

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

October 14 - 17, 2007

National Efforts to Identify Promising Models:

AMCHP Best Practice Report

NAN STREETER: Good morning. Good morning. A little more enthusiasm, wake up. I'm really thrilled to be here this morning to talk to you about AMCHP's Best Practices Program. I also want to comment, as Pam mentioned, one of my areas of focus is oral health, and I have the great pleasure of working with Steven Steed, who is Utah State Dental Director, who also happens to be the current president of ASTDD. So, it's really fun to have the opportunity to promote oral health and also, to talk about what AMCHP is doing relative to Best Practices.

So, I want to talk a little bit about the program. And the program, actually, was launched in 2007, in March, at the annual conference. And when we talk about Best Practices and we recognize that there's a continuum of strategies, interventions, et cetera, programs that run the gamut from those that are-- promising, those that are best practices, and those that are evidence-based. And so, that's what our program is based on, is that continuum. We want to make sure that the work out in the field is being recognized and that we're not excluding programs that are promising for others to look at. And the concept of Best Practice is to make sure that we're driving our efforts to define, to document

and disseminate those programs, those models, that those in the field have found to be effective, and also, the tools that are being used in maternal and child health in the field.

The continuum for Best Practice is right here. And as you can see, the three levels that we include in the definition of Best Practice: promising, evidence-based and science-based. And the difference between the three levels, you can see, for example, with promising practices, that this is a program that has an evaluation plan, but the program probably is still in the process of collecting data and the effectiveness or the outcome hasn't been officially documented, but that they are--included in those programs are some of the principles of Best Practice, such as quality improvement and having that program based on guidelines or standards. And then, when you move to the evidence-based practices, you're talking about a program that does have data that demonstrates the effectiveness of that particular program. And then, of course, your science-based is that program that the evidence demonstrates clearly that there's a relationship between the practice and the outcomes and that it also is replicable.

So, I want to talk a little bit about some examples out in the field of Best Practices. And so, this may include programs, for example, that improves the care coordination for children and youth with special healthcare needs. It may include a program that reduces lead poisoning through home visits, where a home visiting nurse goes out into the home of a child and is able to evaluate the

potential for exposure to lead. A program that develops an interagency application process for WIC, for early intervention Medicaid, and so on, so that the families don't have to go to three different or four different or five different agencies provide the same information to each in order to determine whether or not they're eligible. Programs that collaborate with school nurses to improve care for children with asthma. A program that successfully reduces the rate of adolescent suicide, or one that promotes early intervention for hospitalized children. Programs that are building linkages between health and childcare systems. Those that are expanding screening and intervention for depressed pregnant women, or those that are linking data to address infant mortality, and I think we've have the opportunity to hear about some of the data linkages that are so critical to the work that we do in terms of linking birth record with PRAMS, with hospital discharge data, and so on. That's so important in enabling us to define factors that are related to infant mortality, as an example.

So, some of the current Best Practice focus areas are listed here on the slide. And you'll see that there's a wide range, starting with access to care and going through, including mental health, nutrition, fitness, and so on.

I want to talk a little about AMCHP's new innovation station. This is a database application that will catalogue Best Practice's that are logged into the system. And AMCHP has a Best Practices review panel, and the review panel will or does review each of the submissions to determine whether or not they meet the

criteria for the three different levels of Best Practice that I described earlier. Some of the features of the database include the ability for public health, the public health field, to submit their particular profile or their particular best practice. And then there's a backend that allows the review panel to review the submissions, and also, for AMCHP's staff to administer the database. Also included is, for those interested in review, or not reviewing, but identifying or finding out about best practices in the field, a mechanism to actually look at those particular profiles and search in different mechanisms, and then also, a portal for updating the profiles.

And when I mentioned search, there will be some, obviously, simple mechanisms to search the database, but also, some advanced ones. And the simple ones would obviously be looking at what a particular state is doing or what they have submitted as best practices, or a public health issue area, such as mumps. But there also is a more advanced search feature, where you can go in and search by national performance measures, keywords, maybe you don't know which state is doing what, but if you put a keyword and you can find out how many states are addressing pregnant women and find out what they're doing, and so on.

So, the innovation station will be revealed in March of 2008 at the AMCHP conference, and so, please look for that when you're there. I think you'll find it a great tool to facilitate the dissemination of work that others are doing in the field, and you can access that through the AMCHP Web site. And I want to mention

and acknowledge the review panel members who are furiously working on reviewing the submissions that are coming in. And as you can see, many of the review panel members are here today in the audience, Betsy Anderson, Jim Bryant, Debbie Car, Karin Downs, Emma Green, Katherine Kinsey, Michelle Lawler from the bureau, Mary Marin, Chan McDermott, Dick Nugent, Judy Scoter, Ralph Schubert and Judy Wright. And as you see, there are representatives from throughout the country, which I think is great because it gives AMCHP an opportunity to make sure that all areas of the country are represented and looking at these submissions.

So, the next steps are going to be to integrate the feedback from the reviewers, and also from you all, after it's launched. And obviously, we'll be working with MCHB to make sure we're validating or make sure that we have validated the review process for Best Practices, and obviously, we're going to continue the great work that you all are doing. The--for more information, you can contact the Best Practice site on the AMCHP Web site. And so, I encourage you to check that out.

And in conclusion, I want to show you a demonstration of what would be considered not best practice in oral health. And I was fortunate, earlier this summer, to go to China on a personal vacation. And we went down a street market of one of the relocation cities in China. And I was walking across the street and found this gentleman who was--had his hands in the mouth of the

woman who's sitting there, and I was trying figure out what was going on. And then I realized, "Oh, my gosh. This is dentistry on the street." And so, I was fortunate to be able to take a picture from across the street, because apparently, the woman who was being tended to had been asked by others if they could take her picture, and she had declined. And so, I was able to--I didn't know that until later. In my tour group was an endodontist, and he happened to be over there. And so, I ran across the street after I took the picture, and said, "What's going on, Omar? What's going on?" He's just, "Oh, he's fitting her for bridge--for a bridge." But I want to say this obviously is not how we want to practice good oral health in this country, but I thought you might be amused by this particular slide.

So, thank you so much. And I'm going to turn the time over to the other presenters.