Public Health Department Accreditation, Performance and Quality Improvement, and NPHII: Connecting to Improve Public Health

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Mark Durand, Pacific Island Health Officers Association
Pacific Global Health Conference
October 9, 2012
Session Objectives

- Discuss public health department accreditation
- Describe PHAB’s accreditation process
- Provide an update on the accreditation status
- Discuss accreditation resources available to health departments
- Discuss real-world examples of accreditation, quality/performance improvement, and NPHII connections
Public Health Department Accreditation

Kaye Bender, PhD, RN, FAAN, President and CEO
Public Health Accreditation Board
2012 Pacific Global Health Conference
Honolulu, HI
October 9, 2012
What is Public Health Accreditation?

- The measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards.

- The issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity.

- The continual development, revision, and distribution of public health standards.
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>2003</td>
<td>Institute of Medicine (IOM) report calls for an examination of public health accreditation</td>
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<tr>
<td>2004</td>
<td>CDC identifies accreditation as a key strategy for strengthening public health infrastructure</td>
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<tr>
<td>2005</td>
<td>Exploring Accreditation Project (EAP) develops a model of national accreditation</td>
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<tr>
<td>2006</td>
<td>ASTHO, APHA, NACCHO, and NALBOH become BOI</td>
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<td>2007</td>
<td>PHAB is incorporated in May</td>
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<tr>
<td>2008</td>
<td>Workgroups and committee begin development</td>
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<tr>
<td>2009-2010</td>
<td>PHAB conducts beta test</td>
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<tr>
<td>2011</td>
<td>PHAB launches in September</td>
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The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of state, local, tribal and territorial public health departments.
Public Health Agency Accreditation System Implementation

Inputs

PHAB Resources:
- Organizational structure
- Board, committees and work groups
- Staffing and expertise
- Information system
- Standards, measures and guidance
- Assessment process
- Site visitors

External Resources:
- Funders and partner organizations
- Funding
- Incentives
- Technical Assistance

Public Health Agencies:
- Interest, buy-in and commitment to seek accreditation
- Appropriate stability, resources and level of readiness to apply
- Previous quality improvement and assessment experience

Strategies

PHAB Strategies:
- Market program
- Implement program
  - Train agencies
  - Review application and documentation
  - Conduct Site visit
  - Determine accreditation status
  - Write and share report
- Develop database
- Evaluate program and improve quality
- Promote research

Stakeholder and Partner Strategies:
- Promote national accreditation
- Encourage agencies to seek accreditation
- Support agencies through TA before, during and after process

Public Health Agency Strategies:
- Participate in training and TA opportunities
- Submit application
- Conduct self-assessment
- Host site visit
- Review findings
- Share results
- Develop and implement improvement plan
- Implement QI
- Participate in reaccreditation process

Outputs

PHAB:
- Accreditation program: marketed, implemented, evaluated and improved
- Database developed

Stakeholders and Partners:
- Promotion and support efforts provided
- Research conducted

Public Health Agencies:
- Agencies are accredited
- Report/results received and acted on
- QI efforts are in place
- Plans for reaccreditation underway

Short-Term Outcomes

Increased organizational accountability

Intermediate Outcomes

Improved identification and use of best practices
Increased consistency in practice
Improved quality of services
Increased inter-agency and inter-sectoral collaboration
Increased visibility of public health agencies

Long-Term Outcomes

PH agencies more effectively and efficiently use resources
Strengthened organizational capacity and workforce
Improved responsiveness to community priorities

Increased science base for public health
Increased support for accreditation
Increased ability to communicate work and results
Increased use of benchmarks for evaluating performance

Increased conditions in which people can be healthy
Increased public investment in public health
Increased public recognition of public health role and value

Legend

Accrediting Agency
Individual Public Health Agencies
Stakeholders and Partners
Public Health Field
The PHAB Accreditation Process
Seven Steps

1. Pre-application
   Applicant prepares and assesses readiness, informs PHAB of its intent to apply (SOI)

2. Application
   Applicant submits application and pre-requisites and receives training

3. Documentation
   Selection and Submission
   Applicant gathers and submits documentation

4. Site Visit
   Documentation review, site visit and site visit report

5. Accreditation Decisions
   PHAB Accreditation Committee determines accreditation status:
   Accredited (5 years) or Not Accredited

6. Reports
   Annual progress reports

7. Reaccreditation
Three Prerequisites

- Community Health Assessment
- Community Health Improvement Plan
- Health Department Strategic Plan

- Submitted with the application for accreditation
- Criteria included in Standards Domains 1 and 5
Health Department Role

- Appoint an Accreditation Coordinator
- Establish an Accreditation Team
- Select the best documentation for each of PHAB’s measures and requirements for documentation
- Outreach and involve staff department-wide and partners, especially their governing entity
PHAB’s Electronic Information System

Multiple users, different views

- Tracks transactions in process
- HD SOI and applications
- Health departments upload documentation
- Site visitors review documentation
- Site visitors develop Site Visit Report
- Accreditation Committee reviews SVR
- Accreditation Committee records decision
Standards and Measures Version 1.0
PHAB 12 Domains
Based on Core Functions of Public Health & Ten Essential Public Health Services
Twelve Domains

1. Conduct *assessments* focused on population health status and health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws and regulations
7. Promote strategies to improve access to healthcare services
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
11. Maintain administrative and management capacity
12. Build a strong and effective relationship with governing entity
**Standard 2.1: Conduct timely investigations of health problems and environmental public health hazards.**

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<tr>
<th>Measure</th>
<th>Purpose</th>
<th>Significance</th>
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| **2.1.5 A**  
Monitor timely reporting of notifiable/reportable diseases, lab test results, and investigation results | The purpose of this measure is to assess the health department's assurance of timely reporting of notifiable/reportable diseases, laboratory test results, and investigation results. | A component of conducting timely investigations is the reporting of notifiable/reportable diseases, laboratory testing, and investigation of results as appropriate and required by law. When reporting is timely, all partners can work together to stop the spread of disease. |

**Required Documentation**  
1. Current tracking log or audit of reports of disease reporting, laboratory tests reports, and/or investigations with actual timelines noted  
2. Copy of applicable laws

**Guidance**  
1. The health department must provide a tracking log on reporting, including lab test results and investigation results. The department can choose between a log and a report. The log would be used to track various elements of an investigation. Note: If a log is provided, it must include timelines.  
2. The department must provide a copy of laws relating to the reporting of notifiable/reportable diseases. This can be a hard copy or a link to an electronic version. This can include a posting on a website or a department intranet, or a link to another website.  
   State health departments can include laws for local health departments to report to the state, as well as for states reporting to CDC.
Technical Assistance and Support
Accreditation Support Materials
Current Status
September 6, 2012
Public Health Accreditation Board (PHAB)
Distribution of Health Departments:
- 84 Local
- 12 State
- 1 Tribal

Key
- States with health departments in e-PHAB

Applicant Names Are Kept Confidential
Accreditation Process Underway

• 85 site visitors trained and ready to go

• ≥ 1/3 of health departments in the system have been trained and are uploading documents or preparing for next steps

• Accreditation Committee has met and updated their policies for operations

• First reviews have begun
Continued Development

• Program Linkages (MCH, EP, CD) Think Tanks in 2012-2013

• New/Stronger Content Areas (Informatics, Communications) Think Tanks in 2012-2013

• Territorial Think Tank -2012-2013

• New Overall Process for Keeping Standards Updated and for New Cycles
But, don’t just take it from me. Hear what others are saying….just about preparing for accreditation. http://www.phaboard.org/education-center/phab-webcasts/
NPHII and PHAB has done a lot of work together so that what a health department does for NPHII will usually work for PHAB!
Tribal Public Health Accreditation

Rachel Ford, MPH
Public Health Improvement Manager
Northwest Portland Area Indian Health Board

2012 Pacific Global Health Conference
October 9, 2012
Northwest Portland Area Indian Health Board:
Public Health Improvement Program

- **Funding:** Centers for Disease Control and Prevention: National Public Health Improvement Initiative grant.
- **Goal:** Facilitating access to Quality Improvement (QI) education and training, promoting a “QI Culture,” and linking QI with Public Health Accreditation.
- **Population:** 43 federally recognized Tribes of Idaho, Oregon and Washington.
  - Technical Assistance and Education available to all 43 Tribes, but focus primarily on 5 Tribes.
Public Health Improvement Survey: Logistics

- Survey emailed to Tribal Health Directors:
  - Administered through Survey Monkey.
  - Multiple choice and short answer questions.
  - Assessed existing public health infrastructure.
  - 14 complete and 6 incomplete surveys.
Public Health Improvement Survey: Tribal Response Rate by State

IDAHO

OREGON

WASHINGTON

Complete  Incomplete  No Response  (n=20)
Public Health Improvement Survey: Public Health Accreditation

Intention to Seek Accreditation

- YES 13%
- NO 25%
- REQUIRE MORE INFORMATION 62%

(n=16)
Public Health Improvement Survey: Public Health Accreditation Prerequisite

Conducted a Community Health Assessment (CHA)

- Within Last 5 Years: 26.7%
- 5+ Years Ago: 33.3%
- Other: 26.7%
- Not Conducted: 13.3%

(n=15)
Public Health Improvement Survey: Public Health Accreditation Prerequisite

Conducted a Community Health Improvement Plan (CHIP)

- Within Last 5 Years: 26.7%
- 5+ Years Ago: 0%
- Other: 26.7%
- Not Conducted: 53.3%

(n=15)
Public Health Improvement Survey: Public Health Accreditation Prerequisite

Completed an Agency/Clinic Strategic Plan

- YES 62.5%
- NO 31.3%
- OTHER 6.2%

(n=16)
Public Health Improvement Survey: How can Board and EpiCenter Assist with Accreditation?

- 90% said:
  - Training or technical assistance.
  - Community Health Assessment (CHA).
  - Strategic planning.
- 80% said:
  - Community Health Improvement Plan (CHIP).
- 70% said:
  - Quality improvement for public health programs and services.
  - Public Health Accreditation information.

(n=10)
Public Health Improvement Trainings

Year 1:
- Trainings were offered to the Tribes primarily through the WA State DOH Public Health Performance Management Centers for Excellence training series.

Year 2:
- Public Health Accreditation training series was developed by the NPAIHB Public Health Improvement Program in collaboration with Red Star Innovations.
Tribal Public Health Accreditation: Training Series

1) Tribal Public Health Accreditation 101
2) Tribal Public Health Accreditation Readiness & Self-Assessment
3) Tribal Public Health Accreditation Prerequisites
Tribal Public Health Accreditation 101 Training

- Half-day training on the *NEW* National Voluntary Public Health Accreditation and what it means for Tribes.
- Tribal Public Health Accreditation – what it is and why bother!
- Learn about the accreditation process, prerequisites to apply, cost, as well as potential benefits and opportunities.
Tribal Public Health Accreditation Readiness & Self-Assessment Training

- One and a half day training focused on:
  - Public Health Accreditation process and the 3 prerequisites.
  - PHAB Domains, Standards and Measures.
  - Identifying strategies for accreditation preparation.
  - Learning how to use the Accreditation Readiness Self-Assessment Tool.

- Emphasis on bringing together teams of 3-4 representatives from each Tribal Health Department.
Tribal Public Health Accreditation Prerequisites Training

- One day training focused on the elements, scope, process, and outcomes of the 3 Public Health Accreditation prerequisites:
  - Community Health Assessment.
  - Community Health Improvement Plan.
  - Department Strategic Plan.

- Emphasis on bringing teams together to begin understanding how to complete the prerequisites.
Public Health Improvement: Commitment from Tribes

- 24/43 Tribes or 56% participated in training series.
- Tribes are working towards completing or have completed prerequisites.
- Tribes are completing QI projects.
- Many Tribal leaders support Public Health Accreditation.
Public Health Improvement: Challenges for Tribes

- Lack of available FTE.
- Lack of funding.
- Lack of engagement by leadership.
- Conflicting priorities.
- Maintaining momentum.
- Building partnerships.
Public Health Improvement:
Support for Tribes & NPAIHB Program

- Accreditation and QI in bite-sized pieces.
- Share accreditation and QI info at Tribal, State, and National meetings.
- Invite partners to attend Tribal meetings to further build relationships.
- Partners offering:
  - Technical assistance.
  - Training.
  - Coaching.
  - Collaboration.
Public Health Improvement: Food for Thought

- It is a process with many small steps.
- It may require a cultural shift.
- It will require strong leadership.
- It will require partnerships and collaboration.
Public Health Improvement Program: Contact Information

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Public Health Accreditation and the USAPI

A Mark Durand
Performance and Health Information Systems Initiatives Coordinator
Pacific Islands health Officers Association
USAPI Per Capita Total Expenditure on Health, 2007
(in Purchasing Power Parity (PPP) terms, International $

<table>
<thead>
<tr>
<th>Country</th>
<th>Expenditure</th>
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<tbody>
<tr>
<td>Am Samoa</td>
<td>$500</td>
</tr>
<tr>
<td>CNMI</td>
<td>$519</td>
</tr>
<tr>
<td>Guam</td>
<td>$1,032</td>
</tr>
<tr>
<td>Palau</td>
<td>$773</td>
</tr>
<tr>
<td>RMI</td>
<td>$357</td>
</tr>
<tr>
<td>Chuuk</td>
<td>$140</td>
</tr>
<tr>
<td>Kosrae</td>
<td>$440</td>
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<tr>
<td>Pohnpei</td>
<td>$380</td>
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<tr>
<td>Yap</td>
<td>$260</td>
</tr>
<tr>
<td>FSM</td>
<td>$373</td>
</tr>
<tr>
<td>WPRO</td>
<td>$531</td>
</tr>
<tr>
<td>USA</td>
<td>$7,285</td>
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WHO World Health Statistics 2010- Stats assembled by Neal Palafox
“Declaring a Regional State of Health Emergency to the Epidemic of Non-Communicable Diseases in the United States-Affiliated Pacific Islands”
PIHOA Resolution 48-01
April, 2006

Pacific Islands Health Officers Association
Board Resolution #43-6

“Supporting the redefinition of the PIHOA priority area for licensure to include Quality Assurance and Improvement.”

WHEREAS, whereas, the setting of quality standards for health services is a core function of PIHOA members.
WHEREAS. PIHOA is already engaged in the improvement of regional standards related to health professions licensure and health worker training.
WHEREAS, high standards for organizations which deliver health care are also needed to assure delivery of quality services to our people.
WHEREAS, Quality Assurance and Improvement systems are vital for improving standards of health organizations at the local level.
WHEREAS, accreditation systems at the national or regional level reinforce local Quality Assurance and Improvement programs.
NOW, THEREFORE BE IT RESOLVED, that PIHOA will expand its priority area for professional licensing to encompass the development of systems for raising standards, including those related to health professions licensure, local Quality Assurance and Improvement programs, and national or regional accreditation initiatives.
BE IT FURTHER RESOLVED: that PIHOA will seek resources to help each jurisdiction develop an appropriate system of Quality Assurance and Improvement, such as that currently in development in Yap State, FSM and presented during the 43rd PIHOA Meeting.

“Supporting the redefinition of the PIHOA priority area for licensure to include Quality Assurance and Improvement”
QA/QI- Program Development by Site- 2006

Key:
0 = No activity yet
1 = Preliminary plan
2 = Some progress
3 = Program components installed
4 = Program running
QA/QI- Program Development by Site- 2012

Key:
0 = No activity yet
1 = Preliminary plan
2 = Some progress
3 = Program components installed
4 = Program running
Regional Developments: 2012

• Increasing recognition of importance of establishing appropriate, consensus, regional standards-
Regional Health Priorities

Figure 1: NCD platform for practicalizing PIHOA’s regional health priorities
Biggest PIHOA Relational Issue

Fostering a clear, unified Pacific voice (our mission)

• How to approach development of health systems in Pacific jurisdictions?

• What should regional initiatives that filter down to jurisdiction level look like?

Managing Regionalism

(Next 4 slides from Michael Epp)
Regionalism is a fact, not an option. Funding sources (US Agencies, etc...) treat the USAPI as a region when making funding decisions, designing programs, setting priorities.

Many, many decisions are made, before resources ever get to our countries. These decisions can have a profound impact, and not always positive -- for example . . .
No Man’s Land

Convening meetings
Setting the agenda
Facilitating and interpreting
Deciding who speaks
Defining what is “participation” and “consensus”
Assessing needs
Allocating resources
Developing policy; identifying values
Hiring staff for regional efforts
Developing regional strategies and work plans
What’s at stake?

• Fragmented, duplicative data systems
• Unresponsive, culturally-inappropriate RFP/granting programs
• Poorly designed technical assistance & parachute consultants
• Unreasonable data collection and reporting requirements
• Fragmented public health programs that are organized to meet the needs of donors and fiscal professionals rather than communities
• Imposed priorities; non-Pacific values
Approaches to Building Capacity

Functional Infrastructure

Regional Health Priorities

Figure 1: NCD platform for practicing PINO's region's health priorities
What works:

- Sovereignty as Health
- Communities of Practice
- Coaching
- Fostering In-Region Expertise
- Mobilization Templates
- “Socialization”
- Building “Customized” Strategic Skill Sets
- The Viral Approach

(an emerging “PIHOA” approach to capacity building)
Why effective local public health planning is **SO IMPORTANT**

- Strengthens the **sovereignty** of PIHOA members

  If you don’t do good planning, someone else will do it for you. Why? Because they are put in the position of deciding which voice to listen to. *(Donors really don’t want to make these decisions.)*

- Basis of effective, informed regionalism
Other Factors:

- Formally trained PH workers are scarce
- ESL
- Unified curative and preventive health services
How NPHII fits:

• Focused on infrastructure
• Strong emphasis on quality improvement
• Strong emphasis on effective planning
• Flexible and customizable
• A major boost, (but essential not to be considered the major driver)
Implications for PH Accreditation

- High degree of overlap with regional priorities [QI, Planning, Establishment of standards]
- Since approach quite new in region, will require lots of socialization
- Constraints may make uptake slower
  [$ stress, NCD emergency, workforce limitations, ESL, exclusive PH focus]
- Viral spread is most likely means of propagation
Mahalo- Thank you

A. Mark Durand

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Questions