HRSA
Health Resources & Services Administration

HRSA Hour
Demonstration of Improvement
May 16, 2023

Vision: Healthy Communities, Healthy People

Division of Home Visiting and Early Childhood Services
Maternal and Child Health Bureau (MCHB)

MIECHV
Maternal, Infant, & Early Childhood Home Visiting
TECHNICAL ASSISTANCE RESOURCE CENTER

HRSA
Maternal & Child Health

Welcome!

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Session Objectives

- Review Demonstration of Improvement guidance
- Discuss strategies to assess and plan for improvement:
  - Identify patterns and understand context in the data
  - Make a plan to address areas ripe for improvement with CQI
- Highlight available resources to support awardees

SECTION 1

Background and Overview

Background and Requirements

- Requirements from Title V, section 511 of the Social Security Act :
  - Awardees to track and report information on program implementation and performance for eligible families participating in the program
  - Demonstrate improvement in at least four of six benchmark areas following FY 2020 reporting and every three years thereafter
  - Improvements must be demonstrated in at least 4 of the benchmark areas that the model or models implemented by the awardee are intended to improve
  - If improvement is not demonstrated awardees shall be provided with technical assistance to develop and implement a plan to improve outcomes

- Annual Performance Report (Form 2) data is used to determine whether Demonstration of Improvement requirements are met. For FY 2023 DOI, FY 2023 APR submitted by October 30, 2023 will be used. Awardees do not need to collect any new or additional data.

HRSA Also Uses This Info to...

- Understand the performance of the MIECHV Program and changes in performance overtime
- Direct technical assistance resources to enhance home visiting service delivery and improve performance
- Target specific topic areas for CQI priorities to improve performance or measurement
- Communicate with interested parties about the outcomes of the MIECHV Program
- Identify areas that would benefit from additional research and evidence
- Identify and address strengths and opportunities in state early childhood systems

Methods for Conducting the Assessment of Improvement

Benchmark-Level Improvement

- Improvement in a benchmark is defined as meeting the measure-level improvement criteria in at least one-third (33.3%) of measures for that benchmark

Benchmark Area	Total Number of Measures in Benchmark Area	Number of Measures Required to Demonstrate Improvement in FY 2023
I	6	2
II	3	1
III	4	1
IV	1	1
V	2	1
VI	3	1

**2 Optional Measures (Substance Use Screening and Completed Substance Use Referrals) are not included as part of DOI*

Measure-Level Improvement

- For each of the 19 measures, FY 2023 performance data will be compared to baseline data and a national threshold

- Improvement is defined as meeting one or more of the following:
  1. **Any change** in the intended direction compared to the baseline, based on the current rounding for that measure

  2. **Meeting or exceeding** the established national threshold for a measure, while simultaneously not decreasing performance from baseline by more than 10%

DOI Calculations: Baseline

$$\text{Baseline value} = \frac{\text{FY 2021 performance value} + \text{FY 2022 performance value}}{2}$$

☑ Improvement – for each measure, any change in the intended direction compared to the baseline value

DOI Calculations: National Threshold

$$\text{FY 2021 national mean} = \frac{\text{Sum of 56 FY 2021 performance values}}{56}$$

$$\text{FY 2022 national mean} = \frac{\text{Sum of 56 FY 2022 performance values}}{56}$$

$$\text{National Threshold} = \frac{\text{FY 2021 national mean} + \text{FY 2022 national mean}}{2}$$

*Fifty six awardees are used as an example for this calculation, but HRSA reserves the ability to exclude awardees from the calculation if necessary.

DOI Calculations: Percent Change

$$\text{Percent change} = \frac{\text{FY 2023 performance value} - \text{baseline value}}{\text{baseline value}} \times 100$$

☑ Improvement - For each measure, meeting or exceeding the established national threshold for a measure, while simultaneously not decreasing performance from baseline by more than 10%

Opportunity to Provide Additional Information

- Awardees that do not meet the improvement criteria in at least four of the six benchmark areas based on the previous steps will be further reviewed based on additional criteria
    1. Systems Outcome Measures
    2. Model Alignment
    3. Additional Information
- For these awardees, HRSA will first assess the awardee's existing data to see which, if any, of these criteria are applicable and then directly contact these awardees. Awardees will have 30 days to submit the additional information and HRSA will provide technical assistance as needed.

DOI Results

- Once assessment of improvement is complete, HRSA will release the results of each awardees through the HRSA's Electronic Handbook (EHB)

- HRSA will also provide an individual Demonstration of Improvement Data Profile to each awardee

Outcome Improvement Plan

- Awardees that do not meet demonstration of improvement will be required to develop and implement an Outcome Improvement Plan (OIP)

- Goals of the OIP include:
  - Meet statutory requirements to target and improve outcomes in each benchmark area that the service delivery model(s) selected are intended to improve
  - Serve as a mutually agreed upon quality management tool, developed by awardee in collaboration with, and approved by HRSA
  - Promote and support continuous quality improvement and target needed technical assistance to prepare awardee for reassessment of improvement
  - HRSA encourages, but does not require that OIP activities are developed in alignment with existing HRSA requirements for CQI activities, as appropriate

FY 2023 DOI Timeline

- ✓ HRSA shared awardee-specific FY 2023 baseline and national threshold data with all awardees on March 1, 2023
- ✓ HRSA published updated information on the benchmarks and measures evidence-based home visiting models intend to improve
- **10/30/2023**: Due date for awardee submission of FY 2023 MIECHV Annual Performance Report, Form 2
- **Spring 2024**: HRSA will release results of the FY 2023 Demonstration of Improvement
- **10/1/2024**: Deadline for completion of Outcome Improvement Plan (if applicable)
- **9/30/2025**: Outcome Improvement Plan implementation period ends (if applicable)

SECTION 2

Strategies to Assess and Plan for Improvement

Review Data to Identify Patterns

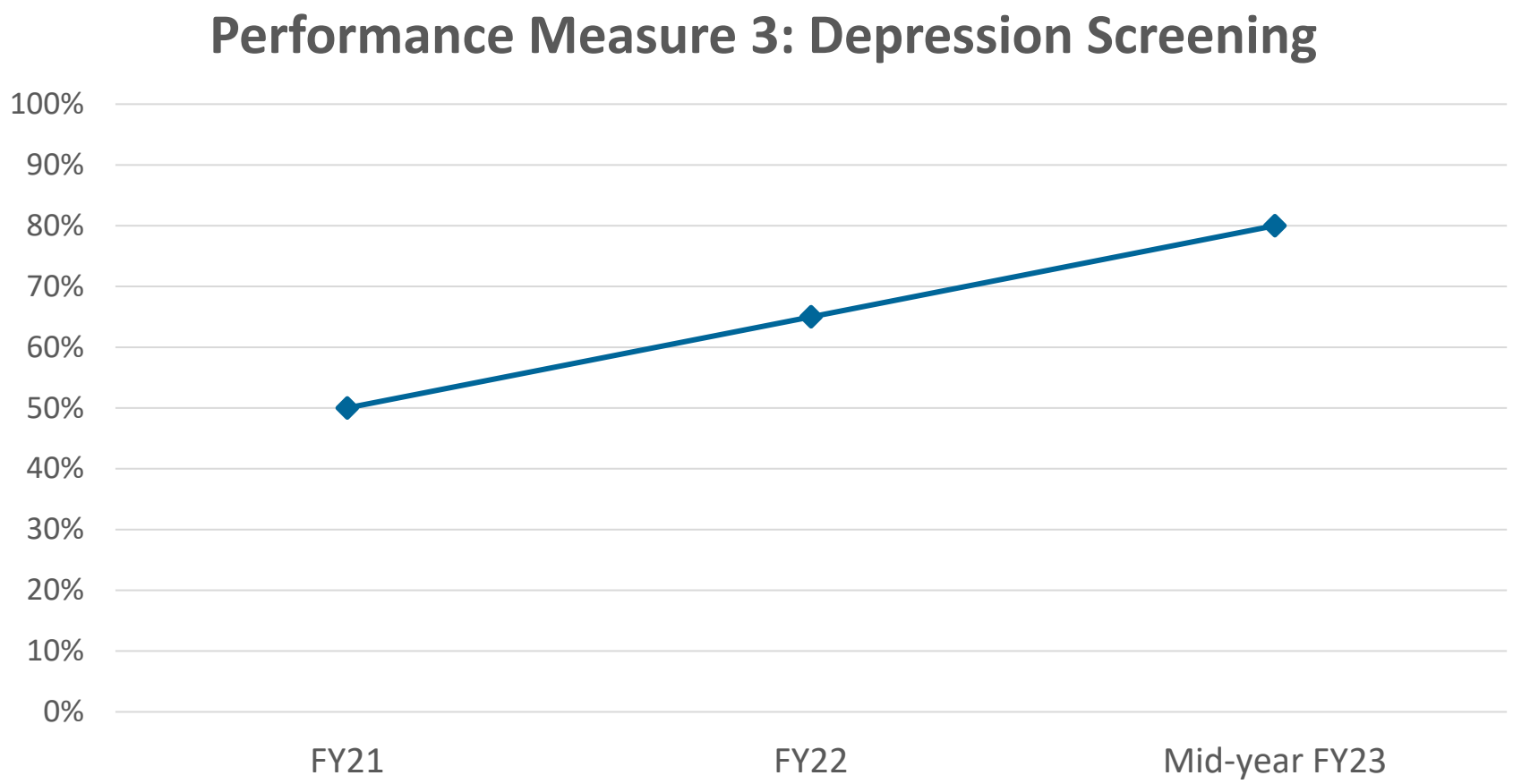
- Look at FY21 – FY22 data for each performance measure
- Add mid-year FY23 data to see where you stand now
- 2+ years of data can start to show patterns

Creating Data Visuals – Example 1

Performance Measure 3: Depression Screening

	FY21	FY22	Mid-year FY23
Reporting Value	50%	65%	80%

Creating Data Visuals – Example 1, continued

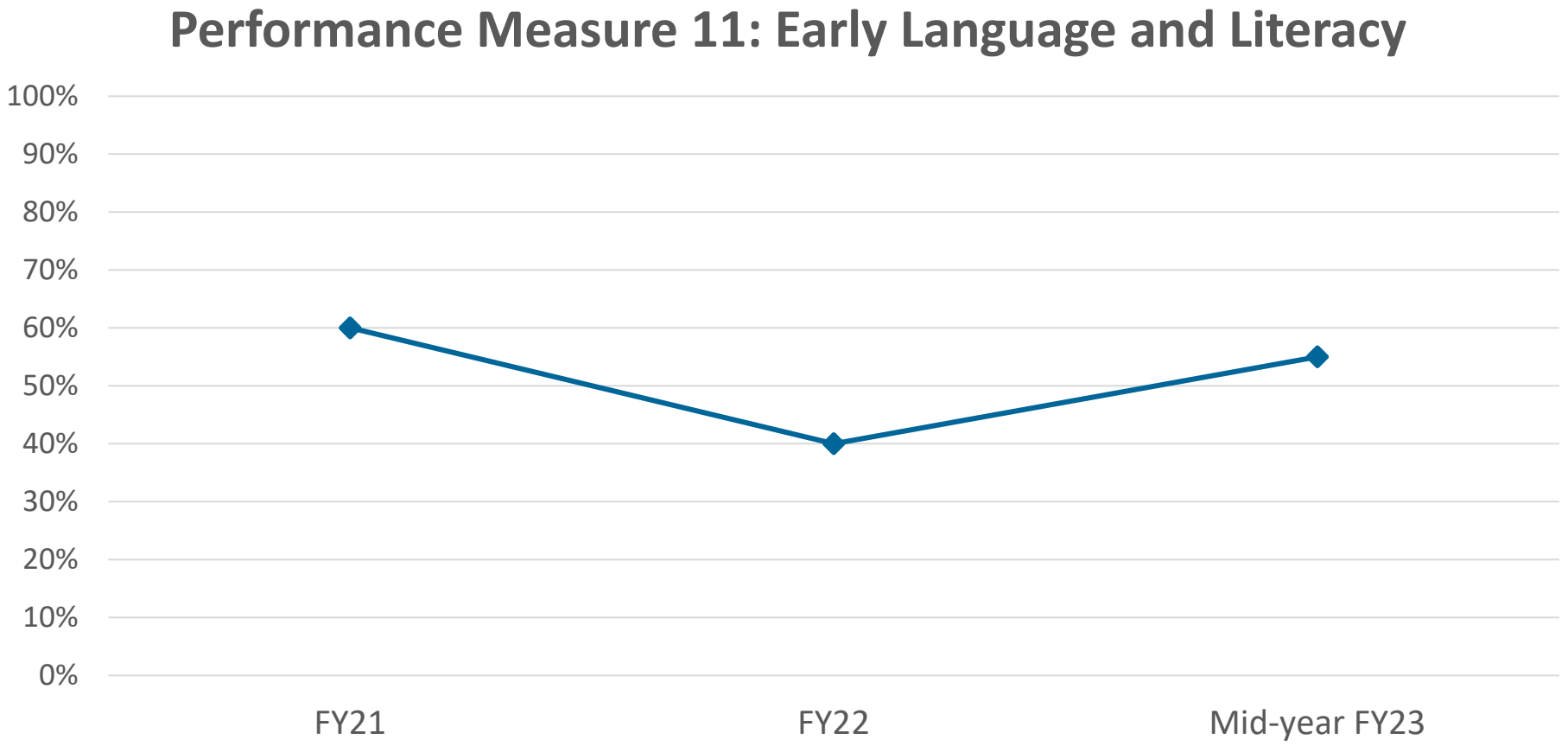


Creating Data Visuals – Example 2

Performance Measure 11: Early Language and Literacy

	FY21	FY22	Mid-year FY23
Reporting Value	60%	40%	55%

Creating Data Visuals – Example 2, continued



Measure-Level Improvement Criteria

To demonstrate improvement on a measure, awardees must meet one or more of the following criteria:

Demonstrate any change in the intended direction* of the measure as compared to a baseline value

AND/ OR

***Meet or exceed established national threshold for a measure* while not simultaneously decreasing performance from baseline by 10% or more†**

*Baseline data = mean value of FY21 and FY22 for each measure, for each awardee.

† National threshold = average of national mean values from FY21 and FY22 for each measure.

Percent Change = (FY23 value - Baseline value)/Baseline value × 100.

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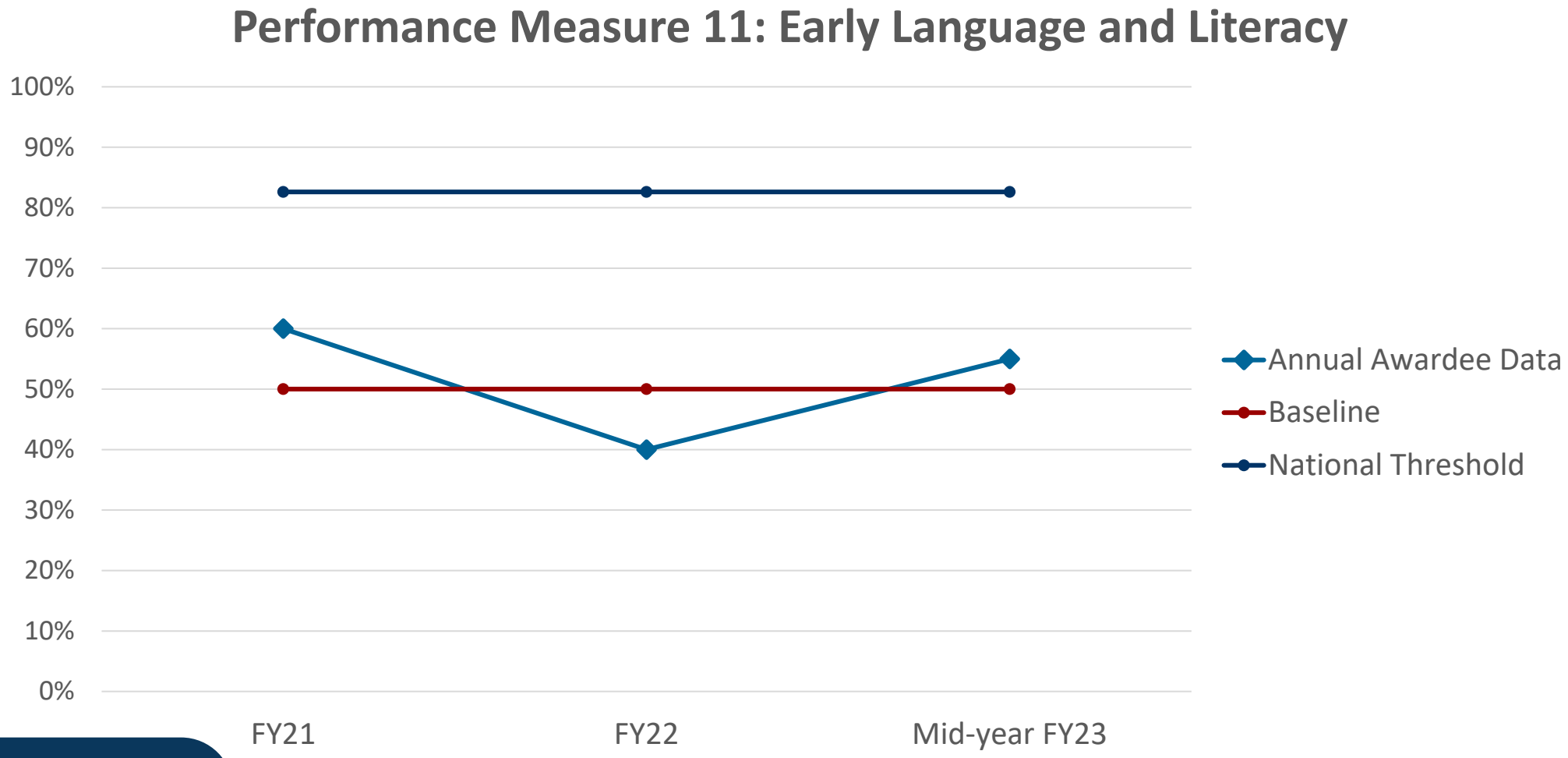
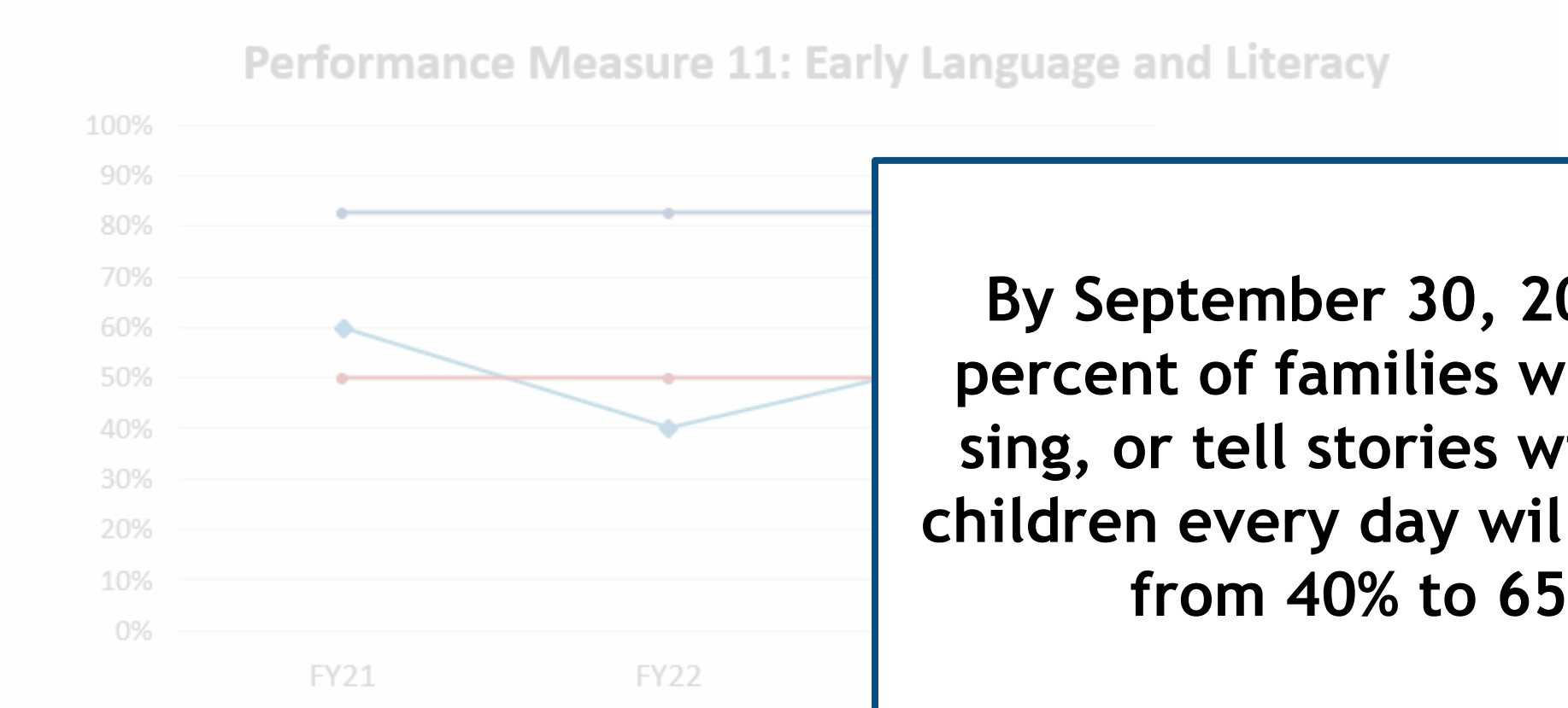
Creating Data Visuals – Example 2, continued



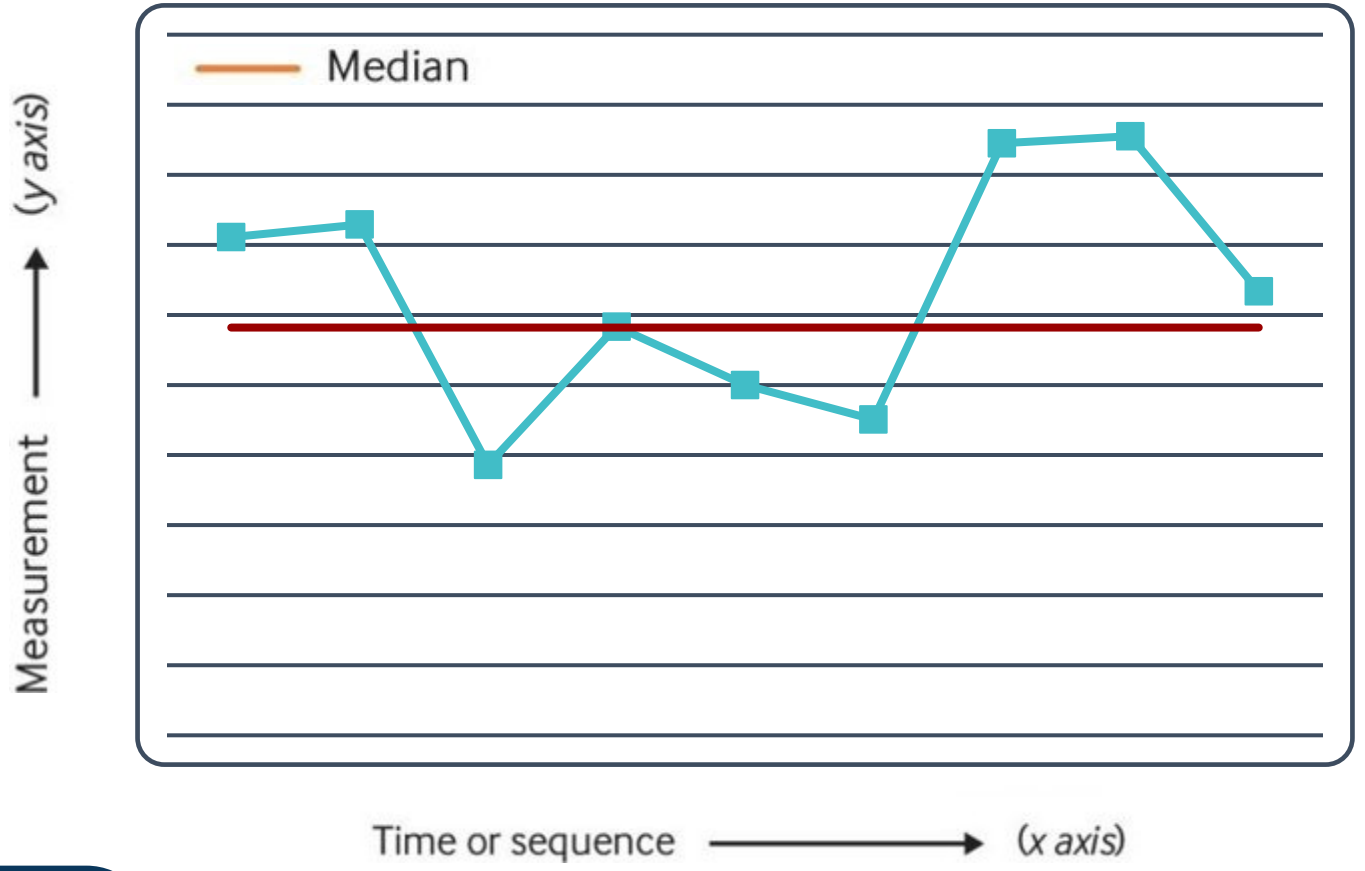
Set a SMARTIE Aim



By September 30, 2023 the percent of families who read, sing, or tell stories with their children every day will increase from 40% to 65%.

Why Do We Need to Know Our Data?

Why Do My Data Do That?



Conduct Root Cause and Contextual Analysis

- Data disaggregation
- Report calculations
- Performance Measurement Plan (PMP)
- Data collection forms and time points
- Home visitors
- Individuals with lived experience
- Other?

❖ **Consider including the home visiting workforce and parents in root cause analysis!**

Demonstration of Improvement (DOI) Dashboards: An Overview

- Interactive tool designed to enhance use and understanding of data to support your program
- *Now!* Awardees can review how FY20 DOI was done
- *Coming soon!* FY21 and FY22 data will be updated for all benchmark areas

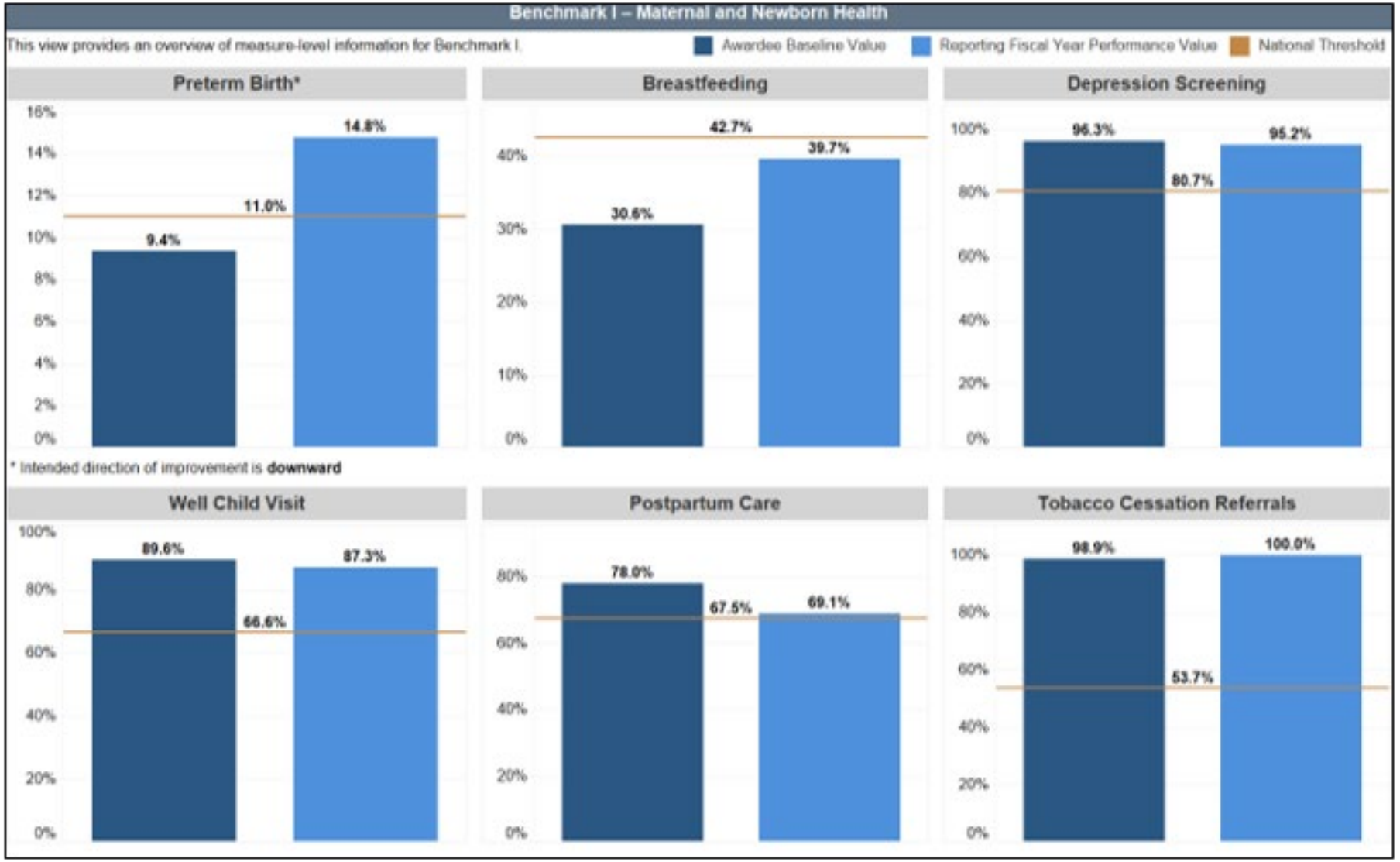
DOI Dashboards: Summary

Summary of Measure-Level Improvement Results

This view provides an overview of measure-level results for the MIECHV Demonstration of Improvement.

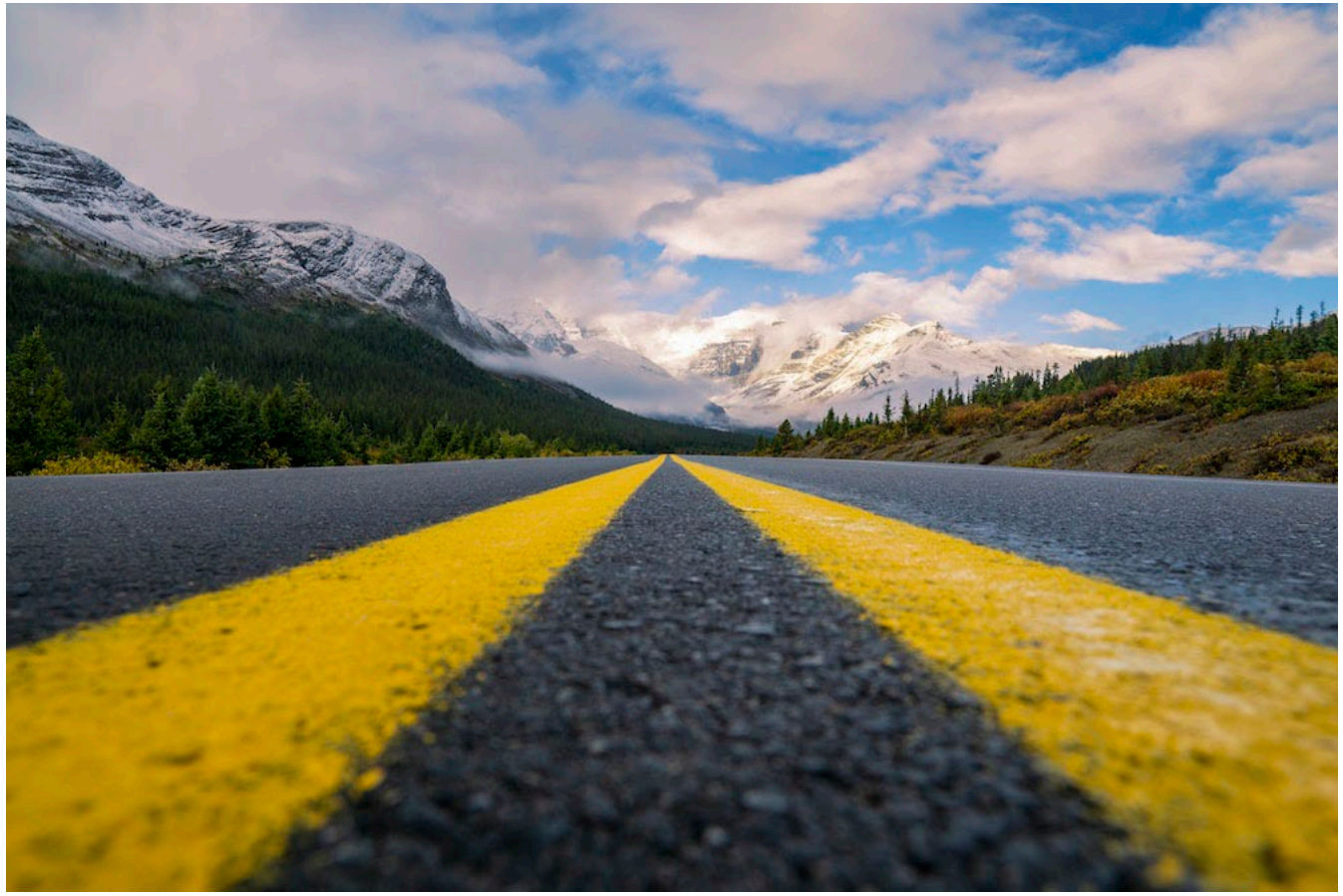
Benchmark	Performance Measure	Met Measure-Level Improvement
I – Maternal and Newborn Health	Preterm Birth	Yes
	Breastfeeding	No
	Depression Screening	No
	Well Child Visit	Yes
	Postpartum Care	Yes
	Tobacco Cessation Referrals	No
	Optional Measure 1: Substance Use Screening	
II- Child Injuries, Maltreatment, and Reduction of ED Visits	Safe Sleep	Yes
	Child Injury	Yes
	Child Maltreatment	Yes
III- School Readiness and Achievement	Parent Child Interaction	No
	Early Language and Literacy Activities	Yes
	Developmental Screening	No
	Behavioral Concerns	Yes
	Behavioral Concern Inquiries	
IV – Crime or Domestic Violence	Intimate Partner Violence Screening	No
V – Family Economic Self-Sufficiency	Primary Caregiver Education	Yes
	Continuity of Insurance Coverage	Yes
VI – Coordination and Referrals	Completed Depression Referrals	Yes
	Completed Developmental Referrals	No
	Intimate Partner Violence Referrals	No
	Optional Measure 2: Completed Substance Use Re..	

DOI Dashboard: Benchmark 1

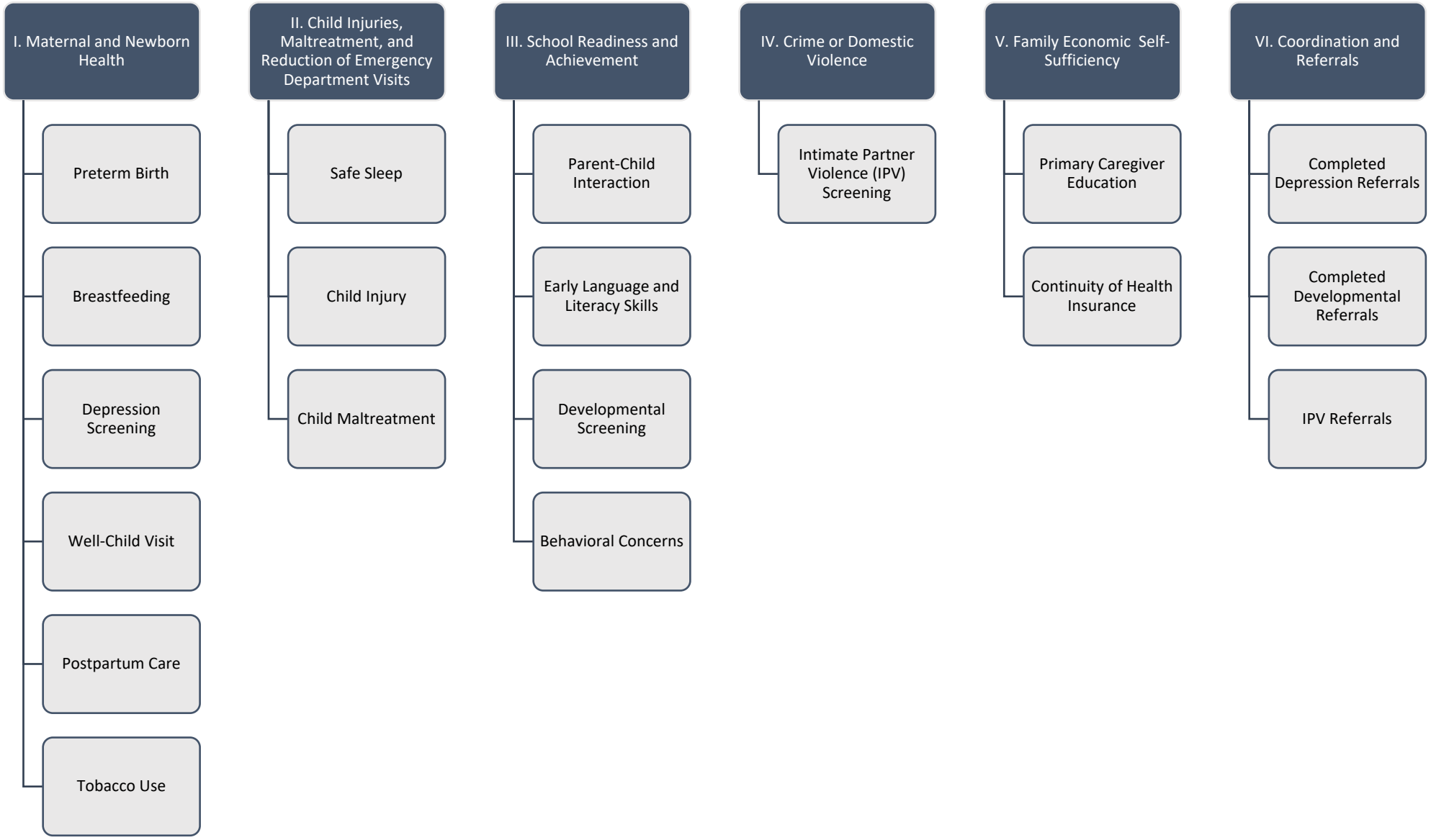


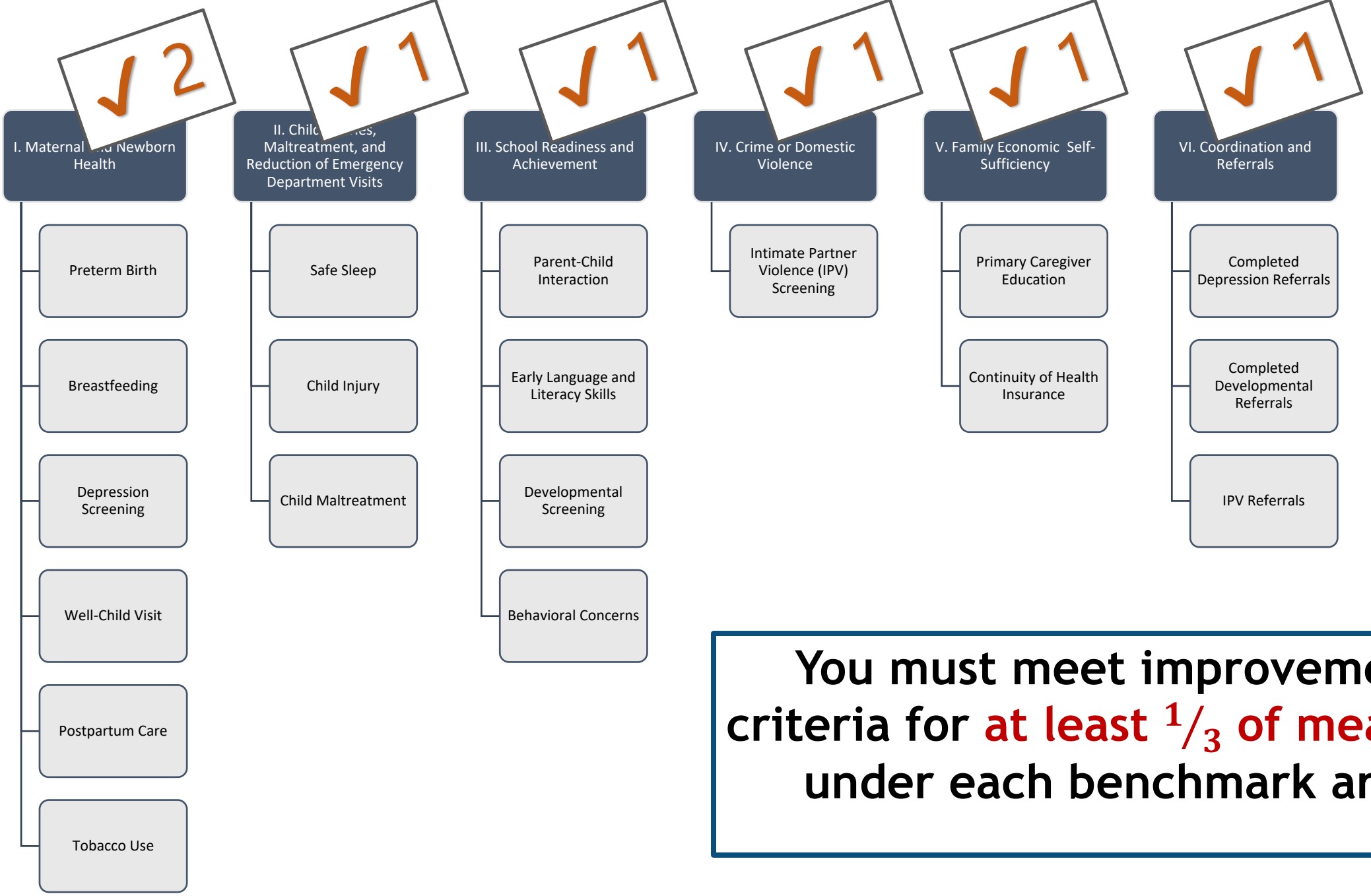
SECTION 3

Improvement in Practice

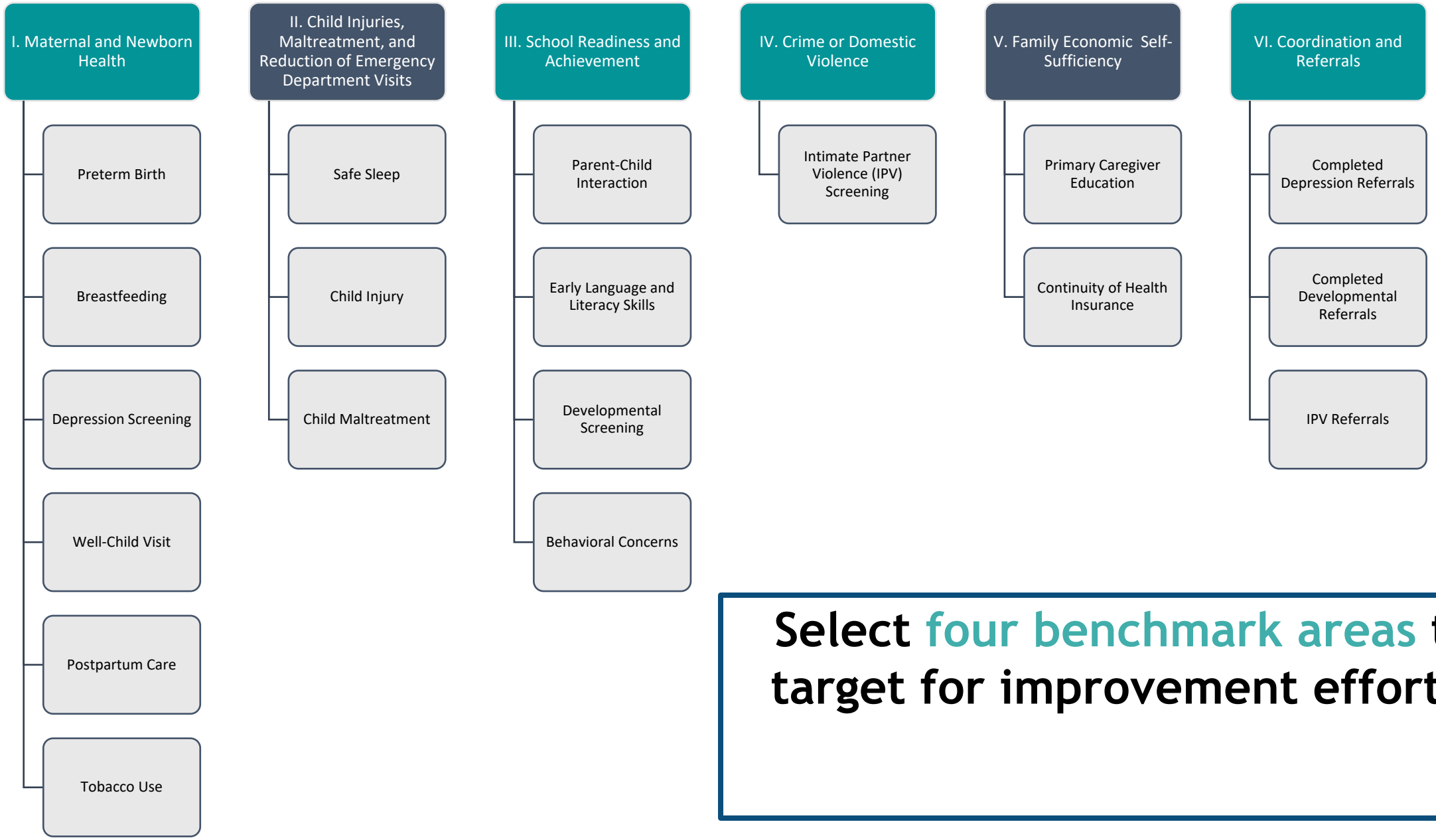


MIECHV Benchmarks and Related Measures

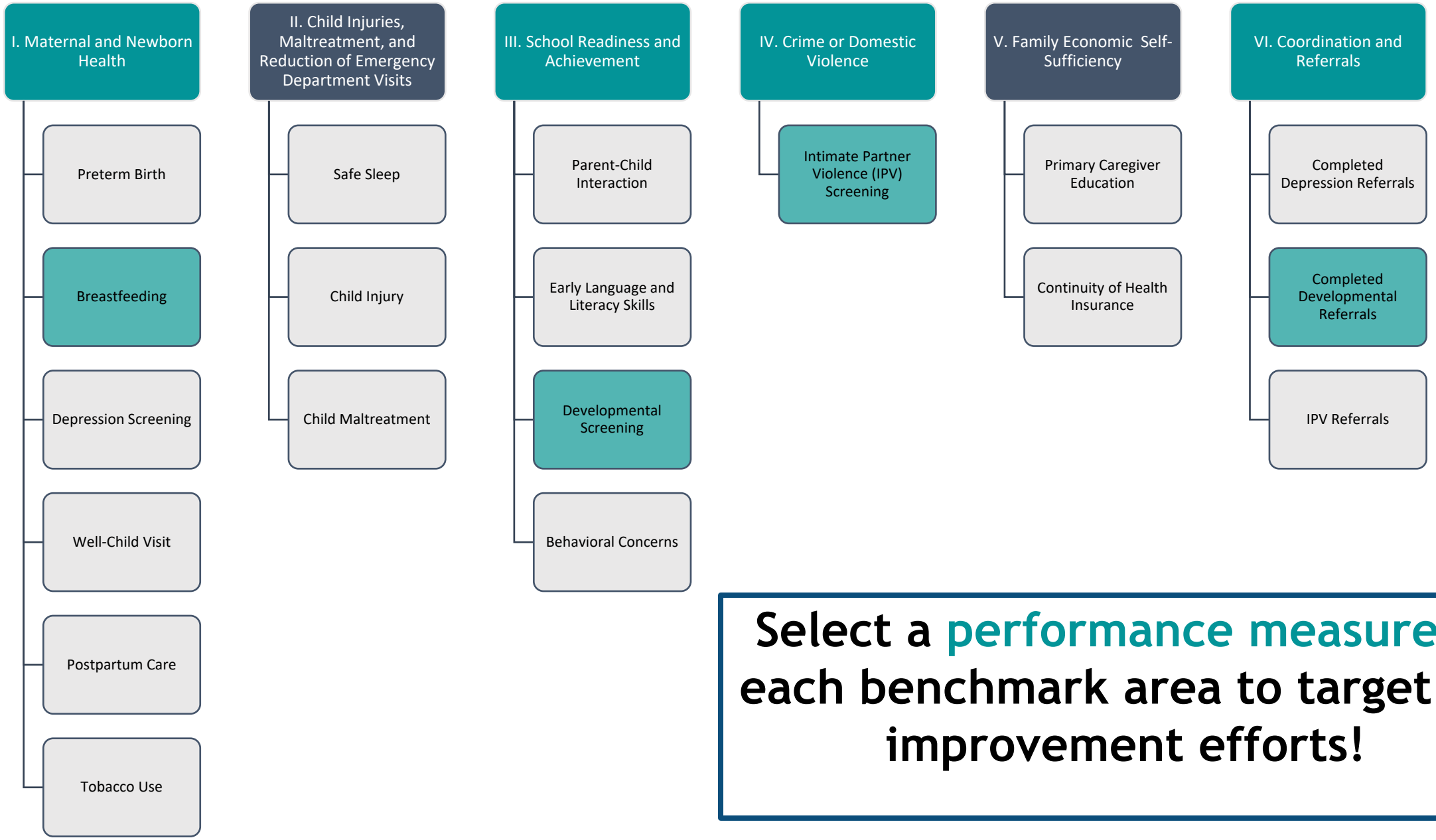




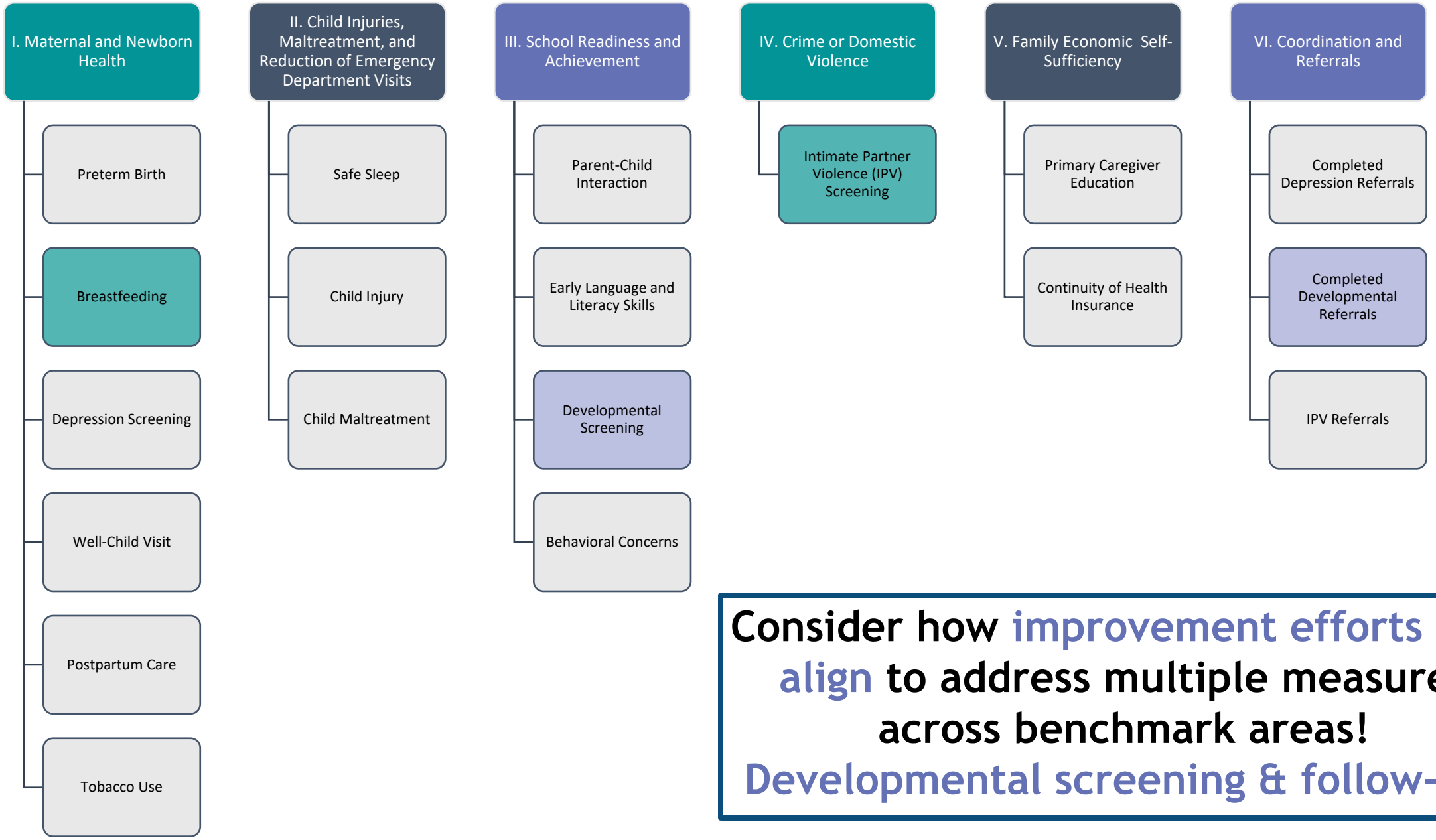
You must meet improvement criteria for at least $^{1}/_{3}$ of measures under each benchmark area



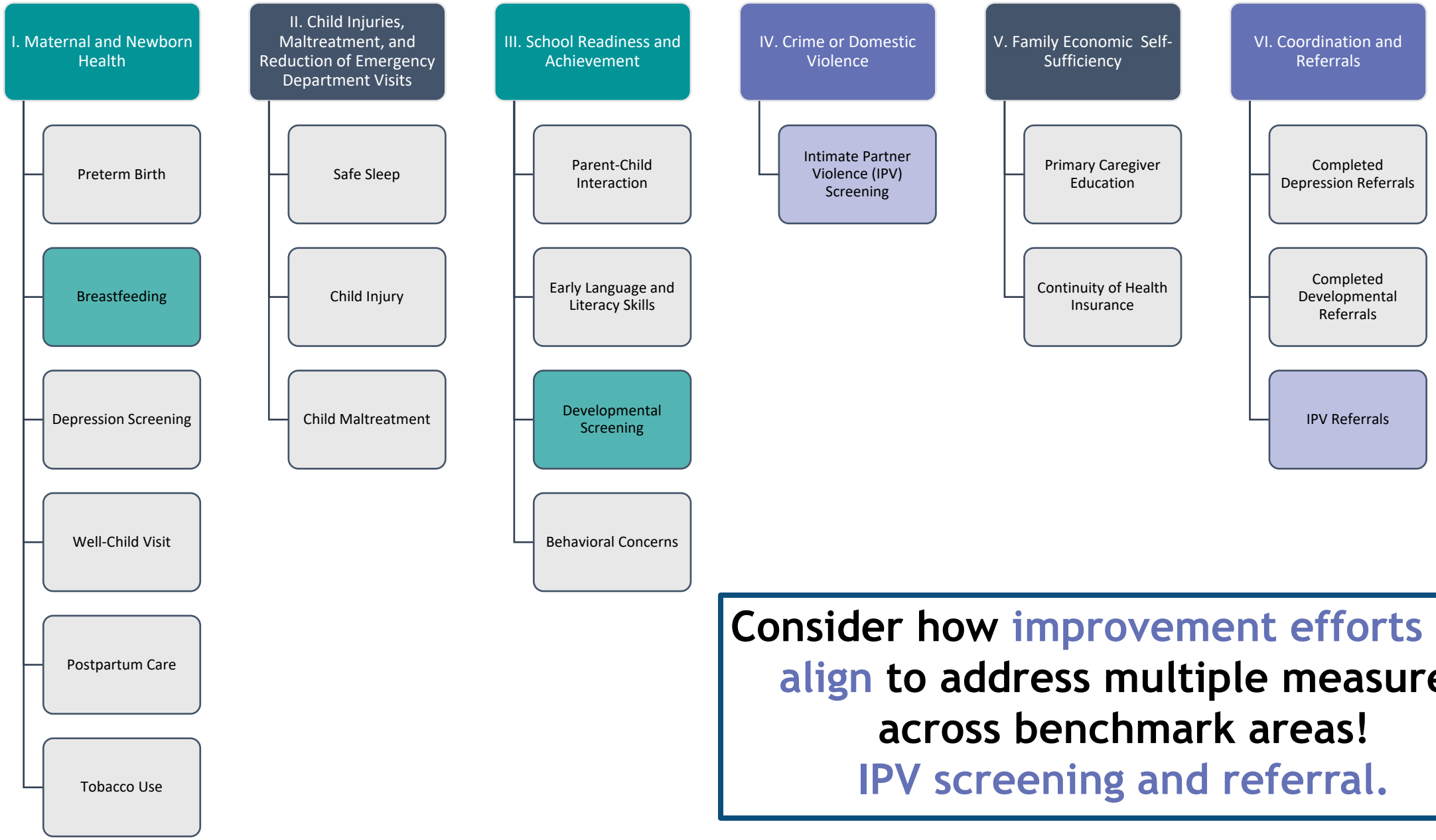
Select four benchmark areas to target for improvement efforts!



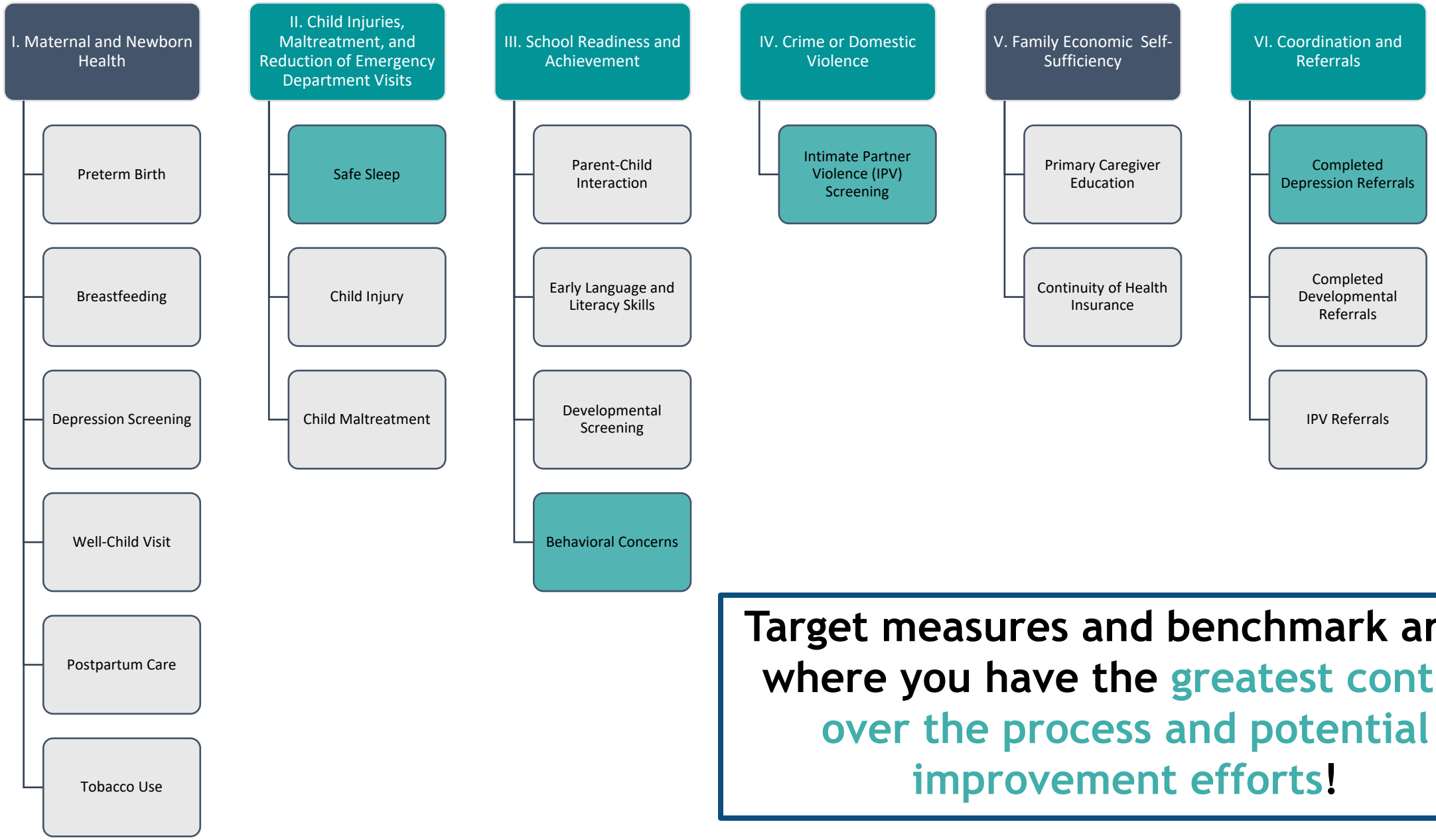
Select a performance measure in each benchmark area to target for improvement efforts!



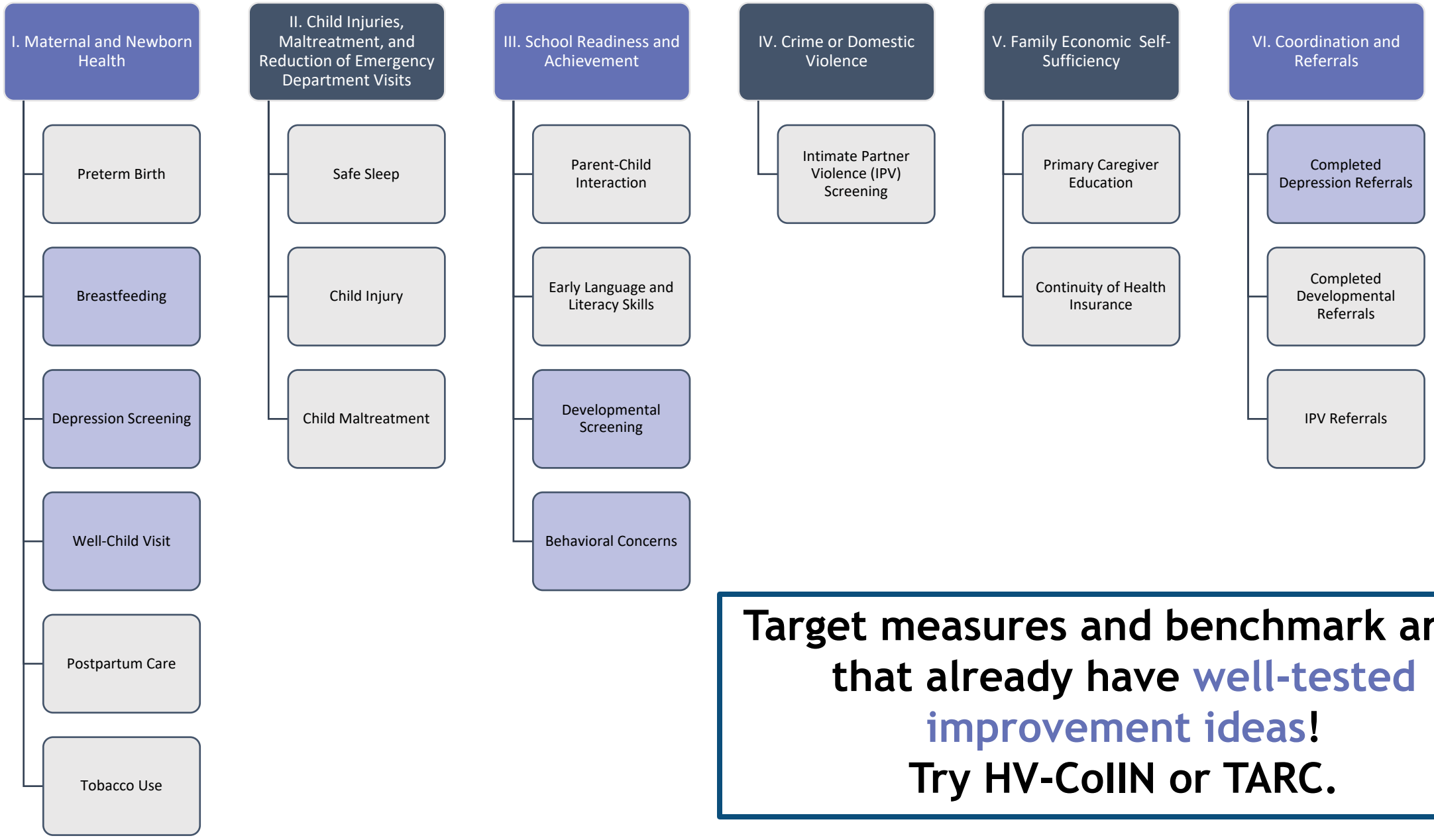
Consider how improvement efforts may align to address multiple measures across benchmark areas!
Developmental screening & follow-up.



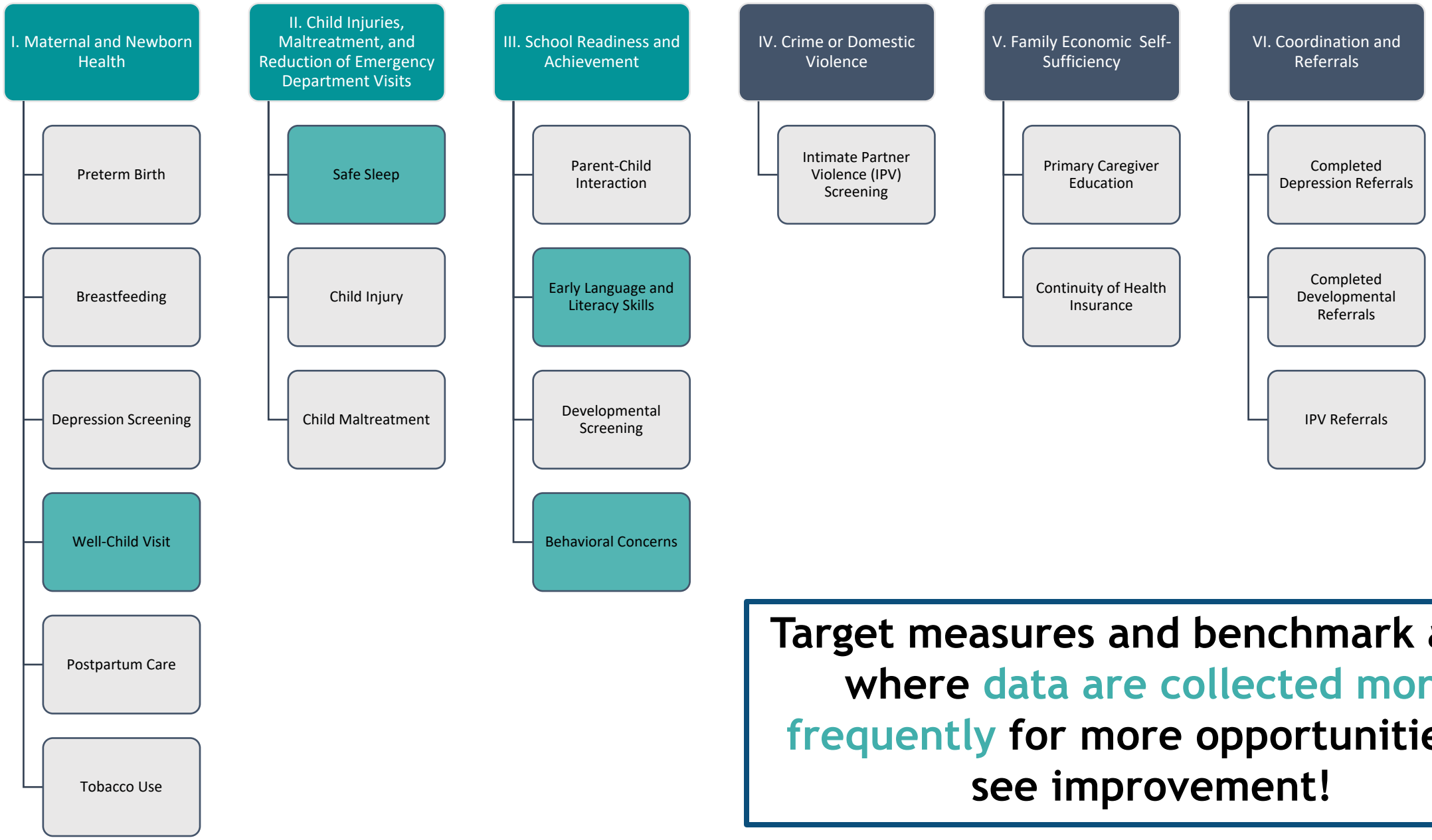
Consider how improvement efforts may align to address multiple measures across benchmark areas!
IPV screening and referral.



Target measures and benchmark areas where you have the greatest control over the process and potential improvement efforts!



Target measures and benchmark areas that already have well-tested improvement ideas!
Try HV-CoIIN or TARC.



Target measures and benchmark areas where data are collected more frequently for more opportunities to see improvement!

Supports and Next Steps for DOI

- Review final guidance for demonstrating improvement
- Review baseline, FY21 – FY22 data, national thresholds
- Review current year's data
- Contact your Data & CQI TA Specialist

Resources

- MIECHV DOI Guidance
- MIECHV DOI FAQs
- MIECHV DOI Tip Sheet
- MIECHV DOI Model Alignment
- Form 2 Toolkit
- Your baseline data and national thresholds
- Your Performance Measurement Plan
- Your CQI Plan Updates

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