition to monitoring this measure at a city level, the partnership examined the caries experience of kindergartners from families of different ethnicities, income levels, and zip codes. As a result of this type of monitoring, the partnership identified communities where less than 15% of children in kindergarten had experienced caries and communities where more than 50% experienced caries.

Quality Improvement

QI is the continuous use of defined processes to achieve measurable improvements in efficiency, effectiveness, and outcomes to achieve equity and improve community health (Riley et al, 2010.) In general, public health agencies have been more likely to implement ad hoc QI projects than to incorporate QI into a PM system. (Beitsch and Chapman, 2017.) When QI is implemented as part of a PM system it is more likely to address issues that will lead to improvements on relevant measures and standards and improve population health. Furthermore, a comprehensive approach provides a focus for limited resources (Beitsch and Chapman, 2017.)

Through QI processes, leaders, managers, and front-line staff test out small changes in practices and processes to make improvements in reported measures. For example, the San Francisco Health Improvement Partnership used QI approaches to decrease the caries rate among children in zip codes where there was a 50% or higher rate of caries.

Defined processes guide systematic implementation of QI efforts. Public health agencies have adapted several QI processes created in industry and healthcare settings for use in population health settings, including the Plan-Do-Study-Act cycle and Lean-Kaizen. *Embracing Quality in*

Public Health: A Practitioner's Quality Improvement Guidebook provides a comprehensive discussion of QI fundamentals and the Plan-Do-Study-Act cycle. For more information on the Lean process, see the Public Health Foundation's *Putting Lean to Work in Your Organization.*

Numerous tools, checklists, trainings, and other resources have been developed to plan and implement QI efforts in public health settings, including the Public Health Foundation's *Driver Diagram to Increase Use of Oral Health Care.* For more background on the adoption of QI in public health, see the 2010 special issue (volume 16, issue 1) of *the Journal of Public Health Management and Practice.*

Additional QI resources and examples specific to oral health include the following.

- Maryland's Perinatal and Infant Oral Health Quality Improvement project featured in the ASTDD webinar *Adopting Performance Management Strategies to Improve Oral Health in Your State.*
- California state oral health program monitors the QI efforts of Federally Qualified Health Centers and community-based organizations that it funds through the Perinatal and Infant Oral Health Quality Improvement project. For more information about how this monitoring occurs, review the California Department of Public Health's *Perinatal and Infant Oral Health Community of Practice Quality Improvement Toolkit.*
- Mathematica Policy Research. *Improving Oral Health Care Delivery in Medicaid and CHIP: A Toolkit for States.* 2014.
- ASTDD Turning Data into Action webinars.

Reflection

1. What needs to be in place before creating a PM system?
2. What is the most common model for a PM system in public health?
3. What are the components of a PM system?
4. How could you use the components of a PM system in your program?

Resources

ASTDD. Turning Data into Action webinar series. www.astdd.org.

Balanced Scorecard Institute. Balanced Scorecard Basics.
http://www.balancedscorecard.org/BSC-Basics/About-the-Balanced-Scorecard.

Beitsch, LM. Yeager, VA. Moran J. Deciphering the imperative. Translating public health quality improvement into organizational performance management gains. *Annual Review of Public Health.* 2015. (36):273-87. http://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-031914-122810.

California Department of Public Health. Perinatal and Infant Oral Health Community of Practice. *Quality Improvement Toolkit.* Version 3. April 10, 2017.
https://www.mchoralhealth.org/projects/piohqi.php.

Chazin S, Maul A, Center for Health Care Strategies. *Moving from Goal to Impact: A Quality Improvement Approach to Advancing Children's Oral Health in Medicaid.* 2015.
http://www.chcs.org/media/OHIISSBrfGoaltoImpact.pdf

Dental Quality Alliance. Program Level Dental Quality Measures: Medicaid and Dental Plan Assessments.
http://www.ada.org/en/science-research/dental-quality-alliance/about-dqa

Empire State Public Health Training Center, Performance Management Training Series.
http://www.phtc-online.org/catalog/pm-series/.

Michigan Oral Health Coalition and Michigan Department of Health and Human Services.
Michigan State Oral Health Plan 2020.
http://www.michigan.gov/documents/mdhhs/2020_MichiganStateOralHealthPlan_FINAL_511929_7.pdf

National Association of County and City Health Officials. *Roadmap to a Culture of Quality Improvement*. www.qiroadmap.org.

National Institute of Standards and Technology. Baldrige Performance Excellence Program.
https://www.nist.gov/baldrige.
Office of Disease Prevention and Health Promotion. Healthy People 2020 Oral Health.
https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health

Public Health Accreditation Board. *Guide to Public Health Department Accreditation.*
http://www.phaboard.org/accreditation-process/guide-to-national-public-health-accreditation/

Public Health Foundation. *Putting Lean to Work in Your Organization.*
http://www.phf.org/consulting/Pages/Putting_Lean_to_Work_in_Your_Organization.aspx

National Maternal and Child Oral Health Policy Center. Quality improvement in children's oral health: Moving from volume to value. *Trend Notes*. 2012. http://nmcohpc.net/2012/trendnotes-2012.

Riley WJ. Moran JW. Corso LC. Beitsch LM. Bialek R. Cofsky, A. Defining quality improvement in public health. *Journal of Public Health Practice and Management.* 2010. 16(1): 5-7.

San Francisco Health Improvement Partnership. *Community Health Needs Assessment Appendices 2016.* http://www.sfhip.org/content/sites/sanfrancisco/2016_SF_CHNA.pdf

San Francisco Health Improvement Partnership. *San Francisco Children's Oral Health Strategic Plan 2014-2017.* 2014.
http://www.sfhip.org/index.php?module=Tiles&controller=index&action=display&alias=COH.

Tews DS, Heany J, Jones J, VanDerMoere R, Madamala K. *Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook.* 2013.
https://www.mphi.org/publications/embracing-quality-in-public-health-a-practitioners-guidebook-to-quality-improvement/.

Vermont Department of Health. *How Are We Doing? Performance Scorecards—Oral Health Scorecard.*
http://www.healthvermont.gov/scorecard-oral-health

Creating and Supporting a Performance Management System

As discussed in the Introduction section, oral health program staff interested in implementing PM practices should consider first aligning with existing agency PM and quality efforts if they do not already do so. Aligning program efforts to implement PM practices with agency efforts and plans to do the same will make the agency program efforts more efficient and likely to be supported at all agency levels. This section describes additional considerations for aligning with state agency efforts.

In states with an existing PM infrastructure, oral health program staff have opportunities to contribute to the state PM system. For example, oral health directors and managers can play significant roles in demonstrating visible leadership for performance and quality and supporting an organizational culture of quality both within the program and throughout the agency. Oral health program staff may wish to participate in the agency's quality council or other agency-wide work group that sets policy and reviews quality and PM efforts. Staff should consider proactively identifying appropriate standards and measures for oral health as part of the agency PM system, provide input on how these measures should be monitored and reported, and identify and implement QI efforts to improve performance on selected measures. To facilitate this work, oral health program staff should have appropriate training in the basics of PM. In some cases, staff position descriptions could include PM responsibilities.

If your state agency does not have a PM system, we suggest you begin efforts in your program by establishing the prerequisites for creating a PM system and assessing your office's readiness to implement PM. These are critical first steps to establishing a culture of quality. In addition, you may wish to reach out to agency colleagues and discuss how this culture can be created agency-wide.

Reflection

1. If your state already has a PM system, how can the oral health program staff contribute to it?
2. If your state does not have a PM system, what are the first steps to establishing such a system in your program and agency?

Acknowledgements