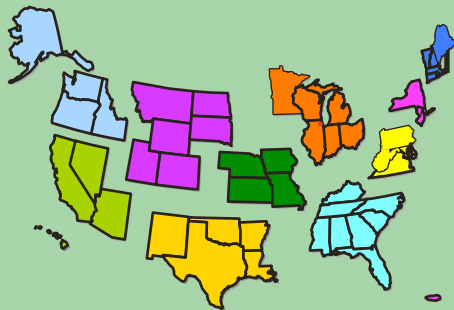


Update from the Office of Performance Review (OPR)

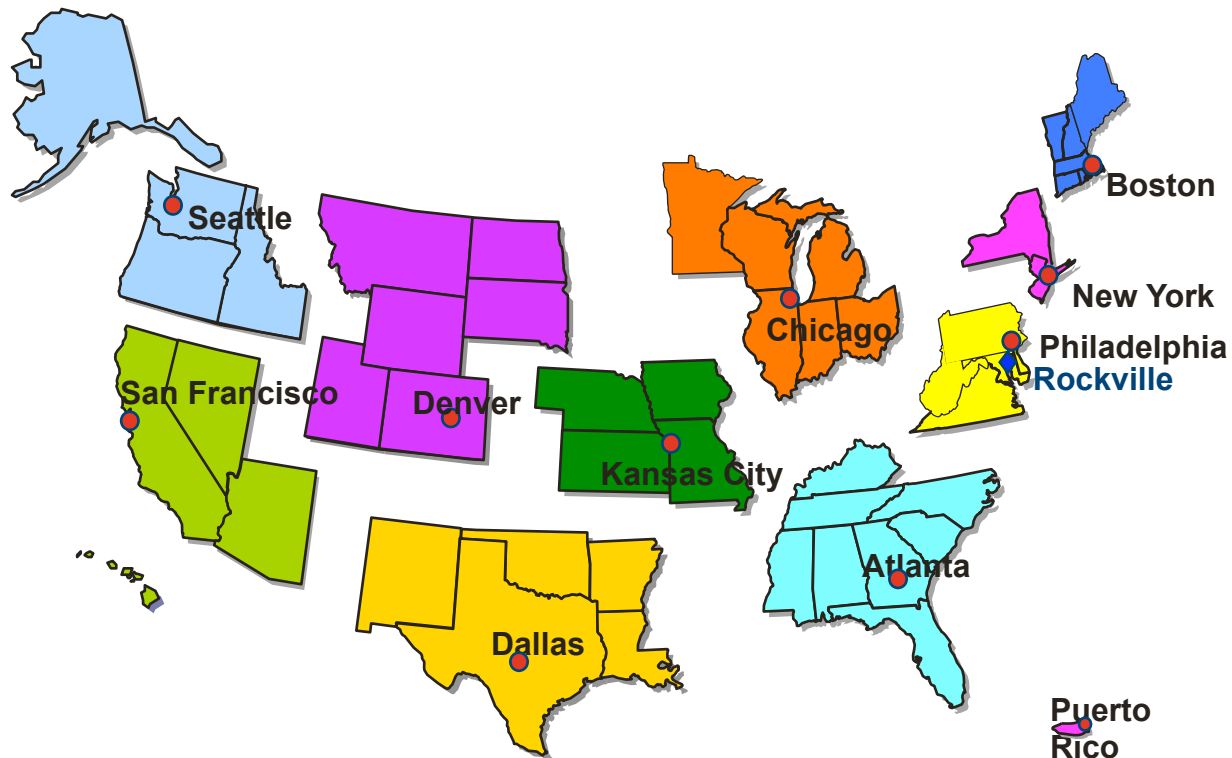


U.S. Department of Health and
Human Services (HHS)
Health Resources and Services
Administration (HRSA)
Office of Performance Review
(OPR)

James Macrae

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Office of Performance Review (OPR)



OPR Core Functions

1. Performance Reviews
 - | Grantee
 - | State
 - | Community
2. Track regional and State trends
3. Policy and grantee feedback to HRSA
4. Technical assistance

Purpose of Performance Reviews

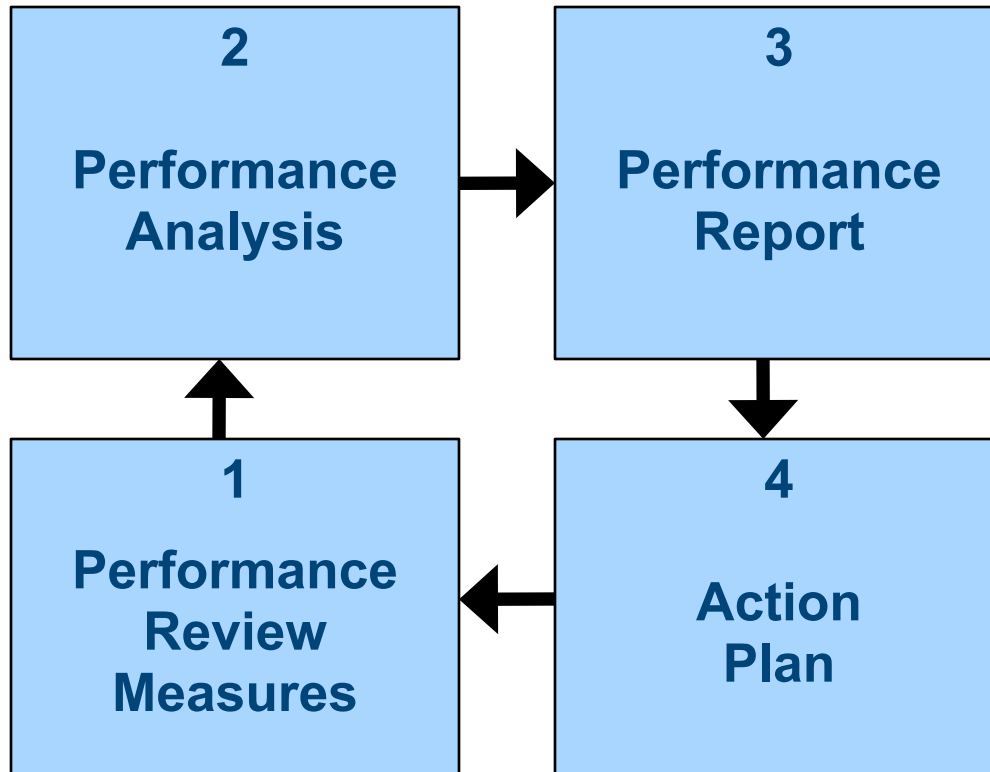
- | To improve the performance of HRSA funded programs
- | Provide direct feedback to the agency about the impact of HRSA policies on program implementation and performance

Performance Review Components

Using the Performance Review Protocol, OPR works collaboratively with grantees and HRSA Bureaus/Offices to:

1. Measure program performance
2. Analyze the factors impacting performance, including HRSA policies
3. Identify effective strategies and partnerships to improve program performance

Performance Review Components



Underlying Assumptions

- | Most grantees are performing well
- | Performance first → systems support/underlie performance
- | Many solutions to issues/problems exist within an organization, and/or
- | Can be achieved through partnerships with others
- | Working in collaboration with grantees and other HRSA staff will produce better outcomes and results

CY 2004 Health Center Experience

- | In 2004, over 100 Health Centers participated in an OPR Performance Review

- | OPR has reviewed the outcomes of these Performance Reviews to identify common themes and trends with respect to:
 - Performance Measures
 - Factors impacting performance
 - Performance Improvement Options

Results: Performance Measures

- | Among performance measures, five main categories emerged:
 - Access
 - Financial
 - Clinical
 - Patient Satisfaction
 - Operational

Performance Measures

-- Access Measures --

- I Access measures focused on:
 - Increasing numbers/percent served within target population
 - Increasing users (not specific to target population)
 - Increasing users from special populations (Hispanics, Migrants, Youth)

Factors Most Affecting Outcomes

-- Access Measures --

- | Facility capacity
- | Provider and support team staffing
- | Access to transportation services
- | Outreach and marketing
- | Ability to offer comprehensive services in one location

Performance Improvement Options

-- Access Measures --

- | Facility expansion, extended hours to increase capacity to serve target population
- | Ongoing client needs assessment
- | Staff training
- | Staffing needs assessment based on workload
- | Partnering to leverage existing resources

Performance Measures

-- Financial Measures --

- I Financial measures focused on:
 - Some type of financial ratio
 - Average medical cost per medical encounter
 - Billing and collection

Factors Most Affecting Outcomes -- Financial Measures --

- | Efficacy of billing and collection
- | Development of policies, procedures and improved reporting mechanisms
- | Management Information Systems (MIS) capabilities
- | Staff training

Performance Improvement Options

-- Financial Measures --

- | Enhancements in MIS and use of data for strategic decision-making
- | Training to reduce billing errors
- | Development of tools to improve billing and collection results

Performance Measures

-- Clinical Measures --

- I Clinical measures focused on:
 - Diabetes
 - Cervical cancer screenings and follow-up
 - Age appropriate immunizations for children
 - Percent of low birth-weight babies born
 - Oral health
 - Hypertension
 - Prenatal care during the first trimester
 - Geriatric health
 - Adolescent health
 - Asthma, HIV/AIDS, adult risk factor screenings

Factors Most Affecting Outcomes -- Clinical Measures --

- | Patient health education
- | Overcoming ignorance and cultural beliefs that create barriers
- | Outreach
- | Staff support and teamwork

Performance Improvement Options

-- Clinical Measures --

- | Continued patient education and outreach
- | Ongoing staff training
- | Improved technology
- | Use of data to make evidence-based changes in delivery of care
- | Increased staffing, especially among support positions
- | Expanded partnering with other agencies

Performance Measures

-- Patient Satisfaction Measures --

- I Patient Satisfaction measures focused on:
 - Waiting time
 - Provider listening to patients
 - Explanation of charges

Factors Most Affecting Outcomes -- Patient Satisfaction Measures --

- | Caring professional staff
- | Scheduling practices
- | Pressures to be more productive
- | Staff turnover

Performance Improvement Options -- Patient Satisfaction Measures --

- | Analysis of patient flow
- | Staff training

Performance Measures

-- Operational Measures --

- I Operational measures focused on:
 - Number of patient encounters per provider
 - Frequency of missed appointments
 - Response time to patient calls
 - Number of prescriptions filled through a subsidized pharmacy program
 - “Cross-cutting” performance measures

Factors Most Affecting Outcomes -- Operational Measures --

- | Automated systems
- | Policy and procedures
- | Staffing levels

Performance Improvement Options

-- Operational Measures --

- | Appointment Scheduling
- | Access to pharmaceuticals
- | MIS enhancements

CY 2004 Health Center Experience

- | Overall, access, clinical and financial measures were the predominant focus of performance reviews
- | More detailed analysis in each of these areas will be completed to further refine current health center performance measures

“Walk the Talk”

OPR Internal Performance Measurement – Balanced Scorecard

1. Performance Review Satisfaction

- a. Grantee perspective
 - i. Composite effort score
 - ii. Composite outcome score

- b. HRSA perspective
 - i. Composite effort score
 - ii. Composite outcome score

Sources: CFI survey (trimester report)

“Walk the Talk”

OPR Internal Performance Measurement – Balanced Scorecard

- 2. Post Review Grantee Performance Improvement**
 - a. By programs

Sources: HRSA program data (annual report)

- 3. Number of Performance Reviews Completed**
 - a. By OPR FTEs
 - b. By consultant days

Sources: OPR/Budget/McKing (trimester report)

“Walk the Talk”

OPR Internal Performance Measurement – Balanced Scorecard

4. Policy Impact

- a. By documented HRSA policy changes

Sources: OPR (annual report)

5. OPR Employee Satisfaction

- a. Composite effort score
- b. Composite outcome score

Sources: CFI survey (annual report)

THANK YOU

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Office of Performance Review

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For further information, please view our website:

<http://www.hrsa.gov/performance-review>