

WORKSHOP EVALUATION

Workshop Title: **Webinar: Title X Program Diagnostic Tool**
 PLEASE RATE THE FOLLOWING ON A SCALE OF 1 (LOWEST) TO 5 (HIGHEST).

Date: 05/26/10 - 05/26/10

circle your answers

	poor	fair	good	very good	excellent
	1	2	3	4	5
1. To what extent did the workshop meet its stated objectives:					
a. Introduce the use of a diagnostic tool to promote efficiency in the design and delivery of Title X services.					
b. Explore concepts of efficiency related to capacity , demand, staff utilization/productivity and fiscal sustainability.	1	2	3	4	5
c. Share family planning provider experiences in conducting similar assessments to promote efficiency and fiscal sustainability in their Title X programs	1	2	3	4	5
2. To what extent did the objectives relate to the overall purpose.	1	2	3	4	5
3. Your satisfaction with your level of participation during the workshop.	1	2	3	4	5
4. Usefulness of the instructional materials.	1	2	3	4	5
5. Degree to which this was a good learning experience.	1	2	3	4	5
6. Overall satisfaction with the workshop.	1	2	3	4	5

PLEASE RESPOND TO THE FOLLOWING:

7. The most useful part of the workshop was:

8. The least useful part of the workshop was:

9. As a result of attending this workshop, I plan to:

10. The mix of theory and skill practice at this workshop was:

Too much theory;

A good mix;

Too much practice.

11. Please rate from lowest (disagree) to highest (agree).

Kindly circle your answer for each facilitator(s) on the line indicated.

I felt the facilitator(s):

Name

Disagree

Agree

a. Knew the subject matter thoroughly.

Dawn Middleton

1 2 3 4 5

b. Presented the information clearly.

Dawn Middleton

1 2 3 4 5

c. Provided opportunities for participation.

Dawn Middleton

1 2 3 4 5

d. Provided opportunities for questions.

Dawn Middleton

1 2 3 4 5

e. Was able to hold my attention.

Dawn Middleton

1 2 3 4 5

f. Extent to which the teaching methods were effective.

Dawn Middleton

1 2 3 4 5

12. What changes would you recommend for improving this workshop?

13. What additional workshops would you like to attend in the future?

14. Please rate the physical facility used for this training program (circle one).

Poor

Adequate

Excellent

1

2

3

4

5

15. ADDITIONAL COMMENTS:

Cicatelli Associates Inc.
Anonymous Participant Demographic Form



To target our services better, we are asking all of our participants to complete the following information.

Gender
Female Transgender
Male Intersex

Age

Are you of Hispanic, Latino, or Spanish origin?
Yes No

Race (select all that apply)
American Indian/Alaskan Native
Asian
Black or African American
Native Hawaiian/Other Pacific Islander
White
Other:

Highest level of formal education
Less than High School Diploma Bachelor's Degree
High School Diploma/GED Master's Degree
Some College Doctoral Degree
Associate's Degree

Advanced degrees and certifications (select all that apply)
MD/DO CNA RD MPH
PA LPN/LVN CHES MSc
DDS RN CASAC MA
OD NP LCSW MS
PhD CNM LPC Other (fill in below)
JD CNS LMHC
CPA ACRN MSW

Primary functional role(s) (select all that apply)
Accounting Medical Director
Administrator/Supervisor Nutritionist
Board Member Outreach Worker
Care Provider/Clinician Patient Advocate/Navigator
Case Mgmt. Technician Peer Educator/Advocate
Case Manager Program Director
Childcare Worker Program Manager/Coord.
Clergy/Spiritual Leader Psychiatrist
Community Follow-Up Worker Psychologist
Counselor/Therapist Social Worker
Data Manager Student/Graduate Student
Epidemiologist Trainer/Teacher/Faculty
Financial Manager Volunteer
Health Educator Not Working/Not Employed
Medical Assistant Other

How long have you been in your primary functional role? years

Area(s) of specialization (select all that apply)
Adolescent Health Pediatrics
CAM Prenatal Care/OB/Gyn
Criminal Justice Primary Care
Early Childhood Reproductive Health
Education Research
HIV/AIDS STIs/STDs
Information Systems Substance Abuse
International Health Tobacco Control
Mental Health Violence Prevention
Nutrition/Obesity Other
Oncology/Cancer

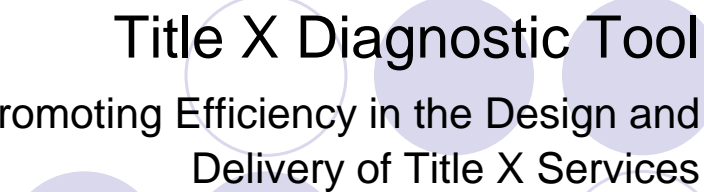
How long have you been in your primary area of specialization? years

Principal employment setting (select all that apply)
Adolescent Health Center EMS/Police/Fire Homeless Shelter School/Educational Institution
CBO/Community Agency Faith-Based Org. Hospice/Palliative Care State/Local Health Dept.
Child Welfare Services/Foster Care Family Planning Agency Hospital or Hospital-Based Clinic STD Clinic
Community/Migrant Health Ctr. HIV/AIDS Service Org. Long-Term Care Facility Substance Abuse Treatment Prg
Correctional Facility HMO/Managed Care Org. Mental Health Facility Tribal/Indian Health Center
Domestic Violence/Rape Crisis Ctr. Home Care Private Practice Other
Early Childhood Facility

Zip-code of your principal employment setting

Location of your principal employment setting
Urban Suburban Rural Indian Reservation






Title X Diagnostic Tool

Promoting Efficiency in the Design and Delivery of Title X Services

Presented by: Dawn Middleton and Susan Gadon
Region II Family Planning Training Center
Technical Assistance Webinar
May 26, 2010 - Webinar



Disclosure

CAI, Dawn Middleton and Susan Gadon, the program planner(s) and reviewer(s) have no real or perceived vested interests that relate to this presentation nor do they have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.



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 - Cathy Burgess
- Yates County Health Department
 - Marty Blumenstock
- Buncombe County Health Department, NC
- Office of Population Affairs and the Family Planning RTCs

3



Webinar Objectives

1. Introduce use of a diagnostic tool to promote efficiency in the design and delivery of Title X services.
2. Explore concepts of efficiency related to capacity, demand, staff utilization/productivity and fiscal sustainability.
3. Share family planning provider experiences in conducting similar assessments to promote efficiency and fiscal sustainability in their Title X programs.

4




Doing More With Less

“The increased demand placed on public health departments (health care delivery systems) to perform better and improve health outcomes with less funding cannot be achieved under the design and operation of the current system.¹”

¹Riley, J. et. al., “Realizing Transformational Change Through Quality Improvement in Public Health,” *Journal Public Health Management Practice*, 2010, 16(1), 72-78.

5



IOM Report – May 2009

“While the core mission of the program (Title X) has remained clear over the years, a shifting and expanding set of operational priorities, along with a growing number of individuals requesting care and increasing expenses with no significant expansion in funding, has made it difficult for the program to fulfill that mission.²”

²“A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results,” May 2009, <http://www.iom.edu/Reports/2009/A-Review-of-the-HHS-Family-Planning-Program/>

6



Performance Management (PM)

Reaching our Goals and Doing More With Less:

- Lessons from other industries suggest that it is possible to become a high-performing organization through broad implementation of PM as a management approach.

7



Performance Management

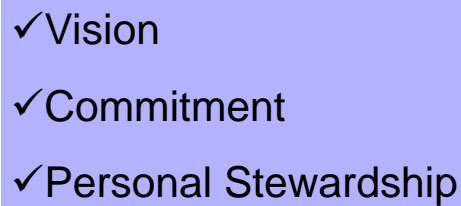
- Organization-wide approach
- Alteration in leadership mindset
- Introduction of Performance Management (PM) and Quality Improvement (QI) methods to change the teamwork and culture

8



Leadership is Essential

- Leadership is essential, particularly in the success or failure of introducing and sustaining PM efforts in an organization.
- Most Critical Factors Are:



- ✓ Vision
- ✓ Commitment
- ✓ Personal Stewardship

9



Public Health Leaders

- Set focus on the “Vital Few” priorities (with clear vision, expectations, accountability)
 - Resource alignment
- Initiate senior committee: regularly reviews key performance measures, provides feedback, takes follow-up actions.

10

“Vital Few Priorities” EFFICIENCY

What is EFFICIENCY?

“Maximizing the use of resources to the maximum number of clients”

11

Domains of Program EFFICIENCY

- **Capacity and Demand**
 - Clinician and non-Clinician FTEs
 - Patient Visits

Other Factors:

Number of Exam Rooms
2 – 3 exam rooms/clinician
Appointment Scheduling Practices
Marketing to Target Population

12

Domains of Program EFFICIENCY

● Staff Utilization or Productivity

- Client visits/hourly/daily/annually
 - 3,000 – 4,000 visits/APC FTE annually
 - 3 visits/hour
- Client cycle time
 - At least 50% of client time should be spent in face to face contact with clinician

Other Factors:

Work Flow
Clinical Policies and Protocols
 Frequency of return visits
 Requirement of pap smear or pelvic exam
Staff Roles and Responsibilities
Maximize expertise

13

Domains of Program EFFICIENCY

● Fiscal Sustainability

- Revenue Realized per Visit/User
 - By revenue source
- Cost per User
 - HRSA Standard: Cost per Title X Client³
 - 2010: \$258.87/Client
 - 2011: \$269.55/Client

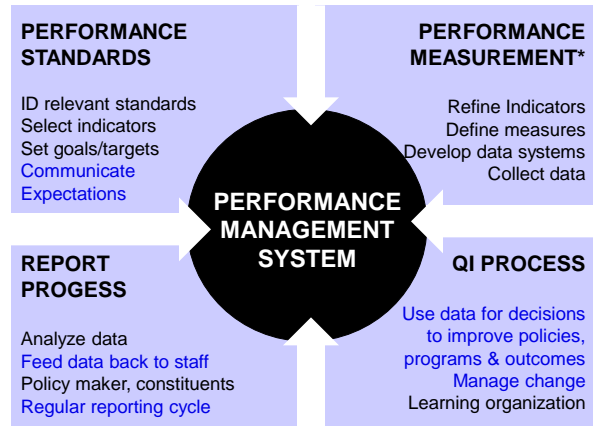
Other Factors

Billing and Coding
Service Delivery Model
Insurance Enrollment

³ Department of Health and Human Services, Fiscal Year 2011, Health Resources and Services Administration, Online Performance Appendix, <http://www.hrsa.gov/about/pdf/performanceappendixll.pdf>, page 177

14

Performance Management Model (Turning Point)



*Measures of performance are directly tied to the outcomes requirements: 1) Increase unduplicated clients and 2) Increase the number of pregnancies averted.

15

Public Health Leaders

- Practice fact-based decision making, using the best available data and evidence
- Create a “sense of urgency” for measurable results, efficiency and quality (evidence-based care)

16



Where to Start?

Utilize a **Simple** Excel-based Diagnostic Tool to examine core areas of Title X program operations related to efficiency and fiscal sustainability

- Assess where we have been and where we are now
- Raise awareness with quantitative data – not just “intuition and gut”
- Revise or set goals/targets
- Select core indicators/measures to assess progress in achieving goals/targets (“Data Dashboard”)
- Collect, review, analyze and share data
- Use data to improve policies, programs and outcomes

17



Overview of Diagnostic Tool

- **Inputs** [FPAR, Administrative and Billing Data]
 - **Users** [visit type, age, gender, income and insurance status]
 - **Visits** [visit type, clinician/non-clinician]
 - **Insurance Mix and Income Status**
 - **Staffing** [FTEs by staff type]
 - **Operations** [hours, days, appointment scheduling]
 - **Revenue and Expenses** [grant and third party revenue by source, insurance mix, expenses]
 - **Capacity and Demand** [vacation, sick leave, administrative time, meeting hours, # of weeks operating/year]

18



Overview of Diagnostic Tool

- Outputs
 - Capacity to Demand Ratio
 - User and Visit Trends
 - Users and Visits by age, gender, visit type
 - Users by insurance mix and poverty level
 - Clinician and Non-clinician Utilization/Productivity
 - Average annual visits/clinician or non-clinician FTE
 - Average clinician or non-clinician visits/hour

19



Overview of Diagnostic Tool

- Outputs
 - Fiscal Measures
 - Average Cost/User
 - Average Third Party Revenue per Non-Medicaid User [self pay and commercially insured]
 - Average Medicaid Revenue per Third Party User [Medicaid, MMC, Medicaid Waiver]
 - Average Cost/Visit

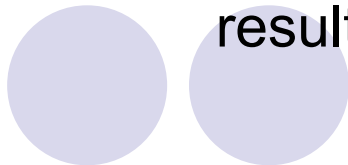
20



REVIEW DIAGNOSTIC TOOL

21

“Each System is designed perfectly to get the results that it gets.”



W. Edwards Deming



PM Words of Wisdom

“Unless the overall goals and culture of the department drive program outcomes to serve the community needs, the activities undertaken at the operational level will fail to meet client and stakeholder priorities.”

“A single PM/QI project is a good way to begin the improvement process.”

“The soft challenges (attitude, mindset, culture) are actually more problematic than shortage of resources.”

23



Sharing Experiences Question and Answers



THANK YOU!

For more Information or to Request Technical Assistance **CONTACT:**

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25