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# Developing Service Delivery Measures for Studies of Practice Variation: the MPROVE Study

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# Developing Service Delivery Measures for Studies of Practice Variation: The MPROVE Study

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# Multi-Network Practice and Outcome Variation Examination Study (MPROVE)

- Identify service delivery measures for selected, high-value public health services
- Create a registry of measures collected consistently across local communities
- Profile geographic variation in the delivery of selected public health services across local communities
- Decompose variation into attributable components:
  - need-sensitive or preference-sensitive factors
  - supply-sensitive factors
- Examine associations between service delivery & outcomes

# Participating MPROVE networks

Network	State Agencies	Local Agencies*	Academic Units	Other	Total	Lead Institution
CO	1	55	2	15	73	Association
FL	1	67	3	3	74	Local agency
MN	1	75	1	1	78	State agency
WA	1	36	2	1	40	Local agency
NJ	1	100	2	1	104	Academic
TN	1	16	2	1	20	Academic
Total	6	349	12	22	389	

# Overview of Activities and Timeline

## Phase I

- Selection and specification of “core” measures to collect across networks
- Selection and specification of additional “local” measures to collect within networks
- Development of analysis plans

## Phase II

- Data collection
- Pooling data across networks

## Phase III

- Data analysis
  - Within network
  - Across networks
- Interpretation and translation
- Development of initial dissemination products
- Planning for future & follow-up studies



# MPROVE Measure Domains

- Communicable disease control
- Chronic disease prevention
- Environmental health protection

# MPROVE Measure Selection & Specification

- Call for measures to identify inventory of candidate measures
- Literature review to identify candidate measures
- Delphi expert rating of measures based on selection criteria
- Discussion and modification of ratings
- Final selection of “core” measures
- Development of measure specifications
- Final approval of measure specifications

# MPROVE Measurement Dimensions

- **Availability/scope**: are selected services/activities produced or performed by the public health agency or delivery system
- **Volume/intensity**: absolute or relative frequency of service delivery over a given unit of time
- **Capacity**: ratio of inputs to size of the relevant target population or risk (e.g. sanitarians per 1000 septic tanks, food safety inspectors per 1000 licensed food vendors)
- **Reach**: percent of the target population reached by the activity



# MPROVE Measurement Dimensions

- **Quality-Appropriateness:** Does the public health agency and/or system act based on objectively measured health needs and risk profiles of the population served? What is the degree of concordance between a community's documented health needs/risks and the scope of public health activities performed by the public health agency or the system as a whole?

# MPROVE Measurement Dimensions

- **Quality-Effectiveness/Fidelity:** Does the public health agency and/or system implement its activities based on available scientific knowledge and fidelity to evidence-based guidelines? To what extent are programs and services concordant with evidence-based guidelines and professional consensus standards?
- **Quality-Timeliness:** Are public health activities implemented at the appropriate points in time to maximize health protection and minimize the risk of disease transmission or injury?
- **Quality-Community Centeredness/Engagement:** To what extent are relevant stakeholders engaged in planning, priority-setting, selection, and implementation of public health activities undertaken by the public health agency and/or system? To what extent are public health activities tailored appropriately to at-risk population groups based on the groups' values, preferences, needs, knowledge, skills, and resources?

# MPROVE Measurement Dimensions

- **Quality-Efficiency:** To what extent are public health activities implemented in ways that optimize the use of financial and human resources? To what extent do implementation processes avoid waste and delays in service? To what extent do the benefits of public health activities justify their costs?
- **Quality-Equity:** Are there disparities in the reach of public health activities to different population sub-groups defined by personal characteristics such as race, ethnicity, geography, or socio-economic status? Are there disparities in effectiveness, timeliness, community-centeredness, and/or efficiency?

# Levels of Measurement

- **Community Level:** Includes services/activities regardless of who performs/contributes
- **Agency Level:** Focuses on activities directly contributed by governmental public health agency

# MPROVE Measurement Dimensions

HHS Quality Aims*	Measurement Dimensions
Population-centered	Community-centered
Equitable	Equity
Proactive	Timeliness
Health-promoting	Effectiveness/fidelity
Risk-reducing	Effectiveness/fidelity
Vigilant	Appropriateness
Effective	Effectiveness/fidelity
Efficient	Efficiency

\*Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. *Priority Areas for the Improvement of Quality in Public Health*. The Public Health Quality Forum. Washington, D.C.: U.S. Department of Health and Human Services; 2010.

# Selection Criteria

- **Domain:** Degree to which the measure falls within one of the three core domains of activity for this study: communicable disease control; chronic disease prevention; environmental health protection
- **Dimension:** Degree to which the measure addresses one or more of the key dimensions of service delivery for this study: availability, volume/intensity, capacity, reach, and/or quality.
- **Relevance/Control:** Degree to which the measure reflects an activity that local public health agencies and/or their partners have the authority (law) and organizational responsibility (mission) to implement

# Selection Criteria

- **Expected Health Impact:** Degree to which improvements in the measured activity are expected to result in improvements in population health.
- **Expected Economic Impact:** Degree to which changes in the measured activity are expected to result in changes in the cost of delivering public health services, changes in the cost of delivering other health care or social services (spill over), and/or other changes in the direct and indirect costs of preventable illness/injury/disability.

# Selection Criteria

- **Expected Variation:** Degree to which the measured activity is expected to vary across local public health settings, vary across states/PBRN networks, and vary over time.
- **Feasibility:** Degree to which it is economically and logistically feasible to obtain the data needed to construct the measure at the level of the local public health practice setting for all/most/many practice settings in each participating PBRN.
- **Expected Validity:** Degree to which the measure characterizes the public health activity of interest.
- **Expected Reliability:** Degree to which the measure characterizes the activity consistently across different local public health settings and over time

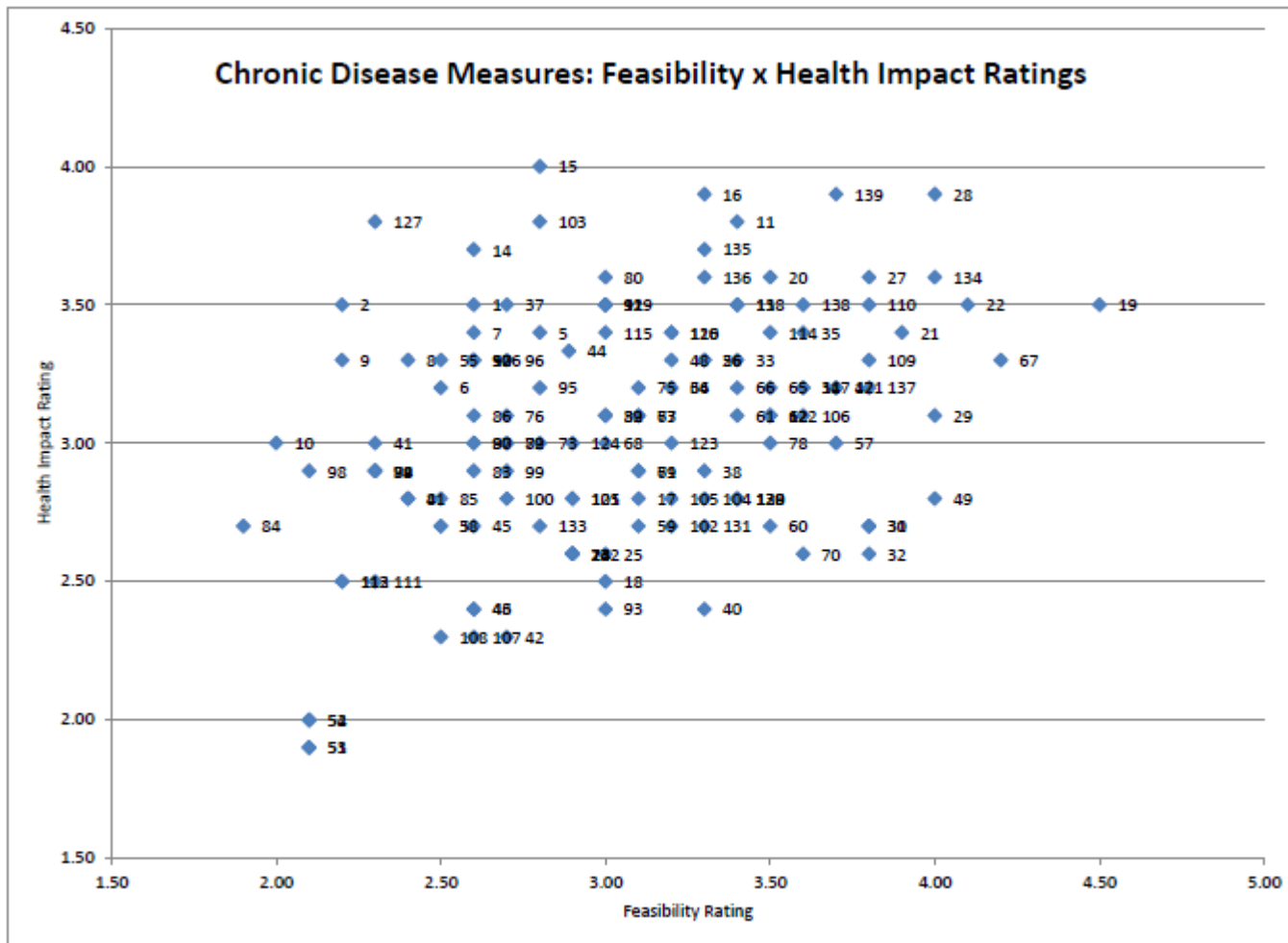


# Example: Delphi Rating of Measures

Summary Ratings for Chronic Disease Prevention Measures

Measure	Domain Fit		Dimension Fit		Relevance		Health Impact		Economic Impact		Variation		Feasibility		Validity		Composite Rating		Rank
	Mean	CV	Mean	CV	Mean	CV	Mean	CV	Mean	CV	Mean	CV	Mean	CV	Mean	CV	Mean	CV	
CHR 1-Community-wide physical activity campaign volume (community) -	4.30	0.19	4.10	0.21	3.40	0.28	3.50	0.24	2.80	0.33	4.20	0.19	2.60	0.55	2.40	0.35	3.37	0.10	48
CHR 2-Community-wide physical activity campaign exposure (community) -	4.20	0.25	3.80	0.37	3.30	0.47	3.50	0.39	2.90	0.38	4.30	0.19	2.20	0.60	2.20	0.52	3.25	0.26	65
CHR 3-Physical activity social support intervention proximity (community) -	3.90	0.25	3.20	0.46	2.50	0.63	2.70	0.46	2.60	0.45	3.80	0.35	2.50	0.60	2.20	0.60	2.88	0.30	123
CHR 4-Physical activity social support intervention participation volume (community) -	4.10	0.24	3.80	0.37	2.70	0.55	2.80	0.47	2.50	0.51	3.80	0.35	2.40	0.63	2.00	0.62	2.96	0.29	114
CHR 5-Community-scale urban design land use project volume (community) -	4.10	0.24	3.80	0.39	3.20	0.46	3.40	0.28	2.80	0.37	4.40	0.19	2.80	0.55	2.00	0.53	3.28	0.18	62
CHR 6-Community-scale urban design land use project proximity (community) -	4.10	0.24	3.50	0.45	3.10	0.51	3.20	0.35	2.80	0.37	4.20	0.22	2.50	0.54	2.00	0.58	3.13	0.23	93
CHR 7-Community-scale urban design land use policy exposure (community) -	3.90	0.25	3.50	0.39	3.10	0.54	3.40	0.28	3.20	0.38	3.90	0.33	2.60	0.52	2.10	0.65	3.17	0.24	83
CHR 8-Multicomponent weight loss intervention availability (community) -	4.30	0.19	3.90	0.35	2.70	0.61	3.30	0.32	2.60	0.52	3.90	0.33	2.40	0.49	2.10	0.47	3.09	0.26	100
CHR 9-Multicomponent weight loss intervention participation (community) -	4.50	0.16	4.10	0.31	2.70	0.61	3.30	0.29	2.70	0.53	4.10	0.21	2.20	0.52	2.40	0.49	3.18	0.26	81
CHR 10-Multicomponent weight loss intervention proximity (community) -	4.20	0.19	3.80	0.35	2.70	0.61	3.00	0.31	2.70	0.53	4.10	0.21	2.00	0.53	2.10	0.47	3.01	0.27	110
CHR 11-Combined physical activity intervention availability (community) -	4.50	0.12	4.40	0.16	4.10	0.24	3.80	0.27	3.00	0.35	4.20	0.22	3.40	0.35	3.40	0.35	3.84	0.14	2
CHR 12-LHD staffing for physical activity promotion (LHD) -	4.00	0.26	4.00	0.31	4.10	0.27	3.10	0.28	2.60	0.32	3.80	0.30	3.50	0.41	3.30	0.41	3.57	0.19	20
CHR 13-LHD funding for physical activity promotion (LHD) -	4.40	0.16	4.30	0.25	4.30	0.25	3.50	0.28	2.80	0.37	4.00	0.26	3.40	0.37	3.30	0.41	3.75	0.18	5
CHR 14-Tobacco use mass media campaign volume (community) -	4.50	0.12	4.30	0.19	3.30	0.41	3.70	0.26	3.70	0.36	3.30	0.43	2.60	0.41	2.60	0.41	3.43	0.20	39
CHR 15-Smoking restriction policy exposure (community) -	4.50	0.12	4.20	0.25	3.70	0.34	4.00	0.26	3.80	0.35	3.30	0.41	2.80	0.55	2.90	0.47	3.60	0.24	17
CHR 16-Smoking restriction policy enforcement (LHD) -	4.40	0.22	3.70	0.38	3.00	0.57	3.90	0.25	3.70	0.42	3.40	0.42	3.30	0.47	3.30	0.41	3.54	0.30	23
CHR 17-Hypertension education session volume (LHD) -	4.60	0.15	3.90	0.35	3.60	0.40	2.80	0.28	2.70	0.35	3.70	0.34	3.10	0.49	3.20	0.46	3.43	0.18	40
CHR 18-Asthma prevention activity availability (LHD) -	4.40	0.16	3.60	0.37	3.50	0.45	2.50	0.39	2.20	0.56	3.30	0.43	3.00	0.54	3.10	0.42	3.19	0.28	80

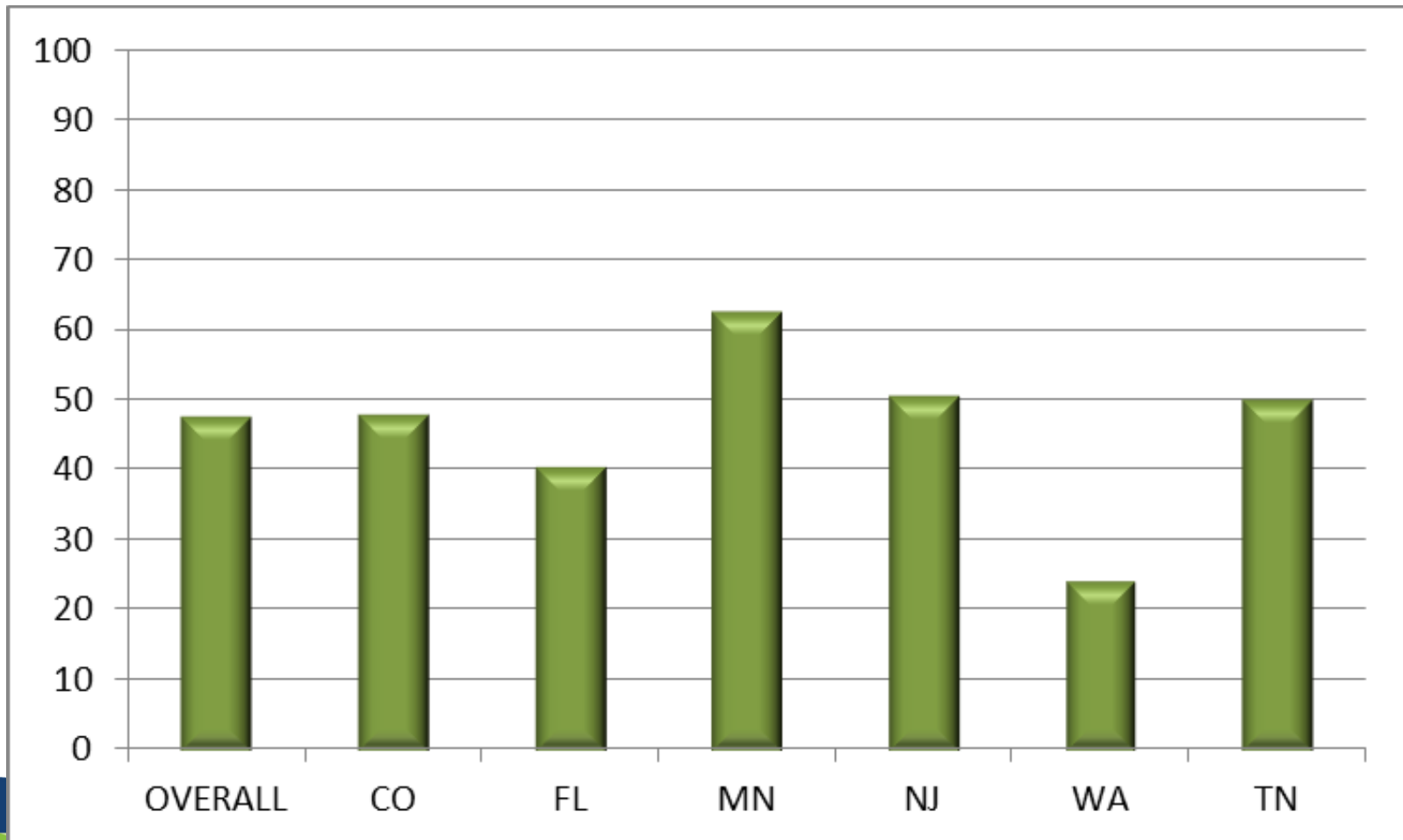
# Example: Delphi Rating of Measures



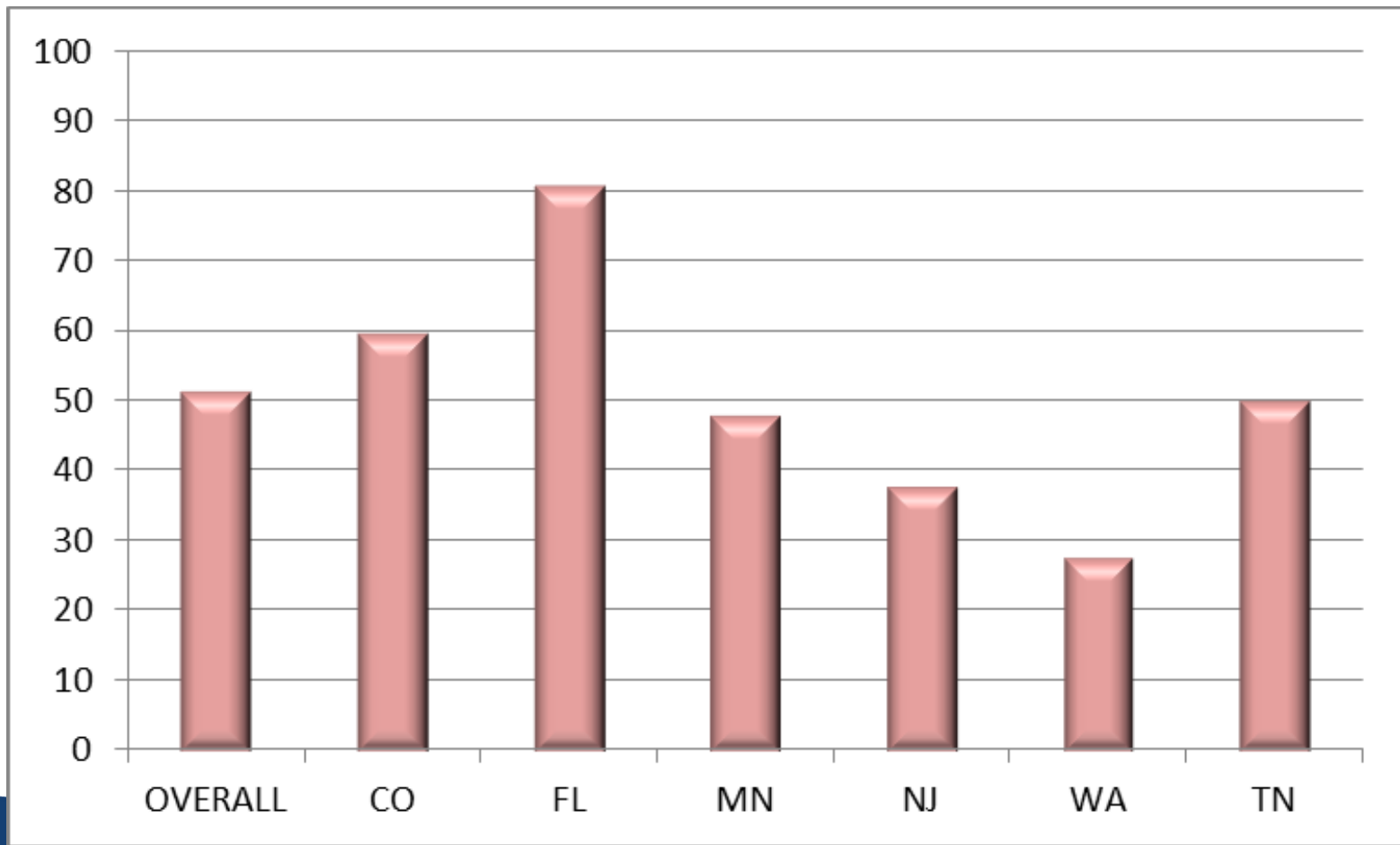
# Final MPROVE Measures

- Communicable disease control (14 measures)
  - Immunization
  - Enteric disease control
  - STI control
  - Tuberculosis control
- Chronic disease prevention (8 measures)
  - Tobacco prevention
  - Obesity prevention
- Environmental health protection (5 measures)
  - Lead exposure protection
  - Food safety protection

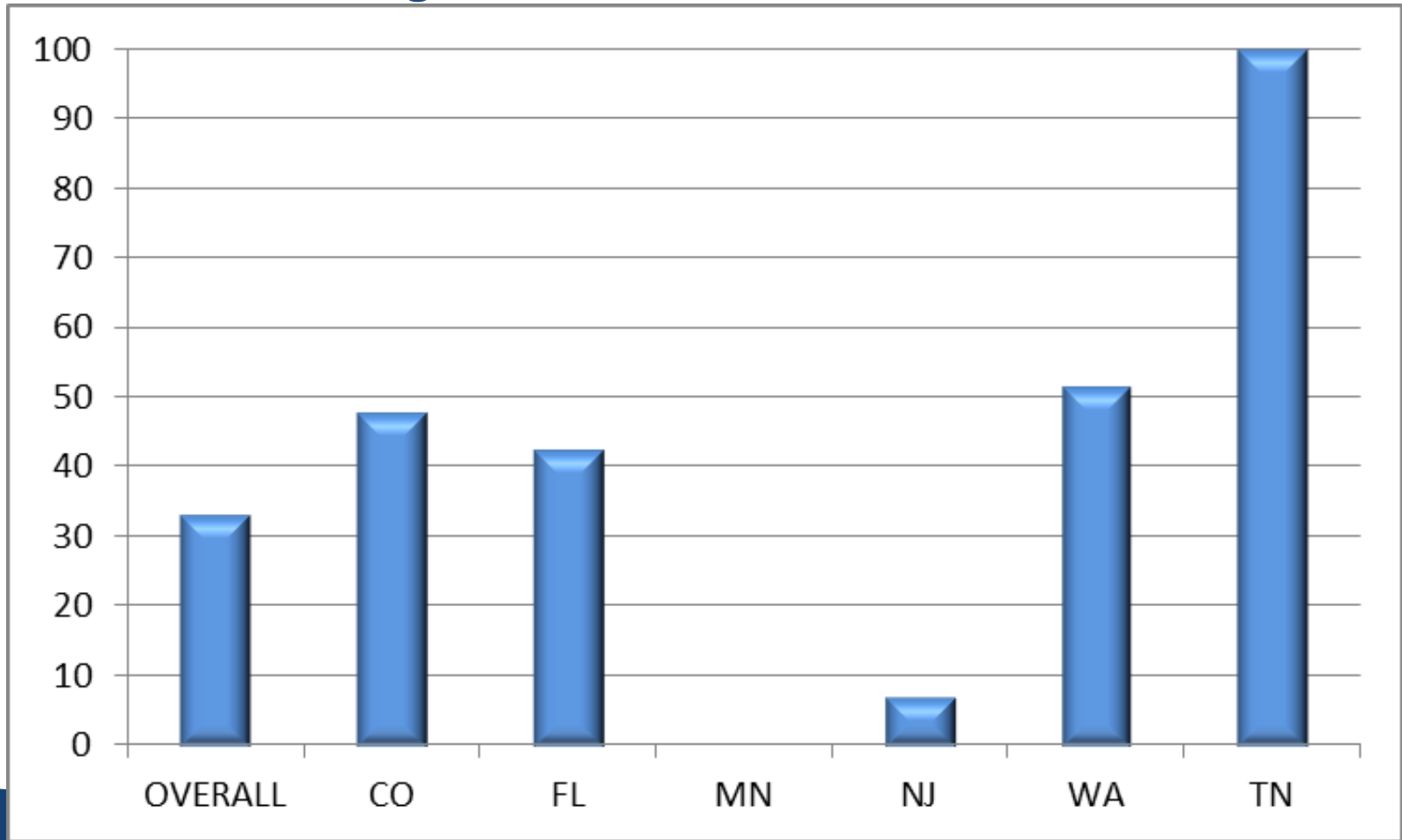
## Example: Implementation of community-wide health education campaigns to promote physical activity



## Example: Implementation of educational interventions to reduce tobacco use and/or exposure



## Example: Implementation of programs to support and promote breastfeeding



# Summary & Next Steps

- Test the utility of the PBRN model for standardized measurement, data collection, and analysis
- Select “high value” measures to improve rigor and relevance of research
- Use geographic variation studies for hypothesis generation, QI targeting, cost studies, natural experiments, theory-driven sampling frames