DEPARTMENT OF HEALTH

State Community Health Services Advisory Committee

Meeting notes: Performance Measurement Workgroup

DATE:3.3.25

ATTENDANCE

Members present:
Chris Brueske (MDH), Amy Bowles (NW), Chera Sevcik, (SC), Angie Hasbrouck (WC), Amina Abdullah (Metro), Kristin Osiecki (MDH), Mary Orban (MDH), Meaghan Sherden (SE), and Michelle Ebbers (SW).

Participants present:
Nicole Ruhoff (C), Melanie Countryman (Metro) Allie Hawley-March (MDH), and Kim Milbrath (MDH).

Workgroup staff:
Ann March
Ghazaleh Dadres

Decisions made

None

Action items

- Provide updates to regions and others (talking points below).

- Let workgroup staff know if interested in participating in the small group to determine deliverable for the CY2025 performance-related accountability requirement.

Talking points

- The workgroup discussed next steps for system performance measures. After a presentation by Chris Brueske, Director of Data Strategy and Interoperability at MDH, the workgroup reflected on potential opportunities, challenges, and implications for system performance measurement work, as well as possible next steps to advance their efforts.

- The workgroup emphasized the need to make data easier to understand and use by improving visualizations and clarifying and sharing terminology. The workgroup identified having shared objectives/measures as an opportunity to work on collective improvements, reflected on the need for supporting smaller community health boards, and see opportunity to foster collaboration so data can be used more effectively to drive improvements and inform decision-making.

- Regarding next steps, the workgroup discussed reviewing data from CY2024, identifying state and local system gaps, and facilitating regional and MDH conversations for input, gathering context, insights, and potential solutions to inform statewide improvement efforts.

- LPH Act Annual Reporting is currently underway. There have been some questions about a few of the measures in Domain 2, particularly measures where MDH provides a lot of service to local health departments around surveillance and lab access. Staff are reviewing options and guidance and will send communication out to community health boards.

Meeting notes

Considerations for Future System Performance Measurement

Chris Brueske, Director of Data Strategy and Interoperability at MDH, presented to the workgroup on performance management to initiate discussion around future opportunities and next steps. Following the presentation, the workgroup reflected on potential opportunities, challenges, and implications for performance measurement work, as well as possible next steps to advance their efforts. Highlights included:

- Enhance Data Visualization: Use clear visual representations, such as graphs, to simplify and communicate performance data, especially when comparing county- and state-level data.

- Clarify Terminology and Communication: Improve understanding of terms like "standards" and "measures" and package data in clear, concise formats to prevent information overload.

- Facilitate Productive Data Discussions: Structure data conversations to minimize defensiveness and promote open, solution-focused dialogue, recognizing the emotional response data can evoke. Build confidence and capacity for presenting data compellingly to decision-makers.

- Support Smaller and Resource-Limited Counties: Ensure smaller counties have the tools, support, and capacity to effectively use data in decision-making and engage elected officials.

- Promote Consistent Data Standards: Align data reporting across CHBs and MDH, facilitate crosswalks between different data systems, and promote shared understanding of qualitative and quantitative data use.

- Foster Collaboration: Increase opportunities for peer learning, resource sharing, and collaborative problem-solving to enhance performance and reduce reporting burden.

- Make Best Use of Data for Improvement: Use performance data to identify gaps, drive continuous improvement, and inspire future public health opportunities.

Next Steps to Consider

- Review and Analyze Data: After March reporting, examine statewide data to identify performance gaps, regional differences, and opportunities for improvement.

- Focus on Key Gaps: Prioritize the top performance gaps, conduct root cause analysis, and identify actionable solutions to address underlying challenges.

- Engage Regions and MDH for Input: Facilitate discussions to gather local context, insights, and potential solutions to inform statewide improvement efforts.

- Promote Peer Learning: Encourage knowledge-sharing and mentorship between high-performing and lower-performing regions to build capacity and promote shared solutions.

- Integrate Data into Planning: Support local public health agencies in using performance data to guide strategic planning, track progress, and drive continuous improvement.

- Monitor Progress and Share Best Practices: Continuously review performance data, highlight promising practices, and explore innovative partnerships to advance public health outcomes statewide.

Sharing from the field and updates

- LPH Act Annual Reporting updates: Reporting is currently underway for CHBs. MDH identified domain leads have drafted a reporting plan.

- Challenges with reporting on a few performance measures in Domain 2: The group discussed the need for clarity regarding specific performance measures, particularly related to lab services and surveillance, where MDH provides the service. There is confusion among Community Health Boards (CHBs) about their role in meeting certain measures and the documentation required. Participants suggested that, in the future, MDH could help address this by providing clear statewide guidance or agreements that outline MDH's role in fulfilling certain measures, which would especially benefit CHBs without accreditation experience. The workgroup sees an opportunity for future discussions on these measures to determine what improvements are needed for all CHBs to fully meet them.

- FPHR workgroup: Workgroup members and subject matter experts continue to work in small groups on each of the 13 responsibilities of the FPHR framework. This workgroup has been focused on coming to shared understanding of key terms, confirming criteria for foundational work, refining/clarifying categories and activities, and identifying standards. Notes from the FPHR meetings will be posted on the SCHSAC workgroup webpage: Standing and active SCHSAC workgroups - MN Dept. of Health (state.mn.us)