

# New Hampshire: Developing Performance Measures that Fit

*Performance measures are quantitative measures of an agency's capacities, processes or outcomes. Public health workers can use a variety of national tools and resources—such as Healthy People 2010—to measure and assess an agency's progress in reducing disease, increasing client reach or satisfaction, improving internal processes, etc. The New Hampshire Division of Public Health, Bureau of Policy and Performance created a list of performance measures to track its progress in reaching the goals of its Maternal and Child Health programs. The state based the performance measures on what was already required by federal grants, Healthy People 2010, and HEDIS. New Hampshire's work in creating a set of consistent performance measures reveals that performance measures don't have to be complicated and can be a successful tool for motivating an agency, department, or employee to do better in a given area..*

## Performance Measurement in New Hampshire:

### Do You Know Where You Stand?

Even before New Hampshire developed its performance measures for public health grantees, state officials and many staff suspected that the Avis Goodwin Health Center in Rochester, New Hampshire was in trouble. The clinic was suffering from clinical, as well as financial troubles. On repeated site visits by the state, the agency showed no improvement in immunization rates and discussions with Center staff revealed they were not following protocols for screening children for lead poisoning.

But state officials and Center staff had no way of tracking problems. Routine site visits and chart audits by the state—which provided only snapshots of the Center's performance—weren't enough to reveal trends that could help the ailing Center's performance.

Take the lead screening program, says Joan Ascheim, who heads the new Bureau of Policy and Performance Management, within New Hampshire's Department of Health and Human Services, Division of Public Health Services (DPHS): "We could do a chart audit and see if the Center wasn't screening particular individuals. But there was no way to quantify what was happening overall." As soon as the state began using performance measures in 2002, officials quickly saw that the Center screened blood lead levels for a mere 33 percent of children ages 6 to 17 months. Both the state and the Center were beginning to discover where the leaks were.

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*People really do want to do a good job and provide quality services. But often, it's easy to think you're doing well until you take a closer look. Performance measures are an objective tool to see where you can improve, says Joan Ascheim— Chief of the Bureau of Policy and Performance Management, Division of Public Health, New Hampshire Department of Health and Human Services.*

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## LEARN MORE

To download sample documents and tools from New Hampshire, see "Performance Management in Action: Tools and Resources" from the Turning Point Management National Excellence Collaborative, available at <http://www.phf.org/infrastructure/resources/PMCToolkit/Toolkit0304.pdf>

## Performance Measures, a Tool for Action

Frank Ramirez, the Center's new CEO hired to remedy Avis Goodwin, saw the benefits of the state's performance management efforts and immediately took action. While the state provided Ramirez with annual screening data comparing the Center's performance with other state community health agencies to prepare for a new type of performance-oriented site visit, (See section, 'Moving From Measures to Management') the Center's problems inspired Ramirez to begin examining the Center's performance on a quarterly basis. Center staff began completing their own chart audits to see how they were doing, increased family education about lead, and completed additional professional development training. Each quarter, staff strategized about what was working and what wasn't to raise the lead screening rates.

"At our recent site visit, rates were near 90 percent. It's remarkable how seriously they took it. And it's not just lead screening-they've shown improvement across the board," notes Ascheim. For example, the percent of pregnant smokers who receive tobacco cessation counseling is now

91 percent, up from 60 percent. The Center's target was 84 percent.

"It has become a part of the way we do business," says Ramirez about the changes during his two years at the Center. Staff are more motivated to reach goals they can clearly see, and Ramirez says he often sees them making phone calls during lunch or after hours to follow up with patients to ensure progress.

"People really want to do a good job and provide quality services," reflects Ascheim. "But often, it's easy to think you're doing well until you take a closer look at it. The performance measures are an objective tool to see where you stand and where you can improve," she says.

This type of local improvement is exactly what William Kassler, state medical director for the New Hampshire Department of Health and Human Services (DHHS) had in mind when he charged Ascheim and others at DPHS to set performance measures for all contractors in 2002.

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**Figure 1.**

### Prenatal Care

#### Performance Measures/Indicators Matrix

Measure	Healthy People 2010 US	Federal MCH Bureau Performance Measure	HEDIS	Child Health Indicators (NH Committee)	MCH Program (NH)
Prenatal care	Prenatal care beginning in the first trimester	Percent of infants born to pregnant women receiving prenatal care beginning in first trimester	Prenatal care in the first trimester (effectiveness of care) ; Initiation of prenatal care (access/availability of care) ; Weeks of pregnancy at time of enrollment in MCO (health plan descriptive info.	Percent of births to mothers who did not receive prenatal care until the last trimester or not at all.	Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.  (Measured on the prenatal client data form and checked on site visits)
<b>Indicators</b>	US baseline 83% Target 90%	1998 88.3% 2005 92%	N/A	N/A	Required Performance Measure (2002)

Source: New Hampshire DPHS, 2000.

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Drawing on his experience with clinical quality improvement, Kassler knew that performance measures would be just the prescription for accountability and better service in the state's public system, which is largely comprised of contractors.

## Keep Measures Simple

With literally thousands of potential health measures to choose from, the charge to establish a set of statewide public health performance measures can conjure up images of endless meetings and battles to define them. Even working with an experienced team of program staff from Maternal and Child Health (MCH), family planning, and adolescent health, Ascheim thought that reaching agreement on measures would be difficult.

"The biggest surprise was that it was relatively easy. I was shocked when we had our first meeting. It just wasn't that hard," said Ascheim.

What made New Hampshire's approach to selecting statewide performance measures so straightforward? First, they didn't start with a blank slate. With simplicity in mind, they created a short list of potential measures based on what was already required by federal grants and Healthy People 2010 or HEDIS. Next, they created a matrix, (See Figure 1) which provided an overview of the measures that were most widely used,

beginning with the MCH program. If, for example, the same prenatal care measure was used or required in several programs, DPHS selected the measure.

"Using existing measures helped us get buy-in," says Ascheim. "People knew we didn't just make them up, and that we were trying to make it easier for people to report. Our stakeholders saw that we did our research on the best measures and basically said, 'You know what's most important to measure,' and allowed our program people to pick the exact measures."

## Room for Improvements

DPHS and many of its grantees say there is still room for improvement with the performance measures. While the Department succeeded in aligning many of its measures across programs and with national standards, some still conflict with other funders' requirements. Ascheim often hears people saying: "We already report something similar to the federal government for another grant, but the measure is slightly different." Better alignment of DPHS and other funders' requirements is an important next step to reduce burden and maximize impact.

DPHS also knows that not every agency will be able to

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### ADVICE TO OTHERS SEEKING TO DEVELOP PERFORMANCE MEASURES

- DON'T GO IN WITH A BLANK SLATE.** HAVE AN IDEA OF WHAT YOU WANT TO ACHIEVE AND POTENTIAL MEASURES.
- DRAW ON NATIONALLY ACCEPTED MEASURES AND EXISTING REQUIREMENTS.** DO YOUR HOMEWORK ON THE MOST WIDELY USED MEASURES AND USE STANDARD DEFINITIONS WHEREVER YOU CAN.
- START WITH WHAT PEOPLE ALREADY KNOW AT THE PROGRAM LEVEL.** NEW HAMPSHIRE FOUND IT BEST TO SET PERFORMANCE MEASURES FOR FAMILIAR CATEGORICAL AREAS BEFORE TACKLING BROADER CAPACITY AND PROCESSES.
- GIVE GRANTEE AMPLIFIED NOTICE AND FEEDBACK OPPORTUNITIES BEFORE YOUR MEASURES ARE REQUIRED.** ASCHEIM ADVISES NOT TO REPEAT NEW HAMPSHIRE'S MISTAKE OF PUTTING THE FINAL MEASURES IN CONTRACTS AND SAYING, "THIS IS WHAT WE'RE DOING." ANY SURPRISE CAN CREATE A SETBACK.
- TURN MEASUREMENT DATA INTO VALUABLE PRODUCTS FOR GRANTEE AND DECISION MAKERS.** CONDUCT FOCUS GROUPS AND PILOT TESTS TO MAKE SURE THE FEEDBACK, REPORTS, AND SITE VISITS WILL BE USEFUL.
- BE SELECTIVE.** THERE ARE NO PERFECT MEASURES. CHOOSE THE BEST ONE AND RESIST THE TEMPTATION TO USE TWO WHEN ONE WILL DO.
- PROVIDE TECHNICAL ASSISTANCE TO HELP WITH DATA COLLECTION.** IF YOU REQUIRE PERFORMANCE DATA, YOU ALSO HAVE THE RESPONSIBILITY TO HELP WITH THINGS LIKE ELECTRONIC RECORDS AND QUALITY CHECKS, SAYS ASCHEIM.
- LOOK AT PERFORMANCE FROM YOUR GRANTEE'S PERSPECTIVES.** RECOGNIZE THAT THEY HAVE OTHER LOCAL PRIORITIES AND FUNDING REQUIREMENTS. AIM TO STREAMLINE REPORTING AND FOCUS IMPROVEMENT FOR THEM.

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meet the standards. "Because most of our agencies serve high risk populations, it wouldn't be realistic to expect them all to reach national standards," says Ascheim. The trick to this approach, she adds, is "to encourage them to set equally challenging performance targets." DPHS requires contractors to report progress according to the performance measures and submit improvement plans for unmet targets.

Most of New Hampshire's public health performance measures to date focus on categorical programs (e.g., WIC, Diabetes, Immunization, Tobacco, HIV/STD) and are clinical, except for a few financial measures on the payer mix and operating margin for primary care grants. Ascheim would like to expand the focus to include public health capacity and the business processes that underlie high performance. Setting performance measures like these for the state health department itself, she believes, would help the agency focus on key processes like turnaround time for grantee performance feedback or the creation of quality improvement teams. To examine overall public health system capacity, the state plans to use the National Public Health Performance Standards assessment instruments in the spring of 2005.

Ascheim and state leaders recognize that developing grantee capacity to collect data will take time, but they aren't deterred. "If we waited for everyone to have the capacity to measure these indicators, we'd never get this program off the ground," says Ascheim. "The best thing to do is to start, even if you don't have every measure or every site participating." To assess the data collection burden and process, the Department is conducting a pilot study, which will strategically begin with five agencies that have the most capacity.

## **Moving from Measures to Management**

To facilitate quality improvement, New Hampshire has re-engineered its grantee site visit process to be modeled after Florida's approach of sending performance data in advance, making quality audits a grantee responsibility, and reserving most site visit time for developing quality improvement strategies. New Hampshire aims to leave each site visit with a quality improvement plan specifying what the state and local agencies each will do to bolster performance.

With DPHS spending more time finding solutions rather than problems, the Avis Goodwin Health Center site visit has left both sides feeling good about its progress. DPHS made sure to not only provide quality feedback on areas where the health center could improve, but also let the Center know the areas in which it was succeeding.

"The state has been a real partner to us," says Frank Ramirez, CEO of the Avis Goodwin Health Center in Rochester, New Hampshire. "We have gained a lot from their honest and open discussions with us about where we could improve," he notes.

Joan Ascheim, who heads the state health department's new Bureau for Policy and Performance Management, reports that most grantees share Ramirez's positive view on the state's new approach to performance measurement. DPHS provides contractors like Avis Goodwin with reports on their performance measures, drawing on mostly annual and some quarterly performance data. As a benchmark, reports show contractors the range of agency performance statewide and relevant national standards. For now, contractors are responsible for setting their own performance targets based on these guidelines.

In the past, the state has had a reputation for collecting a lot of data but not always doing much with it, she says. The reports and follow-up are helping to change that impression, and it's her priority to make sure they do use what the state collects to improve performance.

"We have moved from quality assurance—oftentimes creating a reactionary 'It's broken, let's fix it' scenario—to a continuous quality improvement process where we are now monitoring outcomes on a regular basis."

*For more information on New Hampshire's performance measures, contact Joan Ascheim, Chief, Bureau of Policy and Performance Management, Division of Public Health, New Hampshire Department of Health and Human Services, (603) 271-4110.*

*\*See next page for discussion questions.*

## Discussion Questions

1. What were New Hampshire's approaches to the following?
  - (a) Using performance standards
  - (b) Setting targets for agencies
  - (c) Selecting specific performance measures
2. How were the new performance standards and measures useful? To whom?
3. What limitations do you see in New Hampshire's implementation of performance standards and measures? How would you address or avoid these limitations?
4. What ideas do you take away from this story about successfully using performance standards and measures?