

**Public Health Futures**  
**Quality Indicators Work Group**  
**August 27, 2013**  
**Summary Notes**

**Welcome and Introductions**

- In-Person: Will McHugh, ODH; Melissa Bacon, ODH; Joe Mazzola, ODH; Beth Bickford, AOHC; Corey Hamilton, Zanesville-Muskingum County Health Department; Tom Quade, Marion County Public Health
- Web/Phone: Terry Allan, Cuyahoga County Board of Health; Claire Boettler, Cuyahoga County Board of Health; Frank Kellogg, Lake County General Health District; Ron Graham, Lake County General Health District; Jennifer Scofield, Office of County Executive Ed FitzGerald; Jason Orcena, Union County Health Department

**Purpose and Timeline of Workgroup (ODH)**

- 2014-2015 Operating Budget requires the creation of indicators, which will begin July 1, 2014 and be evaluated on July 1, 2016 (report by ODH)
- This group is tasked with the creation of the indicators, which will be listed in the rule package ODH will propose in late November 2013.
- Group should consider existing efforts
- ODH will bring to next meeting a listing of its impressions for data sources:
  - With strong data integrity
  - That can be analyzed at the health jurisdiction level
  - Are ones LHDs either A) have control or B) have influence over
- Team members can bring information from other efforts to share
- Group should consider indicator, how it will be measured, and frequency of collection.
- Purpose of list is to have indicators that have existing baseline and demonstrate movement over a 2 year period (with an annual frequency)

**Identification of Indicators (ODH)**

- Measures can be output, outcome or impact
  - Output—Used to measure the product or service provided by the system or organization and delivered to customers.
  - Outcome—The expected, desired, or actual result(s) to which the outputs of the activities of a service or organization have an intended effect.

- Impact Measures—The direct or indirect effects or consequences resulting from achieving program goals.
- Meaningful – The measure should be important to public health
- Verifiable – if we choose to audit data, ODH and LHD could verify data
- Reliable – data with a great deal of variability may not provide a reliable picture of the community. Small numbers and relatively rare events can lead to rates that are extremely sensitive.
- Measurement should drive the right response - Provide an incentive to improve the data quality and completeness (e.g. number of outbreaks is not a good measure since from a public health perspective we want fewer outbreaks but strong PH effort will result in increased identification and reporting)
- Annually reported
- Timely – Data for a year should be available within a year.
- Sensitive – the indicator should be sensitive to intervention such that you can see the effect of the intervention or the causal factors

#### **Group Discussion and Considerations (All)**

- Group should review where the work has been done
  - How to collect
  - Comparability
- Need mechanism for data collection
- Uniformity – common platform for cost effective and available
- How indicators will be judged?
- HPIO – list of indicators – public health and healthcare system
- Progress within jurisdictional control or influence?
- How are other states measuring their progress?
- Need to define quality
- Keep process simple
  - Available data
  - Common platform
  - Benchmark internally – State/Local
  - Describe why certain indicators
- List should include health and process data
- Keeping with intent – at what level is accurate representation?
- Are there resources to improve indicators – uniformity?
- Too cautious to go in other direction that we need to identify social determinants even though as practice LHD not going to “move needle”
- What do we have data on?

- Process indicators
  - PHAB
  - Prioritize- one for each domain?
- Environmental Health Surveys
  - Critical violations
  - Food, pools, campgrounds
- Market and explain what it is public health does, for example:
  - Value and risk of critical violation
  - Immunization registries
  - ODRS – reducing risk
- Baseline
- Capacity
- What “gets measured gets done”
- AOHC Futures Report Minimum Package as outline for indicators
  - Blue box – OPPD – PHAB – over view – some green too
  - Salmon box health outcomes
- Efforts will inform future release of ODH data warehouse
- ODH subject matter experts available to discuss data integrity and validity
- Shy away from national data?
- Framework to consider is a crosswalk with PHAB
- Performance database as source of data
- Go back to state health improvement plan for indicators
- Align identified indicators with future ODH grant deliverables
- Program deliverables could then also match up w/PHAB
- Align community health assessment, health improvement plan, strategic plan
- Template from ODH for indicators will be provided
- Link process and outcome indicators
- Include handful process indicators
- Quality indicators – functional
- Outcomes related to the SHIP
  - Chronic disease
  - Infectious disease
  - Injury
  - Infant Mortality
  - Process measures PHAB

## **Outline for Rules**

- As indicators are identified, a draft outline for the rules will be presented by ODH to workgroup

#### **Next Meetings**

- September 6<sup>th</sup>
- September 16<sup>th</sup>
- September 23<sup>rd</sup>
  - 1:00 p.m. – 3:00 p.m.
  - Ohio Department of Health
  - 35 East Chestnut Street
  - Basement
  - Conference Room A/B