

Improving the Planning and Performance Measurement Reporting System (PPMRS)



The Minnesota Department of Health (MDH) is strengthening state, local, and tribal health department capacity to improve health outcomes for Minnesota.

This is being done by: 1) increasing the ability of health departments to continuously evaluate and improve public health practices, partnerships, programs, and use of resources; and 2) improving the delivery and accountability of public health programs and services by developing and enhancing the infrastructure for information technology to allow for secure, electronic exchange and use of health information according to nationally recognized standards.

The Minnesota Planning and Performance Measurement Reporting System (PPMRS) creates standardized performance reports for ongoing evaluation, decision-making, and technical assistance. The ultimate goal of PPMRS is to improve local public health (LPH) system performance and the health of the public. The Public Health Foundation (PHF) provided rapid cycle improvement (RCI) technical assistance to MDH and is assisting Maine and Wisconsin with RCI as part of the Centers for Disease Control and Prevention's (CDC) National Public Health Improvement Initiative (NPHII). RCI PDCA (Plan-Do-Check-Act)¹ is the act of applying the recurring sequence of PDCA in a brief period of time to achieve breakthrough or continuous improvement results quickly. The goal of this RCI project was to streamline the reporting process of the PPMRS to improve the content and quality of the data submitted and add value for state and local stakeholders.

AIM Statement

By April 2013, the MDH Office of Performance Improvement will improve the completeness, validity, and utility of PPMRS data for MDH and local public health by 30 percent

Measures—Utility of data was measured in terms of both completeness (i.e., whether all the data were received) and validity of the data (i.e., whether the responses reflected the intent of the measures).

Indicators measured include the following:

- number of LPH technical assistance requests
- number of PPMRS data requests
- number of PPMRS reports generated
- number of types of PPMRS reports generated
- number of follow-up calls made to LPH to correct and complete the data

¹ Visit PHF for more information on RCI: http://www.phf.org/resourcestools/Pages/Rapid_Cycle_PDCA.aspx

Steps Taken to Identify PPMRS Improvements

State and Local



- Using detailed flow charts, state and local teams involved with PPMRS separately mapped system processes from data collection to review and analysis.
- Both teams identified issues with the current PPMRS, developed tips to help facilitate the process better, identified opportunities to link PPMRS with Community Health Assessment and Action Planning (CHAAP) and public health accreditation standards and measures, and identified items they could fix in the next reporting cycle.
- Together, the two teams reviewed system issues, identified the need for consistent data definitions to be used by local public health, and made recommendations to eliminate, update, and change PPMRS narrative questions.
- MDH developed a tracking process to outline the implementation steps, accountability, and status.

Accomplishments

The state and local teams developed 16 recommendations to help make the system more user friendly, effective in providing local health departments with reports they can utilize, and efficient in the time required to enter and correct data in the future. The status of the implementation steps is being tracked quarterly to determine if the project's Aim was met and to identify future improvement opportunities.

Acknowledgements

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