Consensus Statement on Quality in the Public Health System

U.S. Department of Health and Human Services
Office of Public Health and Science
Office of the Assistant Secretary for Health

Public Health Quality Forum

August 2008

Foreword

This consensus statement frames quality in the public health system. It is intended to serve as principles to enhance and guide goals of existing and future programs that promote quality. The consensus statement was developed by the Public Health Quality Forum (PHQF). Organized under my direction as the Assistant Secretary for Health (ASH), U.S. Department of Health and Human Services (HHS), the PHQF is stimulating a national movement for coordinated quality improvement efforts across all levels in the public health system. The motivating factor for convening the PHQF was to establish a venue where characteristics of and a system for quality in public health could be framed at a macro-level. This is consistent with the role of the ASH for providing leadership to the Nation on public health and science. I embrace this function and demonstrate that responsibility through this initiative.

Providing a national framework for quality will facilitate consistent implementation of quality improvement processes in every day public health practices. The tools provided are designed to support current and future quality improvement efforts by providing system-level leadership in defining characteristics of quality in the system. The characteristics promote strategic decision-making and resource allocations to focus attention on the development of concentrated efforts to improve quality and ultimately improve population health outcomes.

Quality must be a value-adding function. The preferred application is to embed these concepts into daily value-adding practices to ensure the emergence of a culture of quality throughout the public health system. Flowing from this should be greater emphasis on research-based evidence to identify quality public health practices. Policymakers must also embrace quality concepts in the initiation of new policies and the modification and evaluation of existing ones. Ideally, a public health system containing such a coordinated quality movement at all levels will facilitate measuring improvements and result in adding value for the Nation.

Garth Graham, MD, MPH, Deputy Assistant Secretary for Minority Health, serves as the Executive Director of the PHQF. The initial meeting of the PHQF was held in May 2008 and work is intended to be an ongoing process in the Office of the ASH. Members of the PHQF and the Federal agencies that they represent are provided in Appendix A. System partners that participated in this process through presentations and reviews are also noted in Appendix A. The HHS Public Health Systems Working Group, chaired by Peggy Honoré, DHA, participated in the process by providing input into the design of this system for public health quality improvement.

/Joxel Garcia/
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Background

In a 1998 report, the President's Commission on Consumer Protection and Quality in the Health Care Industry recommended that all segments of the health industry should embrace quality improvement and support this commitment with clearly established aims for improvement.[1] The Commission asserted that all sectors of the health industry needed to be accountable for improving quality. They cited the lack of a systematic approach as hindering the industry's ability to sustain quality and stated that quality improvement should be demonstrated by providing information on performance using standardized quality measures. Along with this was a recommendation to ensure the wide availability of valid, comprehensive, and comparative data that it could be used to evaluate effectiveness for improving health.[1] Expanding on this was the 2001 Institute of Medicine (IOM) publication *Crossing the Quality Chasm: A New Health System for the 21st Century* where six aims for improvement in quality-of-care were documented.[2]

Advancements in public health quality improvement are progressing, but the goals and tools are less defined than in some sectors of the health care industry. Aims for improvement in the quality of public health services have not been universally identified and indicators of public health quality are not commonplace. Tools comparable to ones used to assess the quality of patient care such as health plan report cards and the Health Effectiveness Data and Information Set (HEDIS) are not available for most parallel functions of the public health system. The recent identification of processes to facilitate quality improvement in public health such as accreditation, certification, performance measurement, and quality standards for public health preparedness are positive signs that a culture to increase and mainstream quality improvement concepts is strengthening. However, research findings indicate that public health quality improvement practices are most prevalent when they are driven by strong national leadership.[3] Local public health agency quality improvement initiatives are most common in clinical programs and are least likely to occur in prevention programs.[3] Some challenges to implementing quality improvement in public health practice include identification of meaningful goals, data collection limitations, and lack of training for the workforce.[3] Another obstacle is the lack of knowledge on best practices and evidence from research as recommended by the IOM.[4] These barriers to creating a culture for quality improvement must be addressed, with particular attention given to establishing structures for routine dialogue and communication on quality improvement concepts and initiatives at all levels of the system.

Defining Quality in Public Health

The Nation's public health system is the first line of defense to protect the health of the entire population. This covenant with the Nation for safeguarding population health can be best achieved if concepts of quality and quality improvement are understood and embraced in all segments of the public health system. To promote uniformity across the system, the following definition of quality is provided:

> ***Quality in public health is the degree to which policies, programs, services, and research for the population increase desired health outcomes and conditions in which the population can be healthy.***

Articulating a clear vision for quality in public health and supporting the implementation of a national framework for quality improvement are commitments that are shared and promoted by partners and stakeholders in the public health system. An overarching goal, at all levels and sectors of the system, is to have continuous evaluation of public health practices, programs and policies that produce and promote desired results while giving significant additional attention to those that need to be improved. An ultimate goal of quality improvement in public health should be to optimize population health, across all populations. The role of research to provide meaningful knowledge and academia for educating the workforce are critical components to advancing quality and fulfilling this goal. Partners agree that quality improvement should be a robust system where practices of quality measurement are shared responsibilities and are supported by routine examinations to document positive health outcomes for all Americans.

The Office of Public Health and Science (OPHS) is the primary office within the U.S. Department of Health and Human Services for advising the Nation on matters related to public health science. The Assistant Secretary for Health (ASH) provides strategic direction over OPHS with the implementation, management, and development of initiatives related to public health and science and communicates on these issues to the country. The ASH is dedicated to creating a culture of quality in the system and, as a result, OPHS is taking a leadership role in articulating a comprehensive national commitment to quality in public health. Public health system partners stand synergistically with this commitment and are dedicated to ensuring that a framework for quality improvement is developed and mainstreamed into the governance, management, and practice of public health. Federal, State, territorial, tribal, local and non-governmental partners commit to providing leadership and steering a course of action where quality improvement initiatives are routine, woven into all components of the system (e.g., financing, programming, management, governance, research, education) and are implemented through an adequately staffed and properly trained public health workforce. Under the direction of the ASH, this commitment to quality will be supported with the identification of:

- A set of aims for improvement of quality in public health
- A framework to guide and standardize quality improvement efforts
- Priority areas for quality improvement in the public health system
- A core set of quality indicators in each of the priority areas

Completing all components of this quality initiative will be a multi-step process with input from across the system. The process will extend over a continuous period with emphasis on collaboration and inclusion of existing quality promoting programs. Ideally, these concepts should be woven into daily public health practices as well as into policymaking, governance, management, and relevant functions of system partners. This can be best accomplished through a trained workforce and informed leaders who value quality improvement. Weaving quality practices into daily activities was also recommended in a previous report as a means of reducing the potential of staff burnout from additional programming requirements.[5] Mainstreaming this into daily practices at all levels (e.g., practitioners, board members, policymakers, researchers, educators) also promotes a culture for quality in the system. The concepts should also be applied in continuity with existing and future quality advancing programs already familiar to the public health community (e.g., Healthy People 2010/2020, Guide to Community Preventive Services, Guide to Clinical Preventive Services, agency accreditation).

Characteristics of Quality in Public Health

Many professions use characteristics to describe quality specific to their industries (e.g., education, software engineering, communications). Healthcare followed this model by adopting the six aims established by the IOM that characterize quality in the delivery of patient care.[2] The use of characteristics provides a focal point to frame and promote consistency with implementing quality improvement initiatives.

Through a consensus building process with public health system partners led by the ASH, aims that characterize public health quality improvement have been identified as an initial step to fulfilling a commitment to quality. While ensuring quality for increasing positive population health outcomes, characteristics to guide public health practices across the entire system should be:

- ***Population-centered –*** protecting and promoting healthy conditions and the health for the entire population
- ***Equitable*** – working to achieve health equity
- ***Proactive*** – formulating policies and sustainable practices in a timely manner, while mobilizing rapidly to address new and emerging threats and vulnerabilities
- ***Health promoting –*** ensuring policies and strategies that advance safe practices by providers and the population and increase the probability of positive health behaviors and outcomes
- ***Risk-reducing –*** diminishing adverse environmental and social events by implementing policies and strategies to reduce the probability of preventable injuries and illness or other negative outcomes
- ***Vigilant*** – intensifying practices and enacting policies to support enhancements to surveillance activities (e.g., technology, standardization, systems thinking/modeling)
- ***Transparent*** – ensuring openness in the delivery of services and practices with particular emphasis on valid, reliable, accessible, timely, and meaningful data that is readily available to stakeholders, including the public
- ***Effective*** – justifying investments by utilizing evidence, science, and best practices to achieve optimal results in areas of greatest need
- ***Efficient*** – understanding costs and benefits of public health interventions and to facilitate the optimal utilization of resources to achieve desired outcomes

Public health system partners recognize that the intersection between public health and the health care delivery system needs to be strengthened. In fact, some public health agencies are still direct providers of health care services. In recognition of this fact, three of the aims for quality improvement in public health are identical to those identified by the IOM as aims for improvement in quality of health care (equitable, effective and efficient). Additionally, the description of another IOM aim, safe, is embedded in the public health aim of health promoting. The aims are intended to clearly articulate a consistent set of characteristics that should be present in public health in order to achieve improved performance at all levels. In addition to practice organizations, the characteristics must be present in the activities of the various governmental and private sector contributors to the Nation's public health system.

Since public health services are multidimensional when testing for quality, all of the aims may apply to a single service or function when testing for quality. For other public health functions,

only a subset of the aims may be applicable. Routinely examining public health activities for these characteristics advances uniformity in public health practice because it represents a consistent approach to framing quality improvement efforts.

Impacts

The impact of this national public health quality movement will be multifaceted. It will promote quality along all dimensions of the system with a special focus on fostering health equity and eliminating health disparities. Applying a common set of quality characteristics will facilitate cross-jurisdictional comparisons and tracking of progress. This should be a stimulus and incentive for knowledge sharing on best practices.

Quality is described in some sectors as value to users of goods and services. An early driver of the quality improvement movement in private industry was to increase value through reducing costs while providing better goods and services. The availability of timely and reliable data (e.g., health status, financial, outcomes, etc) will diminish barriers to determining the value of public health services.

Other impacts accruing from the application of this framework should be a system-wide culture where quality improvement is a sustained concept in public health along with a solid commitment to and recognition of the value of workforce education to ensure implementation and organizational change. Of particular significance already is the synergy that has been created by addressing quality with the engagement and consensus of partners throughout the public health system.

The work of the PHQF to define and frame quality improvement characteristics across public health will continue through the work of various partners throughout the system. The PHQF framework presented provides a broad vision for emphasizing and improving quality in public health. As the efforts move forward it is recognized that we will need flexible and tailored strategies to meet the need of local communities. We look forward to engaging all communities across the county in an inclusive cooperative vision for improving the health of all communities in the United States.

References

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5. Leonard BA. The Leonard Group. Adapting Quality Improvement to Public Health. Highlights and Conclusions. Conference sponsored by the Robert Wood Johnson Foundation. Cincinnati, Ohio. February 7, 2007.

Appendix A: Members of the Public Health Quality Forum and Participants in the Quality Process

Public Health Quality Forum Members	**Representative**
Agency/Office	
U. S. Department of Health and Human Services	
Office of Public Health and Science	Joxel Garcia
Office of Public Health and Science/Office of Minority Health	Garth Graham
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Centers for Disease Control and Prevention	Stephanie Bailey
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Health Resources Services Administration	Denise Geolot
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Stakeholder Participants	**Representative**
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National Association of County and City Health Officials	Patrick Libbey
National Association of Local Boards of Health	Marie Fallon
Robert Wood Johnson Foundation	James Marks
Robert Wood Johnson Foundation	Debra J. Perez
U. S. Department of Health and Human Services Public Health Systems Working Group	**Representative**
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National Governors Association	Joyal Mulheron
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