Using PIMS Data for Performance Improvement

Michael Meit, MA, MPH

National Organization of State Offices of Rural Health
Annual Meeting
October 16, 2012

Agenda

- Recent & Current NORC Evaluation Activities for ORHP
- Why Performance Improvement is Important
- Using PIMS for Performance Improvement Overview of PIMS Data
- Grantee Snapshots
  - Examples of Data Analysis
  - Reporting schedule and feedback
- Using This Approach with Other Data Sources

Completed Evaluation Activities

- Exploring Opportunities to Strengthen the Rural Health Network Development Planning Grant Program
- Exploring the Performance Improvement and Measurement System (PIMS) Database
- Identifying Common Evaluation Metrics Across the 330A Outreach Authority Grant Programs
- Applying Evidence-Based Models in Rural Communities
  - Community Health Workers
  - Obesity and Health Promotion
- Evaluation of the Rural Access to Emergency Devices (RAED) Program
Current Evaluation Activities

- Applying Evidence-Based Models in Rural Communities
  - Oral Health
  - Mental Health
- Evaluation of the Rural Health Information Technology Network Development Program
- Evaluation of the Rural Health Workforce Network Development Program
- Using PIMS Data to Support Grantee Performance Improvement

Using PIMS for Performance Improvement - Rationale

- Performance Improvement (PI) is a continuous, systematic process for improving program operations and outcomes.
- PIMS data is a rich source of information to allow 330A grantees to compare their performance against peers (benchmarking) and to track their progress over time.
- Analyzing grantee data becomes more meaningful when comparisons are to similar programs – apples to apples.
- Sharing PIMS data findings enhances grantee participation and buy in for PIMS reporting.

Why Performance Improvement is Important

If you don’t measure...
- You won’t know if your program WORKED
- You won’t know WHICH PART worked
- You could make things WORSE
- Others may NOT BELIEVE the program worked

If you don’t compare your results with results of similar programs...
- You may miss easy ways you can IMPROVE or SHARE best practices and lessons learned
Providing Feedback Can...

- Incentivize grantees to collect data
- Incentivize grantees to report accurate data
- Create buy-in of usefulness of PIMS data reporting
- Help create a positive dialogue between project officers and grantees
- Help quantify the impact of investments in rural communities

Continuous Cycle of Performance Improvement

Using PIMS for Performance Improvement - Methods

- Create Peer Groups
  - Review PIMS data submissions for grantee activities.
  - Conform peer groups with Georgia Health Policy Center.

- Analyze Data
  - Analyze PIMS variables most relevant for peer comparisons.
  - Analyze data across reporting periods to allow for tracking over time.
  - Analyze data for peer group aggregate, grant program aggregate, and other sample 30A programs.

- Create Feedback Forms
  - Developed individual program handouts to allow for individual comparison with aggregate cohort and grant program over time.

- Present Results to Grantees
  - Provided grantees with individual snapshots.
  - Presented aggregate findings.
Create Peer Groups

- Grantee activities can vary greatly even within the same grant program
- Creating peer groups enable you to better compare grantees with similar activities
- When creating peer groups,
  - Identify measures with high response rates
  - Identify shared or common metrics to define categories for peer groups
  - If possible, use mutually exclusive peer groups for clearer differentiation

Overview of Performance Improvement and Measurement System (PIMS) Data Source

- ORHP began collecting grantee performance data through the Performance Improvement and Measurement System (PIMS) in 2009.
- All grantees are required to report on a comprehensive set of measures that are selected to match the parameters of each grant program.
- All data is submitted to PIMS through the HRSA Electronic Handbook (EHB)

PIMS Data Recommendations

- Based on analysis of the PIMS data and interviews with grantees, the following recommendations were made to improve data collection:
  - Develop coding scheme for unknown and not applicable
  - Establish denominators
  - Clarify data reporting instruction and data definitions
  - Standardize grantee reporting requirements
  - Designate one to two required measures per identified measure domain
  - Continue to provide data collection technical assistance and trainings
Measures in the following domains are collected among grant programs:
- Access to care
- Population demographics
- Under- and uninsured individuals
- Workforce/Recruitment & Retention
- Sustainability
- Quality improvement
- Clinical measures
- Number and types of organizations participating in the network
- Health information technology implemented or expanded through project
- Integration of mental/behavioral health and oral health into primary care
- Pharmacy (prescription drug assistance, joint purchasing of drugs)
- Health promotion and disease management

Three mutually exclusive peer groups:
- School-based (n=4)
- Community-based (n=4)
- Clinic-based (n=4)

Data available for all three grant years (2008-2011)

Grantee Presentations

- Analyze Program Trends
  - Measure Performance Over Time
  - How Are We Doing Compared with Last Year?
  - What Goals Do We Want to Set for Next Year?
- Benchmark
  - Compare Individual Program Results to Aggregate Data
  - Are We In Line With Our Peers?
- Educate and Engage Staff
  - What Can We Realistically Achieve?
  - What Specific Areas Can We Improve?
- Engage Stakeholders, Policy Makers and Funders
  - Use Data to Tell the Story of How You are Making a Difference
  - What is the Impact of our Program?
• Grouping like programs facilitates grantee comparison and benchmarking.

Overall, school-based programs targeted smaller populations than community-based and clinic-based programs.
### Number of Direct Unduplicated Encounters

- Wide variation depending on the setting.
- Community-based Delta grantees had a large jump during period 2 due to one outlier.
- Outreach reported very similar data across reporting periods.

#### Mean Number of Direct Unduplicated Encounters

<table>
<thead>
<tr>
<th></th>
<th>Reporting Period 1</th>
<th>Reporting Period 2</th>
<th>Reporting Period 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based</td>
<td>12,677</td>
<td>11,677</td>
<td>17,963</td>
</tr>
<tr>
<td>Community-based</td>
<td>25,714</td>
<td>56,382</td>
<td>23,043</td>
</tr>
<tr>
<td>Clinic-based</td>
<td>8,053</td>
<td>13,945</td>
<td>12,384</td>
</tr>
<tr>
<td>Delta</td>
<td>15,079</td>
<td>27,335</td>
<td>17,797</td>
</tr>
<tr>
<td>Network</td>
<td>673</td>
<td>782</td>
<td>308</td>
</tr>
<tr>
<td>Development</td>
<td>470</td>
<td>852</td>
<td>-1073</td>
</tr>
<tr>
<td>Outreach</td>
<td>1,050</td>
<td>476</td>
<td>1,050</td>
</tr>
</tbody>
</table>

### Access to New and/or Expanded Services

- Clinic-based grantees offered the greatest number of new and/or expanded services.
- Health education and health promotion were popular expanded services, regardless of setting type.

### Sustainability

- Developing a sustainability plan is important for a program to survive after ORHP funding ends.
- Overall, the number of grantees with sustainability plans increased over the grant period.
- Only clinic-based reported a decline in sustainability activities and plans, although that may be a result of the question change to specify “funding besides grants.”
**Improved Data Quality: Denominators**

- Grantees were asked to provide the demographics of the population served by
  - Ethnicity (Hispanic or Latino, Not Hispanic or Latino, Unknown)
  - Race (Asian, Native Hawaiian or Other Pacific Islander, American Indian/Alaska Native, White, More Than One Race, Unknown, Black or African American)
  - Age Group (Unknown, Children, Adolescents, Adults, Elderly)
- Over the three reporting periods, the number of grantees with the total number of people served matching across ethnicity, race and age increased.

---

**Data Quality: Denominators**

![Graph showing percentage of grantees with equal denominators across 3 population demographic categories]

---

**PIMS Analysis for Outreach Grantees**

- Preliminary groupings based on data reported in PIMS database.
- Outreach Groupings for 2009-2010 (N=146):
  - IT (N=68)
  - Direct Service (N=66)
  - Counseling/Consultation (N=35)
  - Health Education (N=33)
  - Workforce (N=9)
- Groupings are not mutually exclusive.
Number of People in the Target Population with Access to New and/or Expanded Services (2009-2010)

Outreach – Number of Health Screenings Conducted (2009-2010)

Outreach – Sources of Funding

Note: Zeros removed for all categories.
Feedback from Delta Grantees

- “Would like to have a round table discussion with NORC and ORHP to help us take a more in depth look at our PIMS data.”
- “Enjoyed the data for each network but lead-up was a little over informative.”
- “Now that we have this data we can learn from other grantees and focus on our areas for improvement.”

PIMS Reporting and Feedback Timeline

- Grantees will be receiving their data at their Annual Grantee Meetings

<table>
<thead>
<tr>
<th>Grant Program</th>
<th>PIMS Reporting Date</th>
<th>Performance Improvement Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta State Rural Development Network Grant Program</td>
<td>August 2012</td>
<td>September 2012</td>
</tr>
<tr>
<td>Rural Health Care Services Outreach Grant Program</td>
<td>May 2013</td>
<td>June 2013</td>
</tr>
<tr>
<td>Rural Health Network Development Program</td>
<td>May 2012</td>
<td>May 2013</td>
</tr>
<tr>
<td>Small Health Care Provider Quality Improvement</td>
<td>August 2012</td>
<td>May 2013</td>
</tr>
</tbody>
</table>

Using This Approach With Other Data Sources

- Approach can be applied to your existing state-wide data sources
- Results are most effective when comparing apples to apples:
  - Analyze data to create similar peer groups
  - Compare peers with medians and means
  - Compare to whole group and any similar groups (i.e. other states using similar data)
- Create clear “snapshots” for benchmarking and data improvement
Questions?

Feedback?

Contact Information

Michael Meit, MA, MPH
301-634-9324
meit-michael@norc.org