

Program Performance Measurement Models For Rural Health

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RURAL HEALTH OFFICE

American Public Health Association Annual Meeting | November 3-7, 2007 | Washington, DC

Presentation Objectives

1. Assess benefits and challenges to developing and presenting meaningful performance measures from the perspective of 50 State Offices of Rural Health.
2. Describe performance measurement models developed by one State Office of Rural Health, utilizing tabulations, graphs, and GIS maps to present the data.
3. Make recommendations for furthering performance evaluation to include impact analysis and inform strategic community health planning and policy development.



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Carefully crafted performance measurement can improve an agency's:

- focus on strategic goals and objectives
- focus on program priorities, core goals/objectives, or program results in general
- relationships with stakeholders or customer service
- efficiency and/or effectiveness
- communication with staff and shared sense of staff responsibility and accomplishments



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Current Status of Rural Health Performance Measurement

- Many state and local agencies devoted to improving rural health lack meaningful measures to assess performance and gauge efficient use of government and private resources to achieve desired outcomes.
- **Insufficient resources** and the **inability to develop performance measures** are key obstacles to performance measuring efforts.



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1993 Government Performance and Results Act (GPRA)

- Resulted from difficulties in assessing performance, linking programs to outcomes, and the public's demand that federal agencies do their jobs more effectively and at a lower cost.
- Was intended to address issues such as muddled legislative mandates, absent or conflicting program goals, and inappropriate measures of success.
- U.S. General Accounting Office 2003 review found that GPRA has helped link resources to outcomes, although significant improvements can still be achieved.



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2004 California State Performance Review Audit

Revealed that most state agencies:

- Are using some performance metrics
- Have some processes in place to gather and measure data
- Analyze and adjust measures and integrate changes into subsequent plans



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50 State Offices of Rural Health

- Funded by Office of Rural Health Policy, HRSA, USDHS.
- Core functions are to:
 1. Collect and disseminate rural health information.
 2. Coordinate rural health activities statewide.
 3. Provide rural health training and technical assistance to rural communities.



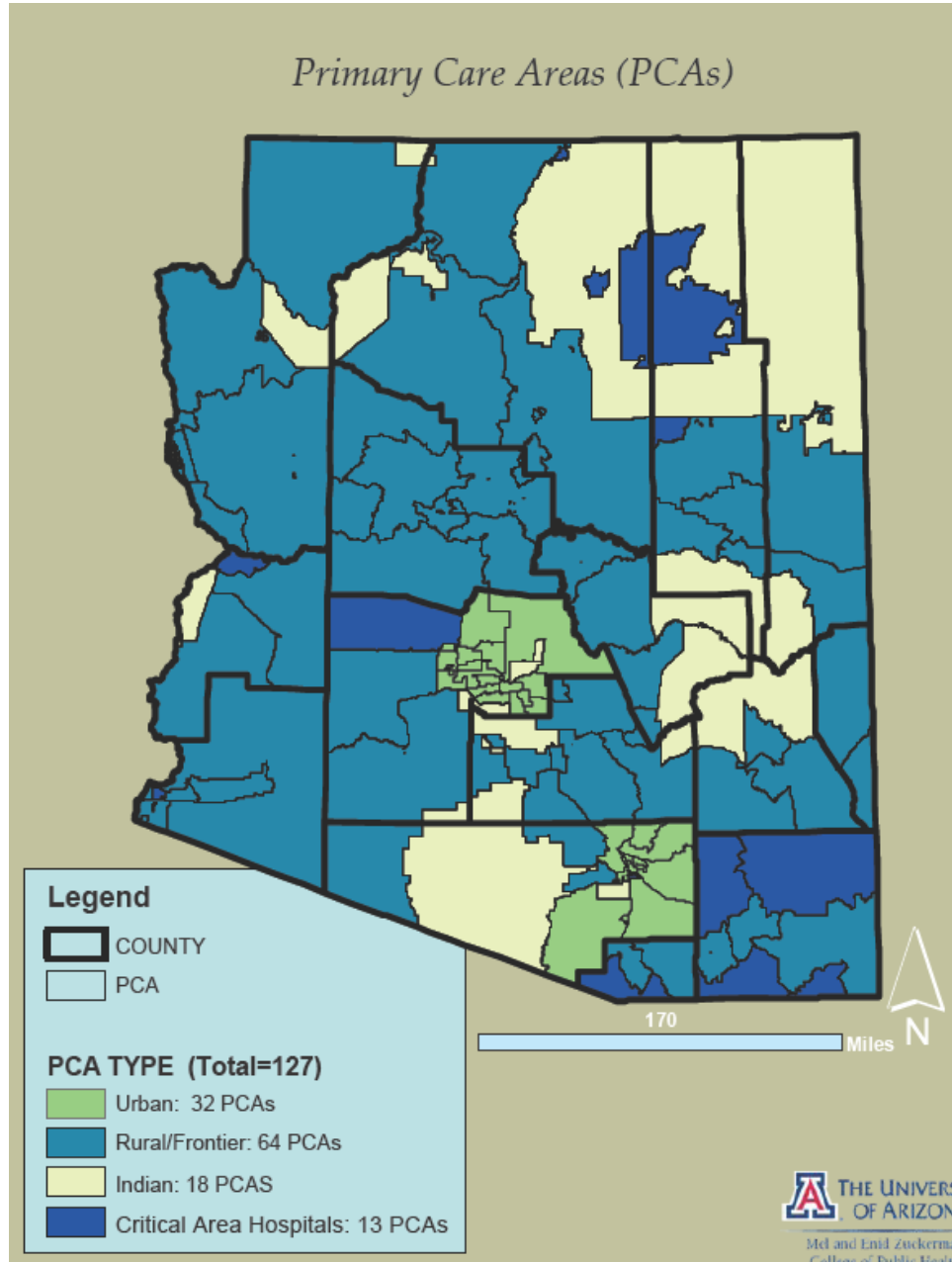
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Performance Review

- Health Resources & Services Administration (HRSA) of USDHS is utilizing the Federal Office of Performance Review to do performance reviews of several HRSA grantees in several programs, including the SORH program.
- One requirement is to provide performance measurement data with a numerator and a denominator.



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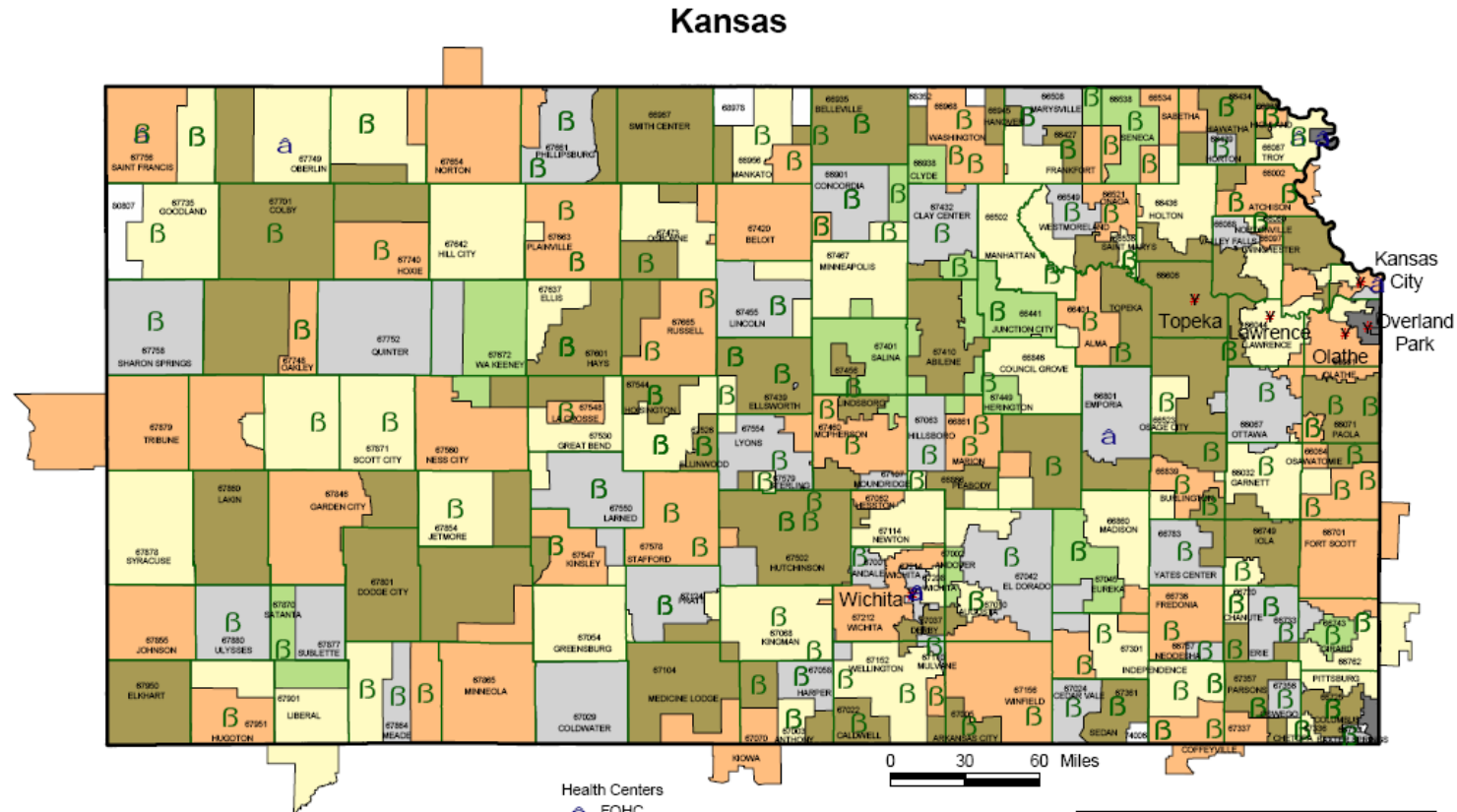


Primary Care Areas



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Primary Care Services Areas



- Health Centers
- FQHC
- RHC
- Major Cities (Population)
- 100,000 - 200,000
- 200,000 - 300,000
- State Boundary
- County Boundaries
- ZIP Codes Assigned to Missouri PCSAs
- ZIP Codes Assigned to Out-of-State PCSAs

Note: PCSA labels represent the ZIP code with the highest provider utilization within the PCSA.

Primary Care Service Area Project
 David C. Goodman, MD, MS - Principal Investigator
 Stephen Mick, PhD - Co-Principal Investigator
 Funded by:
 The Bureau of Health Professions
 The Bureau of Primary Health Care
 Health Services and Resources Administration
 October 2000



Primary Care Service Area Project
 Center for Evaluative Clinical Sciences
 Dartmouth Medical School

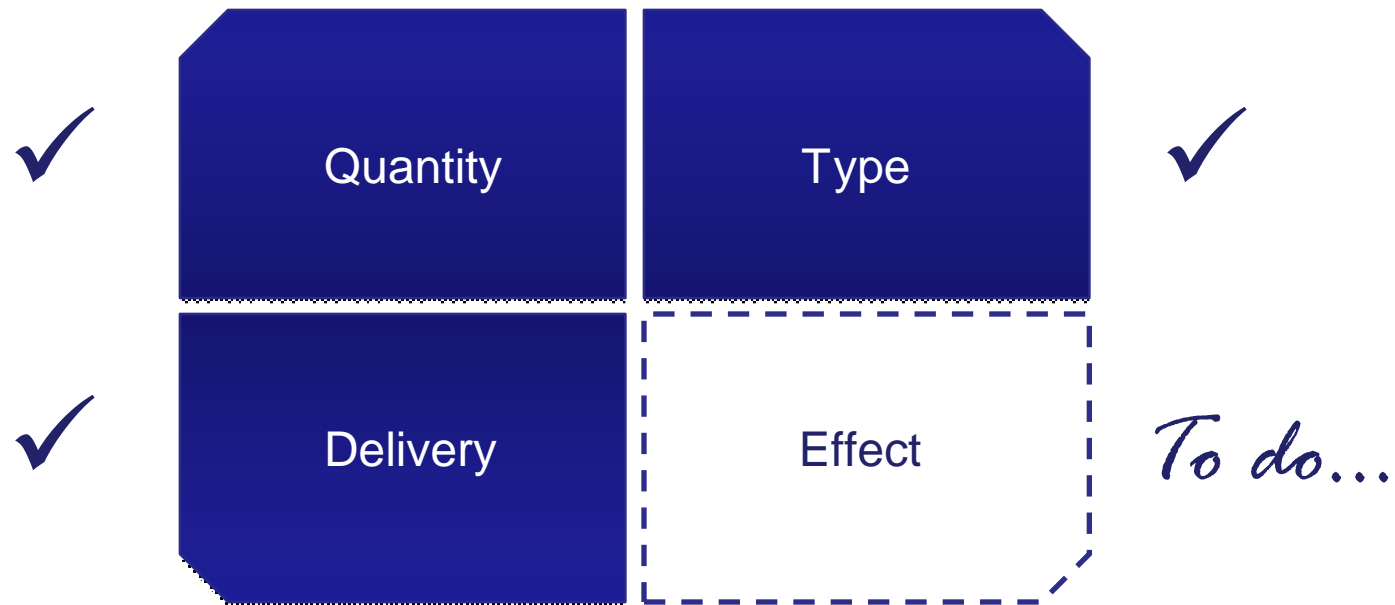
Primary Care Service Areas

- 6,542 areas defined by aggregating ZIP areas to reflect Medicare patient travel to primary care providers.
- Defined using 1999 Medicare claims data, 2000 Census data, and ZIP Code Tabulation Areas (ZCTAs).
- PCSA data are updated frequently and are free and publicly available. Geographic shape files are also available for desktop cartography.



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Performance Measurement Model



Measure: Quantity

- By Primary Care Area (PCA) – specific to Arizona
- By organization or agency (not by individual person)
 - Essential data: physical address, including zip code
 - Zip codes are converted to PCAs using a database owned by the Arizona Department of Health Services



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Measure: Quantity

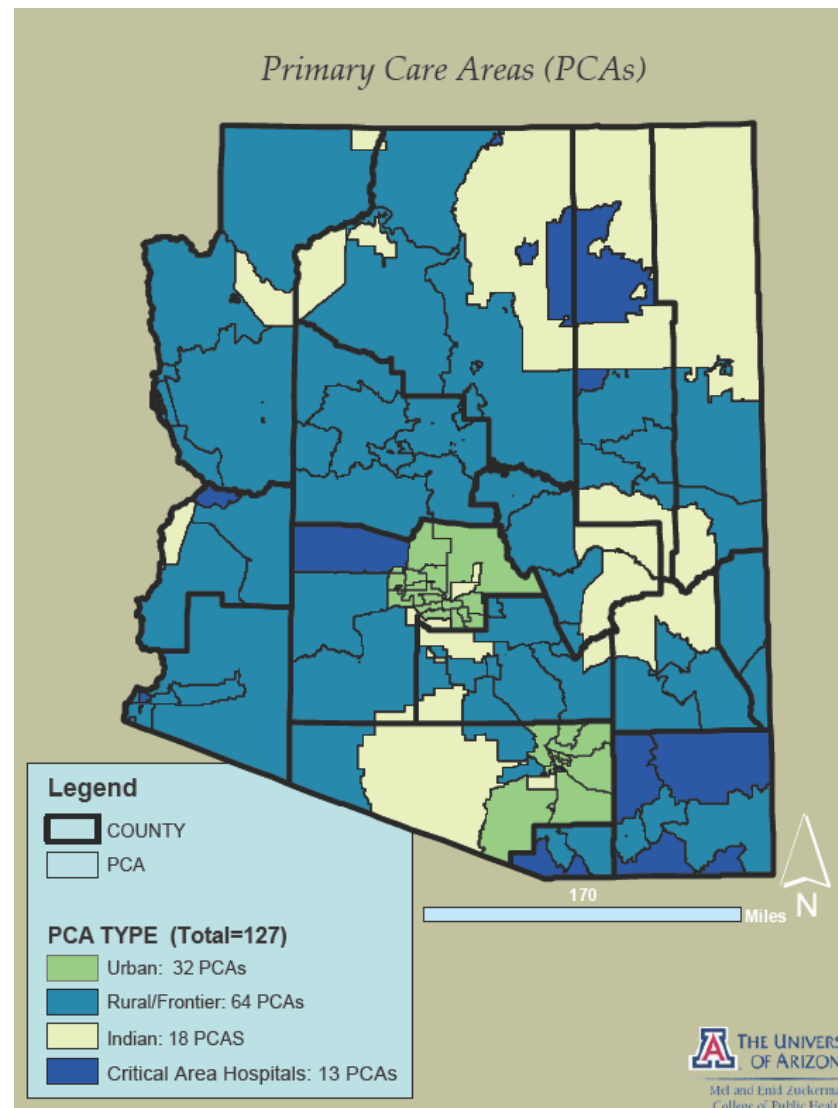
Data tables were created and populated with information including:

- Year of activity
- Agency
- Address / City / State / ZIP
- PCA Code
- PCA Name

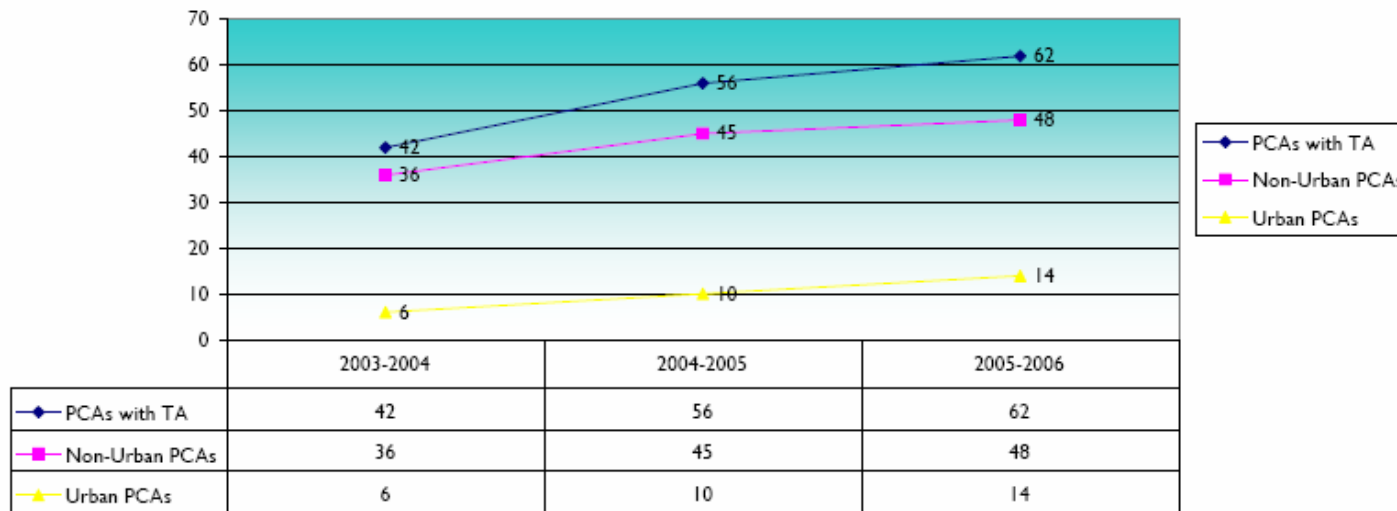
PCAS were used as the DENOMINATOR in the expression of each measure (total non-urban=95)

GIS software was used to map PCAs that were impacted by an activity. As well as individual years, we looked at 3 year combined data.

Charts were used to represent trends over time and set goals.

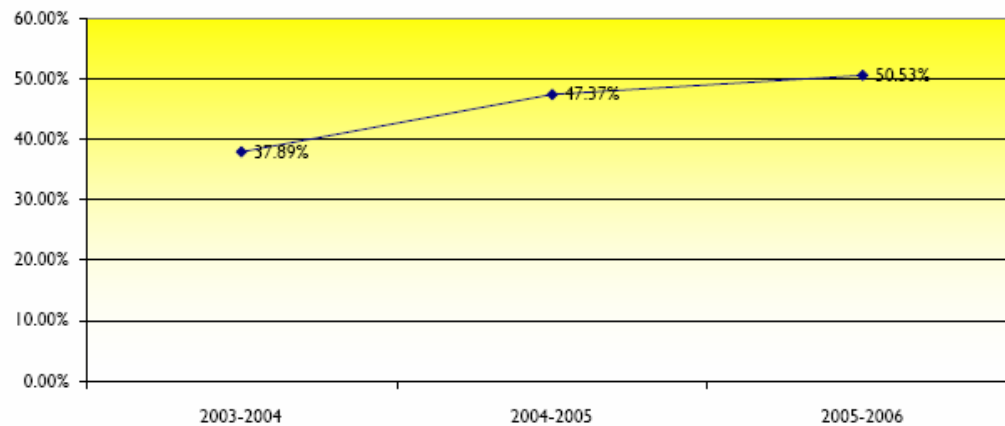


Numbers of PCAs Receiving TA (SORH Program)



Percentage of Non-Urban PCAs Receiving TA (SORH Program)

Number of Non-Urban PCAs with TA/Total Non-Urban PCAs



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Measure: Type

- Information Dissemination
 - Annual Arizona Rural Health Conference, a statewide, multi-day event
- Coordination of Resources
 - Leveraging of dollars to benefit Arizona rural communities (direct and indirect)
- Training and Technical Assistance
 - Educating, forming linkages, and consulting



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Measure: Type

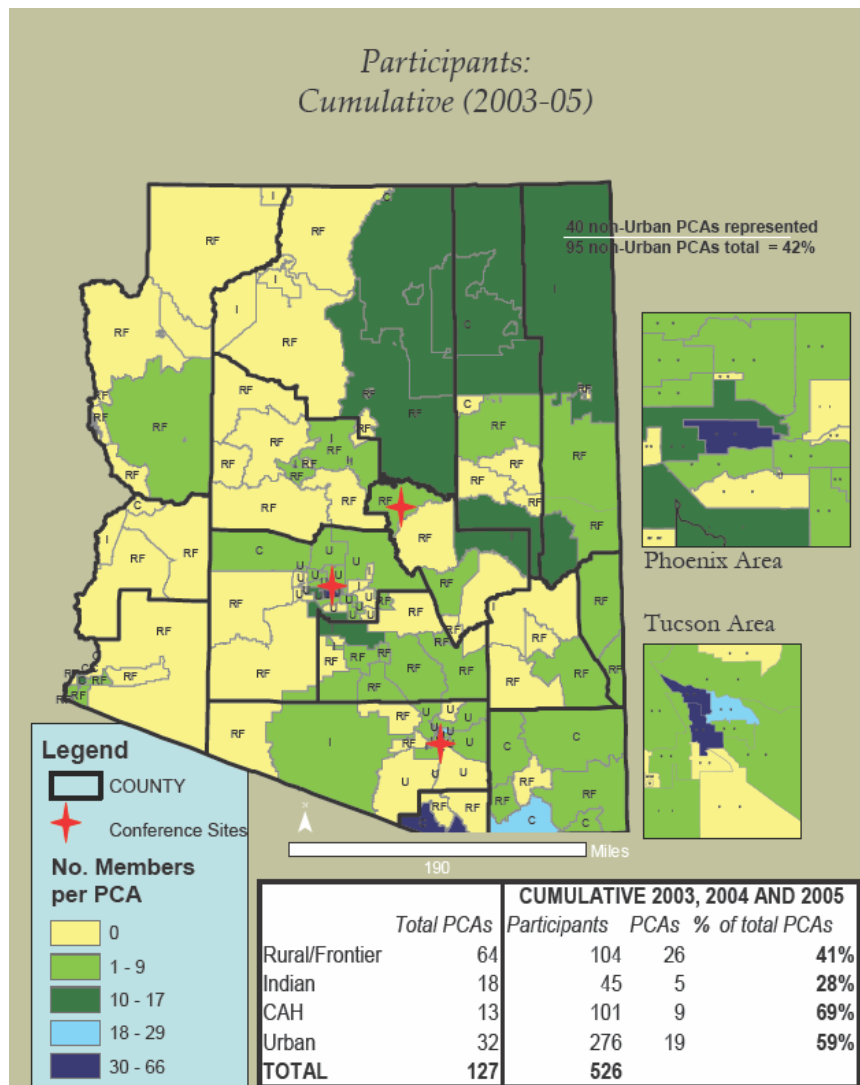
- We chose to define a representative activity for each major Type of TA.
- GIS software was used to map PCAs that were impacted by an activity.
 - As well as individual years, we looked at 3 year combined data.
 - We looked at the information in a variety of ways, including trends and density
- Charts were used to represent trends over time and set goals.



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Information Dissemination

(Annual Arizona Rural Health Conference)



We looked at conference participants over a 3-year period and used colors to represent the “density” of participation from each PCA.

Indicator:
Number of Arizona non-urban PCAs represented at the annual conference

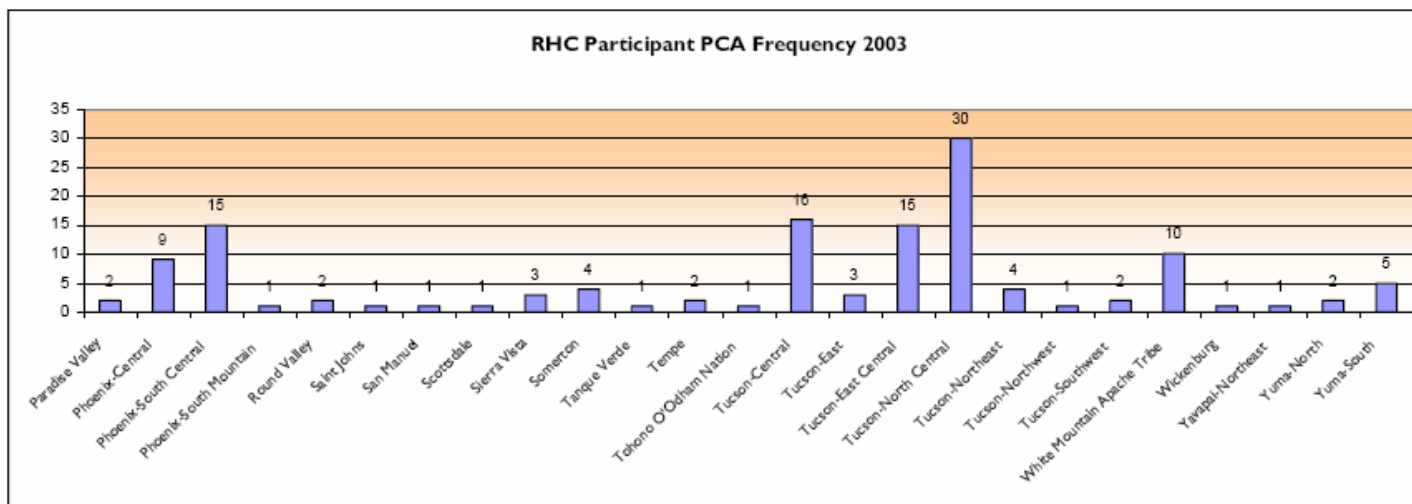
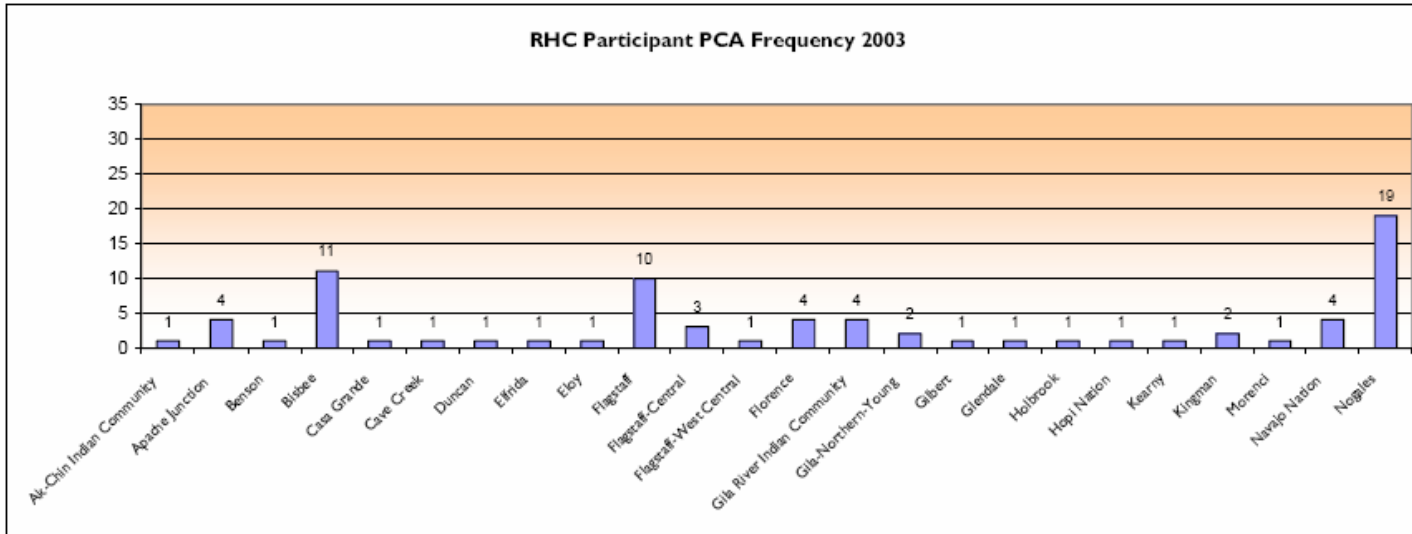
Total number of Arizona non-urban PCAs



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Information Dissemination

(Annual Arizona Rural Health Conference)

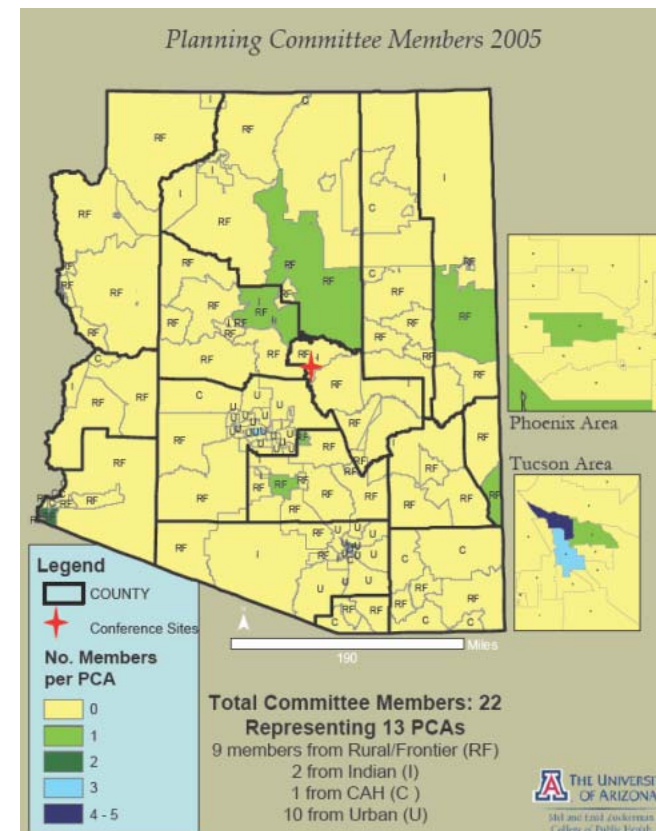
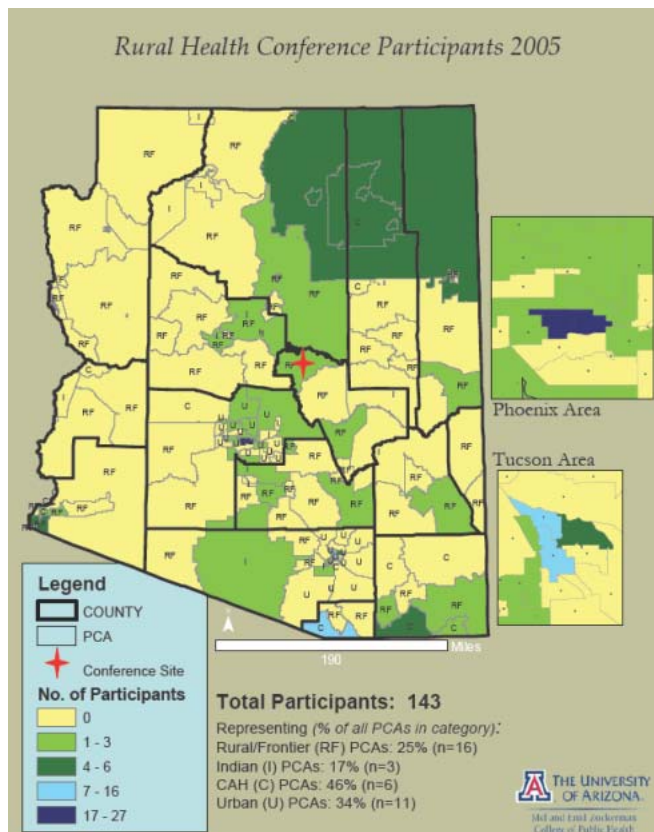


Information Dissemination

(Annual Arizona Rural Health Conference)

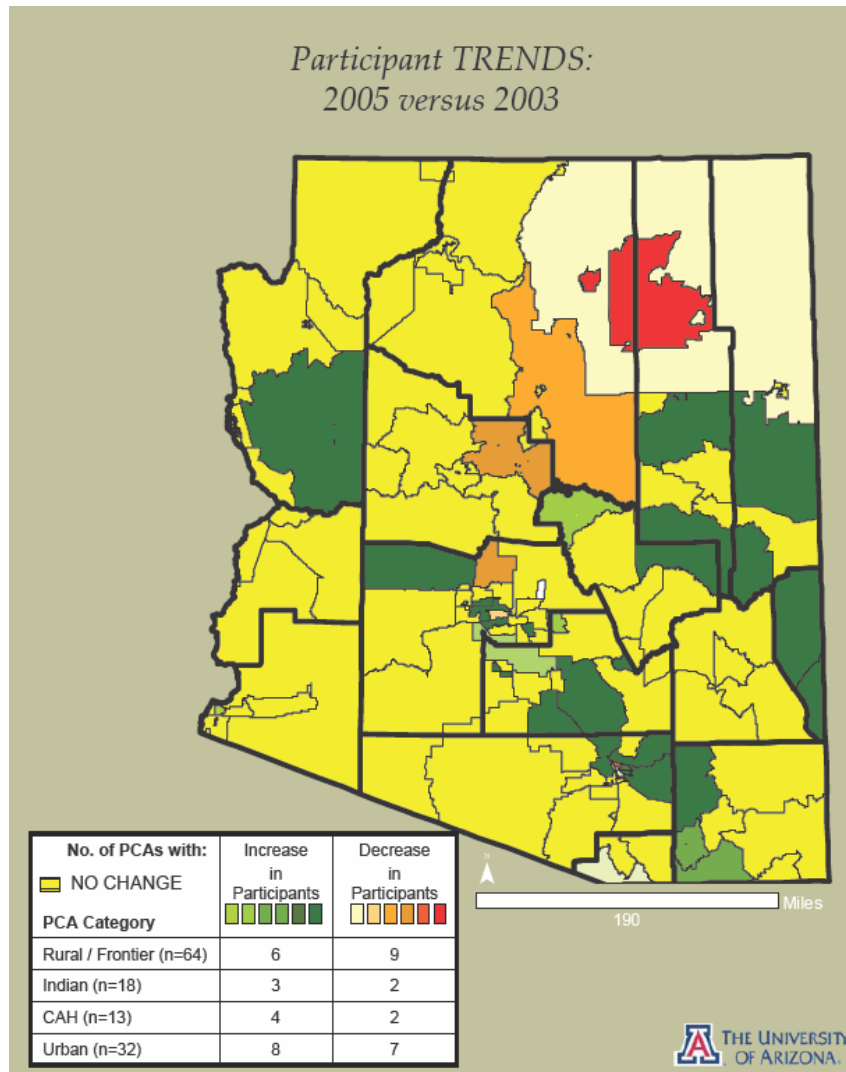
PCAs by participant

PCAs by planning committee members



Information Dissemination

(Annual Arizona Rural Health Conference)



We looked at trends in participation over a 3-year period and used colors to represent variations in increases/decreases in participation from each PCA.



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Coordination of Resources

(Leveraging of Dollars)

- Indicator:
 - Total realized dollars ÷ Total goal dollars
- Direct Funds
 - Funding applied for and received by the Rural Health Office for programs and activities
- Indirect Funds
 - Funding received by other entities which can be significantly attributed to efforts of the Rural Health Office



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Coordination of Resources

(Leveraging of Dollars)

“Direct” Funds

2004-2005 Efforts	Funding Source	Goal Amount (denominator)	Realized Amount (numerator)	Tribal	Rural-Frontier-Border	Statewide
RHO Direct Funds						
Battered Immigrant Women study	AZ Governor's Office for Women Children and Families	\$90,000	\$90,000		x	
Border Health Conference	US-Mexico Border Health Commission	\$20,000	\$19,800		x	
CAPAZ	HRSA	\$461,691	\$461,967		x	
CBPR Research Project "Our Health Matters" (2nd attempt)	AZ Disease Control Research Commission	\$174,935	\$0		x	
Cochise County Collaborative for Implementing Patient Safety	Agency for Health Research and Quality	\$599,846	\$0		x	
Desert Senita CHC Outreach Grant Evaluation (Year 3)	ORHP, HRSA (subcontact)	\$36,697	\$36,697		x	
Diabetes management project evaluation (Year 2)	Graham-Greenlee	\$38,000	\$38,000		x	
Flex Program	ORHP, HRSA	\$573,000	\$571,000			x
Media Wise Families Pilot Project	MEZCOPH EXPORT	\$36,500	\$36,500		x	
Mobile Health Program	Various*	\$268,400	\$180,248		x	
REACH 2010 Evaluation Contract	ICDC	\$90,000	\$90,000		x	
SHIP Program	ORHP, HRSA	\$157,895	\$145,200			x
SORH Program	ORHP, HRSA share	\$150,000	\$150,000			x
SORH Program	State share	\$450,000	\$450,000			x
Southern AZ Border HCOP Program	HRSA	\$541,341	\$558,778		x	
Subtotal		\$3,688,305	\$2,828,199			

“Indirect” Funds

2004-2005 Efforts	Funding Source	Goal Amount (denominator)	Realized Amount (numerator)	Tribal	Rural-Frontier-Border	Statewide
RHO Leveraged Funds for Others						
AHCCCS	State share	\$566,660	\$566,660			x
AHCCCS	Federal share	\$1,133,333	\$1,133,333			x
Arizona Diabetes Virtual Center of Excellence	HRSA	\$30,000	\$22,628	x	x	x
Arizona Rural Health Association Operations	NRHA	\$9,500	\$9,500			x
Arizona Rural Health Association Memberships	Rural Health Conference	\$4,000	\$3,715			x
Arizona Telemedicine Program	State	\$1,200,000	\$1,200,000			x
MEZCOPH Southwest Public Health Leadership Institute	CDC	\$40,692	\$34,500			
Rural Health Network Development Grants (2*)	ORHP, HRSA	\$400,000	\$0		x	
Rural Health Network Development Planning Grant (1*)	ORHP, HRSA	\$100,000	\$0	x		
Rural Health Outreach Grants (2)*	ORHP, HRSA	\$400,000	\$0		x	
Steps to a Healthier U.S. Program	CDC	\$202,003	\$202,003		x	
Subtotal		\$4,086,188	\$3,172,339			
2004-2005 TOTALS		\$7,774,493	\$6,000,538			
RESULTING RATIO		77.18%				



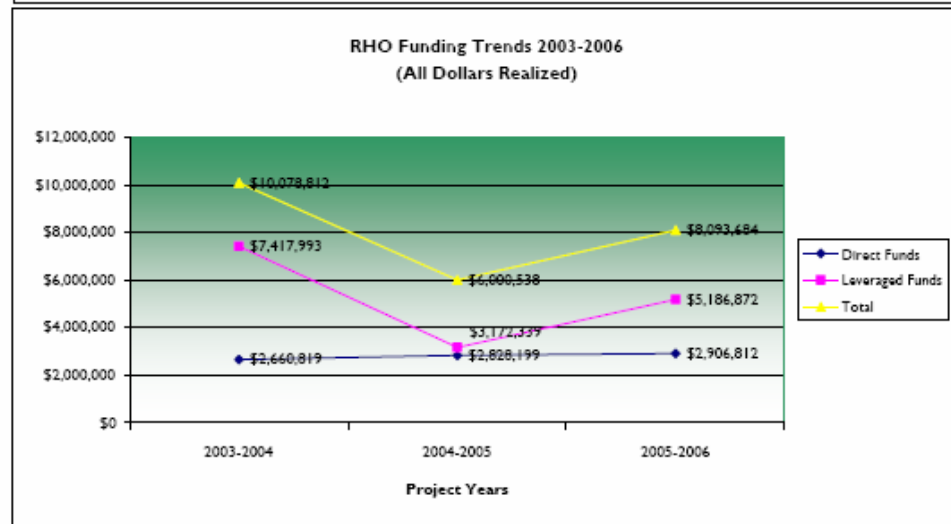
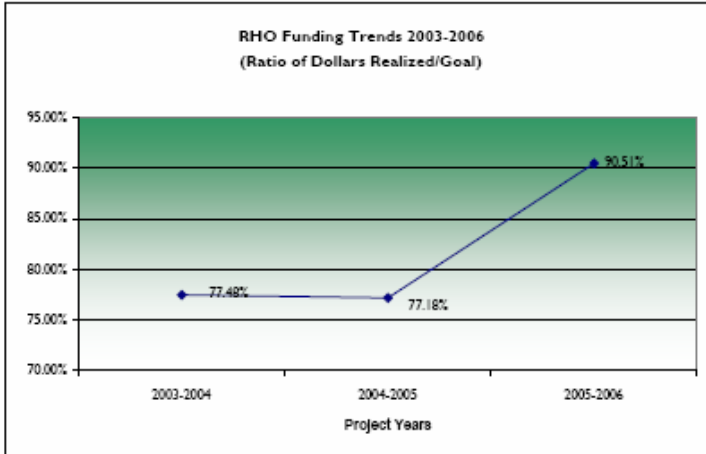
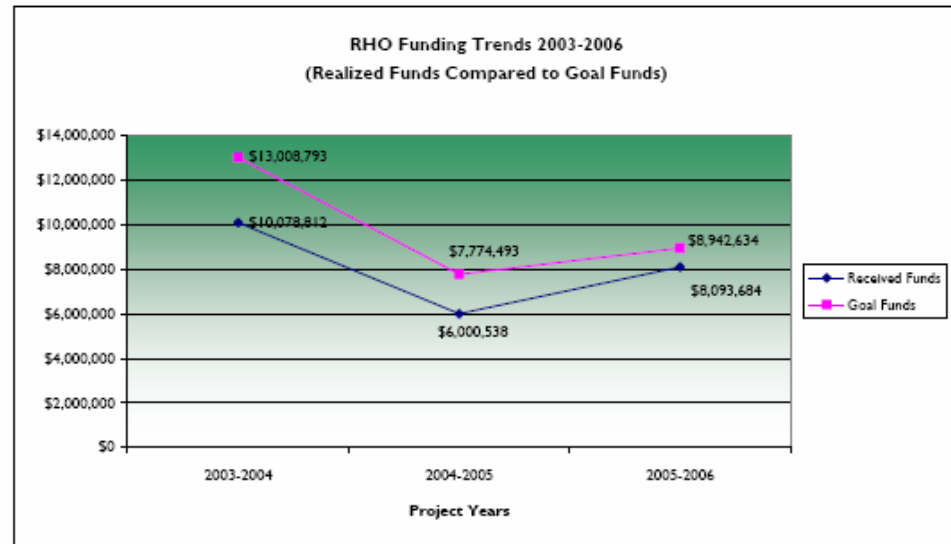
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Coordination of Resources (Leveraging of Dollars)

REALIZED:	Direct Funds	Leveraged Funds	Total
2003-2004	\$2,660,819	\$7,417,993	\$10,078,812
2004-2005	\$2,828,199	\$3,172,339	\$6,000,538
2005-2006	\$2,906,812	\$5,186,872	\$8,093,684

GOAL:	Direct Funds	Leveraged Funds	Total
2003-2004	\$4,052,187	\$8,056,606	\$13,008,793
2004-2005	\$3,688,305	\$4,066,188	\$7,774,493
2005-2006	\$3,202,685	\$5,739,949	\$8,942,634

	RATIO
2003-2004	77.48%
2004-2005	77.18%
2005-2006	90.51%



Definitions:

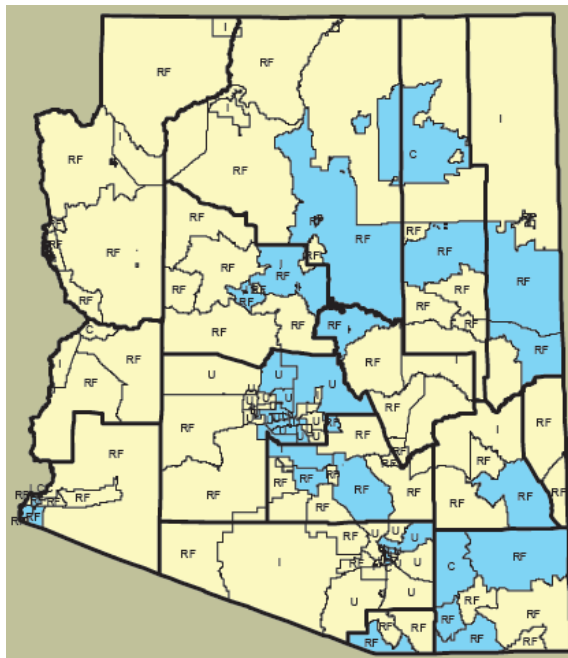
Direct Funds: Funding applied for by the Rural Health Office and received by the Rural Health Office for programs and activities.

Leveraged Funds: Funding received by other entities which can be significantly attributed to efforts of the Rural Health Office.

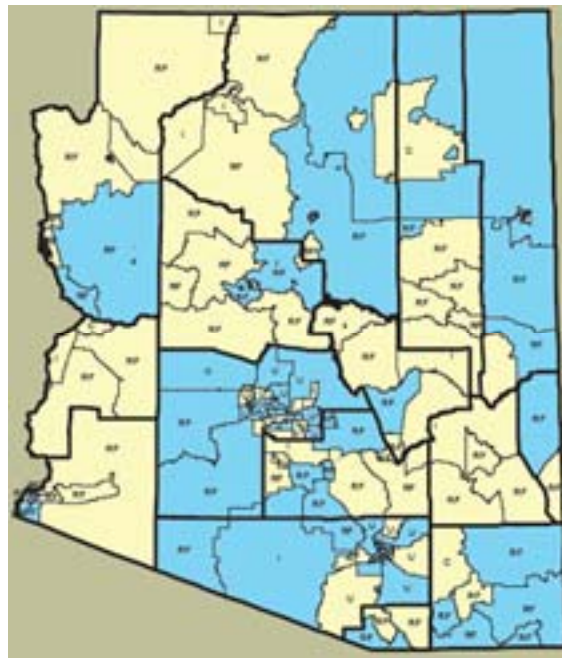
Training and Technical Assistance

Educating, Forming Linkages and Consulting

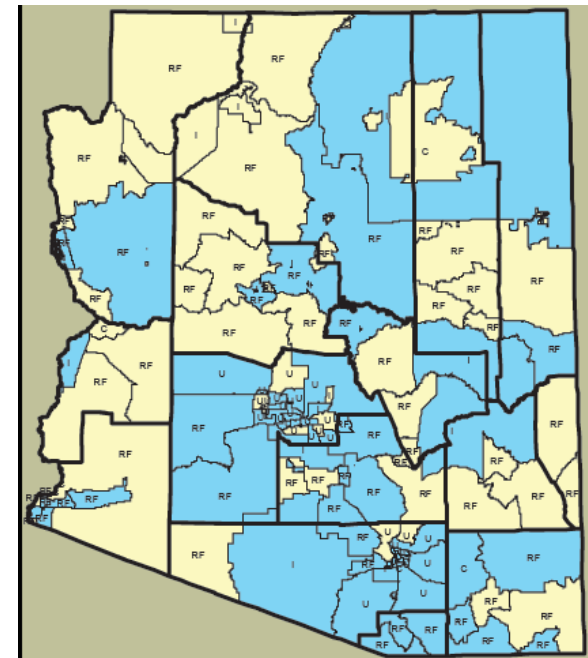
2003-2004 (36)



2004-2005 (45)



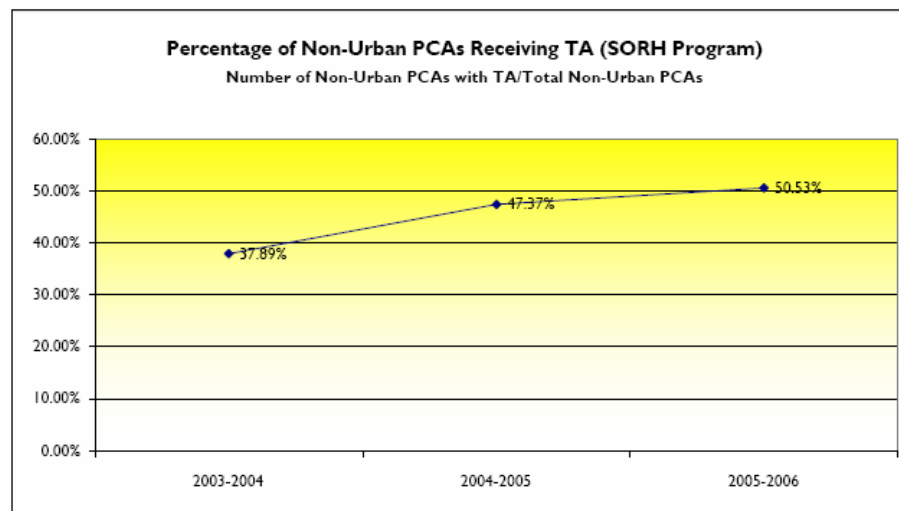
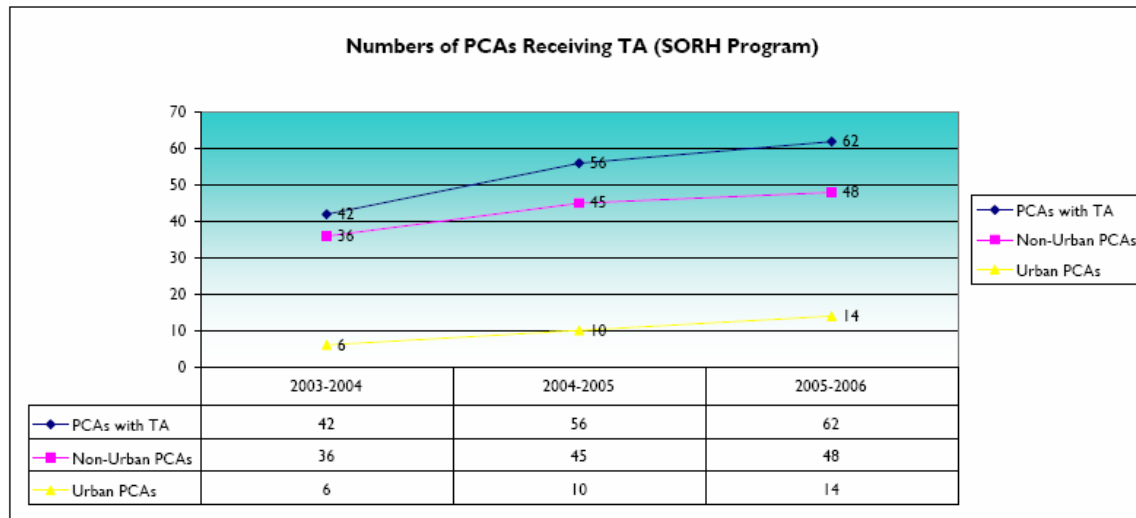
2005-2006 (48)



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Training and Technical Assistance

Educating, Forming Linkages and Consulting



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Training and Technical Assistance

Educating, Forming Linkages and Consulting

Performance Measure 4 (SORH portion) 2005-2006

B: Trainings, Page 1 of 18

Example
of a data
table.

Tables
were
sorted
into
delivery
types.

HIT Training (crosscutting bt SORH and Flex)								
First Name	Last Name	Title	Company	Address 1	City	State	PostalCode	PCA
			Benson Hospital	450 S. Ocotillo	Benson	AZ	85602	03204
			Canyonlands Community Health Center	440 N. Navajo Dr.	Page	AZ	86040	05315
			Hopi Health Care Center	P.O. Box 4000	Polacca	AZ	86042	01309
			La Paz Regional Medical Center	1200 W. Mohave Rd.	Parker	AZ	85344	12401
			Main St. Family Practice	660 S Main St.	Florence	AZ	85232	21115
			Marana Health Center	13644 N Sandario Rd	Marana	AZ	85653	19212
			North Country Community Health Center	2500 N. Rose Street	Flagstaff	AZ	86004	05310
			Petrified Forest Medical Center	2200 ShowLow Lake Road	Holbrook	AZ	86025	17303
			Progressive Health Care	300 S Ocotillo Ave	Benson	AZ	85602	03204
			Southeast Arizona Medical Center	2174 W Oak Rd.	Douglas	AZ	85607	03202
			Winslow Memorial Hospital	1501 Williamson Ave.	Winslow	AZ	86047	17301
Grantwriting workshops								
First Name	Last Name	Title	Company	Address 1	City	State	PostalCode	PCA
			PGBHA/FEN	2066 W. Apache Trail, Suite 116	Apache Junction	AZ	85220	21113
			White Mountain Regional Medical Center	118 S Mountain Ave	Springerville	AZ	85938	01303
			Hopi Tribe	P.O. Box 123	Kykotsmovi	AZ	86039	17310
			Cochise County Health Department	1415 Melody Lane Bldg. A	Bisbee	AZ	85603	03201
			Chiricahua Community Health Center	10566 Highway 191	Elfrida	AZ	85610	03207
			PSA Behavioral Health/Art Awakenings	2255 W Northern Ave B100	Phoenix	AZ	85021	13113
			Mount Graham Regional Medical Center	1600 20th Avenue	Safford	AZ	85546	09201
			EAHEC	5880 S. Hospital Drive	Globe	AZ	85501	07103
			IHS-Tucson Area Office	7900 S. J. Stock Road	Tucson	AZ	85746	19206
			Copper Queen Community Hospital	101 Cole Ave	Bisbee	AZ	85603	03201
			Mogollon Health Alliance	308 E. AERO DRIVE	Payson	AZ	85541	07101
			Gila County Health Dept	1400 E. Ash Street	Payson	AZ	85541	07101
			Holbrook Hospital	500 EAST IOWA	Holbrook	AZ	86025	17303
			Community Healthcare of Douglas	2174 West Oak Avenue	Douglas	AZ	85655	03202
Community Special Action Groups								
First Name	Last Name	Title	Company	Address 1	City	State	PostalCode	PCA
			Nogales SAG		Nogales	AZ	85621	23201
			Douglas SAG		Douglas	AZ	85607	03202
			Yuma SAG		Yuma	AZ	85364	27400
AIFC Conference and Meeting								
First Name	Last Name	Title	Company	Address 1	City	State	PostalCode	PCA
Alex	Acosta		DES - Volunteer	1465 S. Pasadena Avenue	Mesa	AZ	85210	13118
Alma	Acosta		Florence Unified School District	350 S. Main, Box 2850	Florence	AZ	85232	21115
Diana	Acosta		Community Legal Services	P.O. Box 2045	San Luis	AZ	85349	27406
Frances	Acosta		Marana Unified School District	11279 W. Grier Road, Ste. 126	Marana	AZ	85653	19212
Marina	Agular		Yuma Private Industry Council Inc.	3834 W. 16th Street	Yuma	AZ	85364	27400

Measure: Delivery

- One-to-One
 - e.g., face-to-face or phone consultations, grant development/review
- One-to-Many
 - e.g., trainings/workshops
- Networks
 - e.g., support to a network in order to improve its infrastructure, capacity, membership, communication, or resources.



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Measure: Effect

- What is the impact of these activities?
- COPH Impact Survey
 - Target audience: community-based partners
 - Are community-based projects effective?
 - Do they have the desired impact in the organization or community being served?
 - Do they have the potential for sustainability?



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Impact Survey

- First, establish basic parameters of the community-based project
 - Project name and project director
 - Partnership type (community, agency/organization, coalition, or other)
 - Project time period
 - Project initiator (COPH, community partner, jointly, or other)
 - Nature of the project (maps to COPH Community Engagement and Service measures)
 - List of project partners (each partner external to COPH gets a survey)
 - Project partner representative to complete the survey
- Then...a series of questions (both Likert scale and open-ended) to be answered by the community partner.



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Impact Survey Sample Question

4. Please rate your answer to the following statement:
 “This project.....” (Please mark one box for each item using the 4 point scale, where 1 is “None” and 4 is “Substantially.”)

“This project.....”	None 1	A little 2	Somewhat 3	Substantially 4	Does Not Apply N.A.
	▼	▼	▼	▼	▼
A. Increased our ability to serve the community as a whole.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Resulted in new products, knowledge, or skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Resulted in additional funding or other resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Developed new, valuable resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Influenced policy decisions or advocacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Strengthened our capacity as an agency/group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Other (please describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Ultimate Impact Analysis

- **Program Output Measurement:** What products/services are created by the SORH each year in addressing the priority targets.
- **System Impact Measurement:** As a result of these efforts, what changes take place in the health care system.
- **Population Outcome Measurement:** What service needs of the target population is the total result of the investments/efforts directed at the target issue(s).



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