Strengthening the Evidence Base for Public Health Accreditation

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Strengthening the Evidence Base for Accreditation: Progress in PHSSR and PBRNs

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Developmental path for PHSSR

- Measuring practice & performance
- Detecting variation in practice
- Examining determinants of variation
  - Organization
  - Financing
  - Workforce
- Determining consequences of variation
  - Health outcomes
  - Economic outcomes
- Testing strategies to reduce harmful, wasteful, & inequitable variation in practice and outcomes

Descriptive
Inferential
Translational
PBRN Research Streams

- Delivery System Organization and Structure
- Practice Variation
- Volume, Intensity, and Quality of Delivery
- Cost of Delivery
- Value and ROI of Public Health
Critical research issues in Accreditation & QI

- Did “it” work?
- Are you sure that it worked?
- For whom did it work (and for whom not)?
- How did it work (or why did it not)?
- What were the active ingredients?
- Were there unintended effects?
- Were the effects worth the costs?
- How long can the effects be sustained?
- Can it be replicated in other settings?
- Comparison to other QI methods (CER)?
Research challenges in accreditation and QI

Design and attribution
- Selection effects
- Hawthorne effects
- Other temporal changes
- Regression to the mean
- The counterfactual?

Measurement
- Are we measuring the right things?
- Sensitivity & specificity
- Common source bias
- Is there enough time to observe changes?

Intervention Exposure
- Fidelity
- Implementation cost
- Comparative effectiveness of alternative strategies
- Dose-response
- Context-specific effects (treatment heterogeneity)
PHSSR & PBRN research on accreditation

- Interest, intent, and incentives to seek accreditation

- Prerequisites for accreditation
  - CHA/CHIP practice variation

- Capacity for accreditation & QI
  - Multi-jurisdictional models

- Impact of state-based accreditation approaches
  - North Carolina
  - Missouri
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<tr>
<th>State</th>
<th>Study Title</th>
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<tbody>
<tr>
<td>CO</td>
<td>Effects of Community Partnerships on Adoption of Evidence-Based Prevention</td>
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<tr>
<td>CT</td>
<td>Measuring Quality in Local Public Health Emergency Preparedness</td>
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<tr>
<td>FL</td>
<td>Local Public Health Responses to the County Health Rankings</td>
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<tr>
<td>KY</td>
<td>Effects of QI Intervention on Evidence-Based Diabetes Prevention</td>
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<td>MA</td>
<td>Local Variation in Food Safety and Infectious Disease Control Practices</td>
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<td>MN</td>
<td>Measuring QI Maturity and Correlates in Public Health Settings</td>
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<td>A Taxonomy of QI Methods, Techniques and Results in Public Health</td>
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<td>Effects of Public Health Accreditation on QI Philosophy</td>
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<td>NY</td>
<td>Effects of Integrated HIV/AIDS and STD Service Delivery</td>
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<td>Local Variation in Prevention, Investigation, and Intervention Practices for Foodborne Illness in Ohio</td>
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<td>Variation in Local Enforcement of a State Clean Indoor Air Law</td>
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<tr>
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<td>Measuring the Quality of Community Health Improvement Planning</td>
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<tr>
<td>WA</td>
<td>Local Variation in Adherence to Communicable Disease Practices</td>
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Examples: Regionalized Service Delivery

- **Massachusetts**: Local variation in decision-making and implementation regarding regional delivery models

- **Nebraska**: How do organizational design and workforce issues affect implementation of regional health department models

- **Connecticut**: How do state-mandated services and funding reductions influence decision-making regarding regional models

- **Colorado**: Impact of state public health law reform on regional approaches to service delivery; variation in local legal instruments and approaches to regionalization
Current and emerging research priorities

- Comparative studies of public health delivery: volume, intensity, quality, efficiency
- Cost estimation
- Value and ROI studies
For More Information

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