Performance Management in Maternal and Child Health

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"Improving Health System Performance and Health Outcomes" Conference
April 15, 2004
Federal / State Partnership

- Federal government selected 18 performance and 6 outcome measures
- States set targets, collect data and report annually
- States select at least 7 more performance measures
The State’s Role

- Needs assessment, resource allocation and program management
- Use state and federal funds to address problems
- Work with local service providers
- Provide training and quality assurance
The Local Provider’s Role

• Deliver services
• Collect and report data
• Their success is our success!
Implementation

- Select measures
- Set targets
- Data collection capacity
- Reporting mechanism

- Quality Assurance, Training & Technical Assistance
- Performance Contracting
- Support from local providers
Selecting Measures

• A limited number
• Broad agreement about importance
• Ability to collect, analyze and report data
• Reliable, valid method of measurement
• Started with, but not limited to, those set by federal government
For Example

- 1st trimester initiation of prenatal care
- Initiation of breastfeeding
- Fewer uninsured children
- Fully-immunized 2-year-olds
- Preventive health care for children
Setting Targets

• Relative vs. Absolute Targets
• Allowing for System Complexity
Relative vs. Absolute Targets

- **Absolute**
  - Recognized Best Practice (HP 2010)
  - States an ideal

- **Relative**
  - Easy to do and understand
  - Recognizes incremental improvement
HP2010 Goals

- 1st Trimester Prenatal Care: 90%
- Initiation of breast feeding: 75%
- Fully Immunized 2-year-olds: 90%
Relative vs. Absolute Standards: Immunizations

Which Approach Should We Use?
Allowing for Complexity

Urban vs. Rural

Performance Measure

Percent

Insurance
Immunization
1st Trim. MCH

Urban
Rural

0%  20%  40%  60%  80%  100%
Data Collection Capacity

- Vital Records
- Health Care Expenditures
- Service Delivery
- Ability to Link Records
Reporting Capacity

• Frequency
• Visual Impact
  – Maps
  – “Ranking Reports”
  – Frequency Distributions
• Compare regions or providers
# Ranking Immunization Performance

For June 2003 Downstate Ranking Report
WIC Agency Immunizations
For Children Born 7/1/00 - 7/1/02 (4-3-3-1)

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>PCT.</th>
<th>RANK</th>
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<tbody>
<tr>
<td>KANKAKEE CHD</td>
<td>90.8</td>
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<tr>
<td>TAZEWELL CHD</td>
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<td>DUPAGE CHD</td>
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<td>LASALLE CHD</td>
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<tr>
<td>ST CLAIR CHD</td>
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Large Agency Average % 72.46  
First Standard Deviation: 13.19  
Second Standard Deviation: 26.38

From Report HSPR1307 dated 7/16/03  
(90% Required for a Rank of "1")
Ranking on Several Variables

• Rank service providers on several variables
• Sum or average ranks on each variable for composite ranking
Quality Assurance, Training and Technical Assistance

• Staff Capacity
• Performance Data and Record Reviews
• Regular meetings with providers to improve staff performance
Gaining and Maintaining Support

• Internal
  – with program management and quality assurance staff

• External
  – In the planning stages
  – Regularly to identify and resolve problems
Results
Progress of Entry into MCH Services by the First Trimester of Pregnancy

Source: CDC Pregnancy Nutrition Surveillance System, Illinois
Progress of Illinois Breastfeeding Initiation Rates at Hospital Discharge

Source: Cornerstone Summary Report, IDHS
Illinois' MCH Immunization Campaign

- 3:2:2 Series < Age 2
- 4:3:3:1 Series < Age 3

Month and Year

Percent Fully Immunized

Sep-01  Dec-01  Mar-02  Jun-02  Sep-02  Dec-02  Mar-03  Jun-03  Sep-03  Dec-03
MCH Program Participants with At Least 3 Preventive Health Visits by Age 1

Month and Year

Percent

Preventive Health Visits
Outcome Objectives

• Very Low Birth Weight
• Infant Mortality
All Births - Very Low Birth Weight 1997-2001

Year

Percent of Live Births


Total Medicaid

Statewide
Lessons Learned

• Measurement leads to improvement
• Competition is healthy
• Shifts focus to results & outcomes
• Shifts attention to data accuracy
• Requires a sophisticated MIS
• Supplement with QA activities
• Resistance can be overcome
Recommendations

• Set national vision and establish goals
• Keep it simple
• Translation to the community level is the key

• Give states flexibility
  – Setting Targets
  – Allocating Resources

• Invest in infrastructure
  – Data
  – Quality Assurance
Contact Information

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