

Montana

PERFORMANCE ASSESSMENT AND QUALITY IMPROVEMENT ACTIVITIES

The Montana Department of Public Health and Human Services (DPHHS) is the lead public health agency in the state. Authority for overseeing the coordination of the public health system resides with the Public Health and Safety Division (PHSD). The Montana Legislature adopted the Public Health Improvement Act in 1995, which created the Governor-appointed **Public Health System Improvement Task Force**. The PHSD staff work in concert with the Task Force to address public health system issues.

The Task Force is co-chaired by the Administrator of the PHSD and a Local Public Health Official. Additional members represent the following: Montana Department of Public Health & Human Services (DPHHS); Montana Department of Environmental Quality (DEQ); The Association of Montana Public Health Officials (AMPHO); Four Local Health Department representatives (based on population of jurisdiction); Tribal Health Departments; Local Boards of Health; Indian Health Service (IHS); Montana Association of Counties (MACO); Montana Environmental Health Association (MEHA); Montana Public Health Association (MPHA); and the Montana University System.

The Task Force is composed of four committees: 1) Emergency Preparedness; 2) Informatics; 3) Workforce Development; and 4) **System Standards, Accountability and Financing**. The latter guides and monitors assessment, quality improvement and accreditation activities.

Quality improvement (QI) efforts have been an integral part of the Montana public health system for the past 13 years. In 2000, the Task Force produced *A Strategic Plan for Public Health System Improvement*. One of the five goals articulated in the plan was to develop and maintain accepted public health system standards to improve the quality of services and system accountability. This goal put Montana on a QI path that has included the following activities:

- Local and tribal public health departments completed a baseline assessment of their performance of the core functions and essential services of public health using a modified version of the *Centers for Disease Control and Prevention (CDC) 20-question local public health system surveillance instrument* in 2001.
- Using the *CDC's Public Health Preparedness and Response Capacity Inventory* with some additional measures, an initial assessment of critical capacities and benchmarks for preparedness was conducted in 2002, 2004 and 2006. In 2005, Montana received ASTHO's Vision Award for this work.
- To date, 16 Montana counties, one health district (six counties) and one tribal health department have completed the local public health system or governance assessment using the NPHPS.

Montana assessed its state public health system using the *National Public Health Performance Standards for State Public Health Systems (NPHPS)* in 2003. To date, the state assessment and subsequent improvement plan has resulted in the following improvement activities:

- Redesigned the PHSD to combine public health improvement activities with preparedness activities.
- Enlarged the epidemiology and analytical capacity of the state system.
- Created a health planning unit to improve ability to manage large datasets.
- Established a public health training unit.
- Drafted the **Montana Public Health Statute Modernization Act** which was modeled after the Model Public Health Act and developed through the Turning Point Initiative.
- Created a public health emergency preparedness QI system with the University of Washington.

PARTICIPATION IN THE MULTI-STATE LEARNING COLLABORATIVE

Through participation in *Lead States in Public Health Quality Improvement*, the third phase of the MLC (which will run from 2008-2011), Montana will prepare for accreditation and advance quality improvement in public health through the following work.

Preparation for Accreditation

Local Health Department Preparation: During the first year of the grant, in partnership with AMPHO, the PHSD will provide training to local health departments (LHDs) in two phases. The first phase will be delivered at each of the 51 LHDs and one health district in Montana. Those that will be trained will include board members, health officers, lead public health officials, county commissioners, and county attorneys.

The second phase of the training will be delivered in a number of geographic regions of the state and will emphasize the Operational Definition, provision of the 10 essential services, regional collaborations and emergency surge capacity.

In order for Montana jurisdictions to meet the Operational Definition and align with the national accreditation program, shared services and/or regional approaches will be needed and local jurisdictions will be urged to consider how they might work together to do so. The Kansas model of "functional regionalization" will be adapted for the needs of Montana.

State Health Department Preparation: During the first grant year, Montana will repeat the NPHPS state-level assessment using a similar methodology that was used in 2003 to allow for comparison of results to the highest extent possible. The following components will be added to enhance the assessment process:

- Written documentation to support the response to each measure will be developed.
- A team of national experts will be assembled to conduct a site visit that simulates an accreditation site visit, complete with a review of the assessment process and documentation, as well as the provision of recommendations for system improvements.
- A report on the experience performing this assessment process, including documentation/evidence compiled will be provided to the Public Health Accreditation Board (PHAB).

During the subsequent grant years and in order to further prepare for and begin to align with the national accreditation program, Montana will develop a schedule for state assessment processes, QI plan development and implementation, and reassessments to occur on a regular cycle. This schedule will be developed as information on the national accreditation program becomes available from PHAB.

Quality Improvement Collaboratives: All states participating in the third phase of the MLC are forming collaboratives to collectively implement quality improvement activities focused on specific target areas. States were asked to choose at least two targets from a menu of five capacity/process target areas and five health outcome target areas. Montana will implement 2-3 collaboratives that will run concurrently during the course of the project. Several LHDs (3-6), State health department personnel and local/tribal health department personnel will participate in each collaborative. Travel expenses, meeting expenses, trainers, and small financial incentives to cover basic administrative costs will be provided to each collaborative. There are 3 funding periods for the collaboratives: 1) November 24, 2008 – April 14, 2008; 2) April 15, 2009 – April 14, 2010; 3) April 15, 2010 – April 14, 2011

Target Areas:

Capacity/Process Target Area:

Customer Service

Sub-target: To be determined

Health Outcome Target Area: **Reduce the incidence of vaccine preventable disease**

Sub-Target: Increase the percentage of children immunized according to ACIP standards.

Project Lead and Partners: The **Public Health & Safety Division of the Montana Department of Public Health and Human Services** will serve as the convener, fiscal agent, and guiding force for this project. **The Public Health System Improvement Task Force** serves as the mechanism to bring partners together with a clear purpose, a

set of operating principles, and a decision-making process. Other partners include:

The Association of Montana Public Health Officials represents local and tribal public health officials from each jurisdiction in the state and advocates for the improvement of public health services through professional leadership and policy development. AMPHO will coordinate the development of the collaboratives and their QI activities.

The Montana Association of Counties is the organizing body for the state’s county commissioners and other county officials. MACO will assist in communicating information regarding the national accreditation program in their monthly newsletter, yearly statewide conference and regional meetings.

The Montana Public Health Association is a diverse membership of individuals and organizations advocating for optimal public health best practice standards for all Montanans. MPHA will assist in communicating information regarding the national accreditation program and will include relevant training seminars in their annual membership conferences.

The Montana Environmental Health Association is composed of a variety of professionals, including sanitarians, who work to maintain and improve the standards of performance of professionals in the field of Environmental Health in Montana through education and outreach. MEHA will assist in communicating information regarding the national accreditation program and will include relevant training seminars in their annual membership conferences.

The Northwest Center for Public Health Practice at the University of Washington is the organizing agent for six states to develop and implement a long-term, integrated approach to workforce development. The Northwest Center will provide assistance with developing and implementing competency-based training modules for the public health workforce that will keep Montana in synch with national accreditation, and will assist with assessment and QI activities.

The Master of Public Health Program at the University of Montana will provide evaluation expertise for the project.

ADDITIONAL RESOURCES

Montana PH System Improvement Task Force:
<http://www.dphhs.mt.gov/PHSD/psi/psi-index.shtml>

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