

MCHB/DHSPS April, 2010 Webcast

Changes to the National Healthy Start Performance Measures

April 26, 2010

JOHANNIE ESCARNE: Good afternoon, I'm Johannie Escarne from the Division of Healthy Start in the Maternal and Child Health Bureau. I would like to welcome you to the webcast titled 'Changes to the National Healthy Start Performance Measures'.

Before I introduce our presenters today, I would like to make some technical comments. Slides will appear in the central window and should advance automatically. The slide changes are synchronized with the speaker's presentation. You don't need to do anything to advance the slides. You may need to adjust the timing of the slide changes to match the audio by using the slide delay control at the top of the messaging window. A 12-second delay provides optimal performance for the audience.

We encourage you to ask questions to the speakers at any time during the presentation. Simply type your question in the white message window on the right of the interface, select question for speaker from the drop down menu and hit send. Please include your state or organization in your message so that we know where you're participating from.

On the left of the interface is a video window. You can adjust the volume of the audio using the volume control slider which you can access by clicking the loudspeaker icon.

Those of you who selected accessibility features when you registered will see text captioning underneath the video window.

At the end of the broadcast, the interface will close automatically and you'll have the opportunity to fill out an online evaluation. Please take a couple minutes to do so. Your responses will help us plan future broadcasts in this series and improve our technical support.

We're very pleased today to have Maribeth Badura from the Division of Healthy Start and Perinatal Services and Chris Dykton, the project manager at the Science Applications International Corporation or SAIC. In order to allow ample time for the presentations we'll answer the questions at the end of the session. We encourage you to submit questions by email during any time during the presentation. If we don't have time to respond to your questions during the broadcast we'll email you afterward. We would like to welcome our presenters and audience and begin the presentation.

Maribeth.

MARIBETH BADURA: Good day. It's good to be with you. It's a rainy day here in D.C. I hope you're having better weather than we are. What I would like to talk with you about today are some changes to our national Healthy Start performance measures that will affect your data collection for this calendar year.

As many you are aware, all of our performance measures for the entire bureau are approved by the Office of management and budget and we are annually reviewed by the Office of management and budget. In preparing for this last set of OMB approved measures we took the opportunity to look at some of the measures and to see how we could better refine them, whether there were some we wanted to delete and some that needed to be developed because they weren't covering key areas of the program. In doing that process, we convened a group of advisory members which we called subject members experts and they met in January of 2009. Some of the names on the list are people you're very familiar with because they worked with the programs or a current evaluator of your program. Donna from Baltimore, a person from Boston. Debra were among the list of participants at the program. The reason that we're talking to you now about this data collection system is when it was approved in October and Chris reminded me earlier it was Halloween, October 31st, 2009, some of the elements of data collection are elements that are collected on individual characteristics of your population and individual performance participants. Your program participants. Others of the measures, as you're aware, are more measures that reflect your own self-assessment or your consortium's assessment of an activity.

Our discussion today is really just on the changes to the national Healthy Start performance measures that collect individual program participant data. We know that you're reporting now on your 2009 data but next year for those new measures you will be reporting for -- on your 2010 data. We wanted you to be able to start collecting this data as soon as possible so you can get the best data into the system when you report

next year. So without further adieu I'm going to turn it over to Chris and he can go over the measures.

CHRIS DYKTON: Thank you, Maribeth. I'm delighted to be here. A little bit about myself before I get talking about the new performance measures is that I'm the project manager for both the Title V Information System and the Discretionary Grant Information System since 2007 but have been associated with both of these information systems as a subject matter expert since 1999 so I've been around and I know where the skeletons are buried. But one of the things that that gives us is it gives us a longevity and understanding the needs of the Maternal and Child Health Bureau as it is building the performance measures and also building the systems to collect that data.

Next slide. As Maribeth said, the DGIS forms and performance measures were approved in October of 2009 and many of the forms and measures have been revised. Some of the measures have been retired that were part of that package and other measures have been added that were based on the recommendations and the work of the workgroup from last January. DGIS itself is in the process of being enhanced and built to collect the new data. We are doing that right now. The programs themselves are looking at all of these new measures and the revised measures looking at the form

assignment and selection and finalizing that final set of forms and measures that you will be reporting on in this case for Healthy Start.

So next slide, please. So this next coming year is a big year. It is a big year, a year of transition. Because you'll be transitioning from your current set of forms and measures to the new one. There is a couple of things that will be going on while we do this. There will be changes in process. There will be changes in the nature of the measures. Some of the things are going to remain the same and will look the same and they're just minor revisions but there will be many things that we're going to be doing one time only as we move from the old OMB package, which is the current one you're working with, to the new one.

As Maribeth said today we aren't going to spend time looking at the scale based and process measures but we'll look at the measures that specifically target data collection from your program participants. So that will be the focus of today's discussion. One of the things that's very important to us right now is that the data collection process be finalized and done in a clean and clear way over the next year. We're in the process of doing this and fine-tuning it and we have a draft plan in place. What you are currently doing in reporting for your 2009 reporting your data on your performance reports remains unchanged. You're going to continue doing what you've done in the past so for those of you with the February 1 starts and the June 1 starts, as you are putting data in the system right now for 2009 there is no difference from what has happened in past years. You will continue to report on the national performance measures that you

have done. You'll continue to do the program performance measures, the Healthy Start data form will look the same. You'll just finish up your performance measure reporting and your performance reporting in the same ways you always have. When we get into next fiscal year, this is where change starts to take place. At the time of your non-competing continuation, you have traditionally provided preliminary data in the data collection system for your forms and measures. That will not take place next year. There will be no data collection from any MCHB program at the time of the non-compete progress report.

One is a technical one. We have a set of measures we have to collect on all the programs on a rolling basis throughout the year and we have to get all the old measures and data completely collected before we open up the new ones and the revised ones. So that means that this interim data collection needs to be suspended for next year. So in other words, once you complete your current performance report for 2009, your next time you come in in 2010 at the time of your performance report, in about a year, you will be reporting your complete final set of data which will include your new and revised measures. One of the things that will be very important over the next few months is that as the set of those performance measures and forms are finalized for you, your project officer is going to share that with you, will help guide you on how to do the data collection and to be ready for doing that performance report a year from now.

Next slide, please. So today we're looking at just a select group of measures and data points that you will be collecting from your -- about your program participants. And they -- you have three performance measures that are new, that will be new to you. The first one is the percentage of completed referrals among women in the Healthy Start program. That's performance measure number 38. Performance measure 39 is the percentage of women participating in Healthy Start who smoked in the last three months of pregnancy. Performance measure 81 is the% percent of the mothers who breastfeed infants at six months of age and maternal mortality data will be collected for the first time on the Healthy Start data form.

Next slide. So let's look at each of these in detail and look at these data points that you will be collecting and looking at. PM38 is the percentage of completed referrals among women. This is a standard percentage-based measure where you'll be reporting a numerator and denominator in the system. The numerator will be the number of referrals to health and other supportive services made by your Healthy Start program that are completed. The denominator is the number of referrals to health and other supportive services by Healthy Start. This is the companion measure to performance measure 21, which looked at the women participating in your Healthy Start program who had a completed referral. This measure looks at the referrals, not the women. Whereas the other one looked at the women. By having the two sets of data together, you get to see a full understanding of the level of service that is being provided by you as Healthy Start grantees.

Next slide, please. PM39 is the percentage of women participating in your Healthy Start program who smoked in the last three months of pregnancy and like PM38 it's a standards percentage-based measure that you'll report a numerator and denominator. The numerator will be Healthy Start women who smoked during the last three months of pregnancy and the denominator will be the number of participants that were pregnant any time during the reporting period. This is one of those measures that is a really beautiful companion to the Title V Information System in the national performance measure 15 that states report on annually. This mirrors that in terms of language and focus. In your case it's focusing on your program participants whereas Title V it reports it at the state level. It is a really rich sense of data and what is happening in the individual communities within the state that you support versus looking at the state data overall. And we're very excited about looking at what this provides us in terms of looking at national health. Particularly around women who smoked in the last three months of pregnancy.

Next slide, please. Performance measure 81 is the percent of program participant mothers who breastfeed their infants at six months of age. And like the other two measures, this is a standard percentage-based measure with a numerator and denominator being reported each year. The numerator is the number of program participant mothers is that breast milk is one type of food their infant is feed at 6 months of age and the denominator with mothers with infants at six months. Like PM39 this is also a national -- companion national performance measure in the Title V

information system with national performance system 11. It will give us a rich source of data looking at the local level up to the statewide level.

Next slide, please. Finally, for the first time, if I'm correct, Maribeth, is maternal mortality data are going to be collected from Healthy Start grantees. There will be two data -- rows of data collected on the Healthy Start form dealing with this. One will be the total number of deaths for your program participants attributed to maternal conditions and complications of pregnancy of childbirth during pregnancy up to 42 days after delivery. And then you also will be reporting on the total number of deaths of program participants attributed to maternal conditions and complications of pregnancy from 43 days to one year after delivery. These data will be collected by race and ethnicity on the Healthy Start form. That will be in section A. So these are the revisions and these are the data points that at this point in time we have that require you to adjust and assess your tools in order to collect this additional data. It will be an incredibly powerful use of the data that will come out of this on emerging topics and emerging areas for health for moms and kids. I want to thank you. I know this year is going to be rather exciting and it is going to be filled with just like excitement is, sometimes tension. So by all means if you need assistance while you're in the system and particularly a year from now when these are coming and you're seeing them for the first time and you're reporting on the data, I'm here to help, the call center will be here to help and we'll do what we can to make this transition as successful and easy as possible.

>> There is one other data point that I would like to bring up. There is a change in a definition that I think will also require you to pay -- some of you to pay closer attention to your data collection and that is the definition of what is entry into prenatal care was refined to include the fact that it must also include not just a history and assessment but it must also include a physical exam. So I know many of you might already include that in your element on first prenatal visit but we wanted a consistency across all the projects so the definition of that has been revised to include a physical exam among the other characteristics that had previously been defined.

>> With that clarification we purposely kept this webcast brief as far as our slides because we knew you guys would have plenty of questions so we're now transitioning over to the question/answer portion of the webcast and the very first question I believe is a definition question. How do you define a completed referral?

>> Actually that's the woman gets the service for which she was referred.

>> The next question, will the number of pregnant women need to match what we turn in for pregnant women, or will it be all women that have been pregnant throughout the year regardless of those reported pregnant or --

>> Is that a completed referral?

>> Dealing with the number of pregnant women. I think that is--

>> It would be smoking, I believe.

>> I think that has to do with smoking.

>> This is the same denominator that you use routinely when you're talking about pregnant women in your reporting. So you all have the freedom to choose when you start your data collection referral time period and when you close it. So that's been an issue, I know, with some of you. We've done that because some of you are on county health department, state health department. Other sort of reporting periods and we didn't want you to have to have -- with different start dates than the calendar year. So we allow you to choose the calendar year start point and endpoint for the data and so you are just going to look at all women who are pregnant at any time during the reporting period that could be interconceptional and could still be pregnant.

>> This is to performance measure 81. If mom was twins we will not report number of babies, just number of moms, is that correct?

>> Correct. It's the numbers of mothers who breast feed the infants, it's not the infants. That's all the questions I have right now. There are probably a few of you typing in some questions as I'm speaking right now. So while that is going on, is there anything else, Maribeth, you wanted to go ahead and mention, or Chris, at this time while we get a couple more questions in?

>> Chris, what did we say the process measures might be available for them to look at.

>> I think it's a matter -- it is not going to be long now. Right now the process measures are undergoing review by MCHB leadership to see if everybody's choices for use of measures is consistent across the entire bureau. So the project officers have given their decisions as to what they would like to see their program report on. We want to make sure the process measures that need to be applied universally are being used by everyone. We're in the final stages of the final review by Dr. van Dyck. Once that occurs it will be publicly available for everyone to know what their cohort of performance measures will be.

>> We probably will have the process measures available by the time we have a project director's meeting in June, do you think?

>> I'm certain that will be the case.

>> We'll get all the measures to you as soon as they are available. So you can begin to look at them and then we'll discuss them further at the project director's meeting that we'll be having in June. In terms of some of the process measures, we will -- some of them that have been changed have been based on feedback that you've given us that they weren't accurately measuring your program. There are some new process measures looking at sustainability and infrastructure building. Those are some, I think,

that we're looking to see how they go across the entire bureau but what we're really trying in the process measures to really do some refinements on those measures and hopefully some of them that were very complex the last time will be simplified this time for you. Maybe I can give you some history on why we chose these measures. I think, Chris, a little bit on PM38 the completed referrals we felt that we reflecting the number of women that were getting a referral but it didn't really capture the intensity of the services you provide. And so we wanted to capture that particular data in a comprehensive form. We collected bits of that data in our program participant service areas, data tables, but we didn't get the complete sense of how many women really were having completed referrals and how many of those referrals were occurring. So that was the reason for that particular measure. In terms of smoking, we know smoking has such an impact on low birth weight. That is an area that all of you are struggling with in your projects and so that's the reason that we added that one and we kept it as a companion piece to the TVIS and of course many of you are working on breastfeeding and we picked up a companion measure for that. And we have made the decision that we wanted to look at maternal mortality data. However, we didn't believe it was quite ready yet to be an outcome measure for the project. We also wanted to be able to get that data by race and ethnicity and that was the reason we chose not to make this as a performance measure or a national outcome measure but actually collect it as part of your data tables.

>> Thanks, Maribeth. Still don't have any other questions. They understand everything and everything will go nice and smoothly.

>> It will be nice and smooth next year, it seems.

>> Any other closing remarks?

>> I have no other closing remarks. We wanted to keep this short. It isn't major revisions but we know some of you may be collecting some of this data and it maybe not quite the way we're asking for it but we did want to give you as much lead time as possible to make changes to your data information system. You'll be pleased to know we don't go through this again for another couple of years. 2012?

>> 2012.

>> 2012 is the next time we go through this process. Thank you for joining with us.

Okay.

>> Well, on behalf of the Division of Healthy Start and Perinatal Services I'd like to thank our presenters Maribeth and Chris and thank the audience, and also our contractor, the Center for the Advancement of Distance Education at the University of Illinois in Chicago School of Public Health for making this technology work. It is always a handful. Today's webcast will be archived and available in a few days on the website mchcom.com. We encourage you to let your colleagues know about this website. We look forward to your participation in future webcasts.