



ACCREDITATION QUALITY IMPROVEMENT INITIATIVE (AQII)

PRESENTATION TO MLPHAP COMMISSION

- ❖ Debra Tews, MDHHS, PHA Office of Performance Improvement & Mgmt.
- ❖ Angelique Joynes, Health Officer, Allegan County
- ❖ William Ridella, Health Officer, Macomb County
- ❖ Nick Derusha, Health Officer, LMAS District Health Department
- ❖ Kevin Hughes, Health Officer, District Health Department #10

JANUARY 10, 2019

MI LOCAL PUBLIC HEALTH ACCREDITATION: OVERVIEW

- Began in 1998 via local/state partnership. Impetus—a need for quality improvement, accountability, uniformity in standards, capacity-building to address core functions, and improved coordination of contract compliance reviews.
- First & oldest LHD accreditation program in nation
- Mission—Assure & enhance the quality of public health in MI by identifying and promoting the implementation of public health standards for LHDs
- Partners—MDHHS, MDARD, MDEQ, MALPH, MPHI, and MI LHDs
- MDHHS provides oversight/funding & MPHI provides program coordination
- MDHHS & partners have continually improved accreditation through 5 large-scale quality improvement initiatives (between 2003-2016)

ACCREDITATION CYCLE & PROGRAMS

- Operates on 3-year cycle & assures LHDs meet contractual requirements (~ 15 LHDs reviewed/year)
- Standards are Minimum Program Requirements (MPRs) & remain consistent for 3-year period—all LHDs are reviewed under same set of standards
- On-site reviews conducted by state program staff & corrective plans of action follow, if necessary

Up to 12 LHD Programs reviewed:

- LHD Powers & Duties (MDHHS)
- Food Service Sanitation (MDARD)
- General Communicable Disease Control (MDHHS)
- Hearing (MDHHS)
- Immunization (MDHHS)
- On-Site Wastewater Treatment Management (MDEQ)
- HIV/AIDS and Sexually Transmitted Disease (MDHHS)
- Vision (MDHHS)
- Breast & Cervical Cancer Control Nav. Program (MDHHS)
- Family Planning (MDHHS)
- Women, Infants, and Children (MDHHS)
- Children's Special Health Care Services (MDHHS)

MLPHAP ACCREDITATION COMMISSION

MLPHAP Commission is an advisory body comprising 14 members:

- 1 Chair (appointed by the MPHI Board of Directors)
- 5 Local Representatives including 3 local health officers and 2 local governing entities
- 2 Representatives from MDHHS
- 1 Representative from MDARD
- 1 Representative from the MDEQ
- 2 At-Large Representatives
- 2 Representatives from the MPHI Board of Directors

Commission meets quarterly to make accreditation recommendations to the three state agencies who make final accreditation determination.

CURRENT QUALITY IMPROVEMENT INITIATIVE BEGINS

- April 2017: PHAC presented 39 recommendations to Gov. Snyder. This spurred MDHHS work to identify improvement strategies, including design of AQII.
- January 2018: At MDHHS direction (and with MLPHAP Commission concurrence) the current Accreditation Quality Improvement Initiative (AQII) was established. AQII is currently addressing PHAC recommendations #33 & #34.
- February 2018: AQII committee convened, meets monthly, and comprises 7 health officers, a county administrator, a county commissioner, an accreditation reviewer, MDEQ, MDARD, MPHI, MLPHAP commission members, and PHA Offices of Local Health Services and Performance Improvement and Management.
- AQII will span several years, include new standards, keep pace with current public health practice, and strengthen the MI public health system.

AQII CO-CHAIRS & COMMITTEE MEMBERS

Co-Chairs: Debra Tews, MDHHS & Angelique Joynes, Health Officer, Allegan County

Workgroup Leaders: William Ridella, Health Officer, Macomb County

Nick Derusha, Health Officer, LMAS DHD

Kevin Hughes, Health Officer, DHD#10

Committee Members:

- Robert Sarro, County Administrator
- Dwight Washington, County Commissioner
- Dan Hale, MLPHAP Commission Member
- Carol Austerberry, Wayne County
- Larry Johnson, Shiawassee County
- Ellen Rabinowitz, Washtenaw County
- Jessie Jones, MPH
- Lois Graham, MDEQ
- Kevin Besey, MDARD
- Sean Dunleavy, MDARD
- Irda Kape Dothage, MDHHS
- Jon Gonzalez, Office of Local Health Services
- Laura de la Rambelje, Office of Local Health Services
- Rachel Melody, Office of Performance Improvement & Mgmt.

AQII COMMITTEE CHARGE

PHAC Recommendation #34:

- The MI Local Public Health Accreditation Program should review and revise local public health accreditation standards, in alignment with national standards, to reflect performance and outcome-based assessments, quality improvement processes, and the powers and duties explicitly required by the MI Public Health Code.

PHAC Recommendation #33:

- Working through the MI Local Public Health Accreditation Program, the state should amend the accreditation process for all LHDs to reflect and encompass national accreditation standards consistent with Public Health 3.0 initiatives.

OF INTEREST: PHAC RECOMMENDATION #23

PHAC Recommendation #23 states:

- State should promote and support LHDs to complete community health assessments, community health improvement plans, programs such as Project Public Health Ready, and national voluntary retail standards.
- MDHHS, Population Health Administration, Office of Performance Improvement & Management promotes and supports LHDs and tribal health agencies toward completion of health assessments & health improvement plans. Each year PHA provides:
 - Mini-Grants
 - Targeted Agency-Specific Technical Assistance (customized based on need)
 - Michigan Network for Accreditation Coordinators (to share resources/best practices)
 - Training Opportunities

AQII COMMITTEE OBJECTIVES

Develop New Standards/Measures Based on National Standards:

- Quality Improvement
 - Include new standards in all 12 programs reviewed
- Cross-Sector/Non-Traditional Partnerships
 - Include new standards in the Powers & Duties Section
- Workforce Development
 - Include new standards in the Powers & Duties Section

Recommend modifications to “Accreditation with Commendation Status” if warranted.

ALIGNING WITH NATIONAL STANDARDS

Which Standards, Frameworks & Initiatives Are Under Consideration?

- Public Health Accreditation Board (PHAB): National accreditation for state, local, tribal & territorial health departments. 'Gold' standards for public health.
- Chief Health Strategist: Role for public health entities to drive evolution toward higher achievement & collective impact. Builds on past/present functions to meet future needs.
- Public Health 3.0: Framework leverages multi-sector collaboration to address social determinants of health & improve health equity. Calls for major upgrade in public health practice and systems-level actions.
- Foundational Public Health Services & Capabilities: Conceptual framework for outlining areas/capabilities no health department should be without and for which costs can be estimated.

WHAT AQII HAS ACCOMPLISHED TO DATE

- Convened 11 AQII meetings (face-to-face)
- Conducted comprehensive review of national standards and frameworks
- Added 2 health officers to AQII (from PHAB accredited health departments)
- Established 3 workgroups, identified 3 local leaders, & held numerous workgroup meetings:
 - Cross-Sector Partnerships: William Ridella (Macomb County)
 - Quality Improvement: Nick Derusha (LMAS DHD)
 - Workforce Development: Kevin Hughes (DHD #10)
- Developed resources for use by AQII workgroups:
 - Synthesis of National Standards, Frameworks & Initiatives
 - MLPHAP Process Overview & Definitions
 - Group Facilitation Protocol & Template for Developing Standards

WORKGROUP PROCESS IN ACTION

- Workforce Development, Cross-Sector Partnerships, and QI Workgroups started with a facilitated process to guide group discussion.
- Members responded to questions for reflection:
 - What stood out about the national standards documentation?
 - What difference are we aiming to make (what will the end look like)?
 - What do you think is doable for a LHD?
 - What do you think is out of reach?

AQII: A THOUGHTFUL & DELIBERATIVE PROCESS

Will the new requirements

- be responsive to PHAC Recommendations?
- be considered good public health practice?
- advance public health practice within individual jurisdictions and across Michigan?
- move the needle toward quality improvement, measurable outcomes and improved health status?
- build local health department capacity?

WILL NEW OR ADDITIONAL RESOURCES BE NEEDED?

- Some LHDs may be meeting components of the proposed requirements (particularly those that have been dually accredited in Michigan and by PHAB).
- Numerous small and/or under-resourced MI LHDs may be challenged to meet existing requirements plus new standards.
- Current local public health resources are limited. Funding, tools, training, technical assistance, local/community resources, and assistance from governmental or non-profit public health organizations are helpful, but likely not available to all health departments for all activities.
- AQII seeks to develop standards that are responsive to varied capacity among LHDs.
- Building greater capacity & stronger public health infrastructure will require additional investment and resources.

WHERE IS AQII HEADED?

- Each AQII Workgroup developed draft standards (*MPRs)
- MPRs fully vetted with the AQII committee of the whole
- Draft MPRs and recommendations were presented last September, slightly modified based on your feedback, and will be shared today
- Recommendations for NEW INVESTMENTS will be presented today
- This same information will be shared with MALPH in the coming weeks

**Note: Minimum Program Requirements (MPRs) are defined as minimum standards of scope, quality, and administration for the delivery of required and allowable services as set forth under the Public Health Code. MPRs must be based in law, department policy, or accepted professional standards. LHDs must meet all required MPRs to achieve Accreditation.*

TAKING THE LONG VIEW: AQI TIMELINE

2018: New MPRs, guidance and recommendations developed

Early 2019: Recommendations presented to Accreditation Commission, MALPH, and Standards Review Committee

Late 2019: Plan/run beta test of new accreditation standards/process and train LHDs and reviewers

Early 2020: New standards are vetted through state/local Standards Review Process

Mid-2020: Finalized standards presented to Accreditation Commission

Late 2020: New accreditation tool published and web-based reporting revised

Early 2021: New 3-year accreditation cycle & LHD reviews begin

OVERVIEW OF RECOMMENDATIONS FOR NEW ACCREDITATION MPRS AND INDICATORS

AQII Recommendations:

- Two new indicators for the Accreditation Powers & Duties Section:
 - No change to existing MPR
 - One new indicator addressing Cross-Sector and Non-Traditional Partnerships
 - One new indicator addressing Workforce Development
- A new MPR and Indicator for all Program-Specific Sections in Accreditation:
 - The MPR and Indicator addresses Quality Improvement of programs
- No changes to current Quality Improvement Supplement
- No changes to Accreditation with Commendation Status

RECOMMENDATIONS FOR NEW ACCREDITATION MPRS AND INDICATORS

A complete listing and explanation of recommended new MPRs and Indicators (source of derivation, purpose, significance, guidance, LHD documentation, and evaluation questions) is listed in—***Building Capacity to Meet New Michigan Local Public Health Accreditation Standards: Overview, Inventory of Available Resources & Recommendations for New Investments (see Appendices A, B, & C).***

WHY THESE FOCUS AREAS?

Cross Sector Partnerships, Quality Improvement, and Workforce Development were chosen as focus areas because they:

- Meet the PHAC recommendations to align with national standards.
- Have the ability to make positive impacts on health outcomes in Michigan.
- Align with current public health frameworks and initiatives in use by governmental and non-governmental public health systems across the nation.
- Are mutually supportive and work together to strengthen health department performance and improve health status.
- Were cited as areas of need by MI local health officers during strategic priority planning sessions.

A CLOSER LOOK: WORKGROUP LEADER'S DISCUSSION OF NEW REQUIREMENTS

William Ridella: Cross-Sector Partnership Workgroup

- Proposed Language & Placement in Accreditation Tool (i.e. name of section)
- Source of Derivation
- Purpose & Significance

Kevin Hughes: Workforce Development Workgroup

- Proposed Language & Placement in Accreditation Tool (i.e. name of section)
- Source of Derivation
- Purpose & Significance

Nick Derusha: Quality Improvement Workgroup

- Proposed Language & Placement in Accreditation Tool (i.e. name of section)
- Source of Derivation
- Purpose & Significance

GENERAL DISCUSSION: FUNDING & RESOURCES

- AQII examined current & needed resources for meeting new accreditation standards
- Recommendations are contained in 8-page report—***Building Capacity to meet New Michigan Local Public Health Accreditation Standards: Overview, Inventory of Available Resources & Recommendations for New Investments***
- Report Highlights:
 - Current funding model inadequate to address social determinants of health and for building accreditation readiness to meet national standards
 - New investments must be:
 - Developed for long-term use
 - Sustainable
 - Available to all LHDs on a non-competitive basis
 - Built into the state/local funding structure

RECOMMENDATIONS FOR NEW INVESTMENTS & ADDITIONAL RESOURCES

Michigan LHDs require:

- 1) State funding to support at least one additional full-time staff (1 FTE) to build agency capacity and successfully meet proposed new accreditation standards (MPRs and Indicators) on an ongoing basis. The FTE should be established as a senior-level position and report directly to the health officer. The position requires an individual with demonstrated skills in building partnerships, convening community collaboratives, leading quality improvement, and implementing workforce development strategies.
- 2) Expanded access to ongoing training toward building skills and capacities among LHD staff.
- 3) Flexibility in use of essential local health services funding (formerly called “local public health operations funding”) received from the state. This will facilitate institutionalizing an LHD culture of building non-traditional partnerships, improving quality, and implementing workforce development.

RECOMMENDATIONS FOR NEW INVESTMENTS & ADDITIONAL RESOURCES

LHDs require (continued):

4) Targeted funding for Community Health Assessment and Improvement (CHAI).

- This funding (a pool of \$1-\$2M) was previously made available by the state health department to LHDs for the purposes of community health assessment and developing community-wide health improvement plans (both are requirements of national PHAB accreditation for local health departments).
- The CHAI collaborative community process, including use of community data and establishing common priorities, is foundational to advancing public health in Michigan using practices listed in PH3.0, Chief Health Strategist, and Accreditation.
- The CHAI community process is essential for understanding and addressing social determinants of health and health inequities; facilitating collective impact; maximizing resources and achieving improved health status in Michigan.

CLOSING COMMENTARY

In closing:

- The absence of adequate resources in the near term will contribute to increased long term costs and contribute to the further erosion of population health status in Michigan.
- New investments and additional resources are needed to meet new accreditation standards, foster essential partnerships, improve quality, address workforce deficiencies, and solve the fundamental challenges of improving population health.
- We've made great strides with Accreditation over the past 20 years, and are confident the AQII timeline, local/state collaborative process, and resultant recommendations will help us continue to build a strong MI public health system.

QUESTIONS & DISCUSSION

- Questions, Comments, & Discussion

