Public Health Accreditation

Don’t Shoot The Messenger

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Don’t Shoot The Messenger

A Skeptic’s Soliloquy

Personal Intro

- Background
  - Lifelong GA resident – Forsyth, Ga.
  - MCG graduate, 1979
  - Board Certified Internist – 15 years practice
  - Two years full time ER Physician
  - Appointed DHD in Dublin Jan 2, 1998

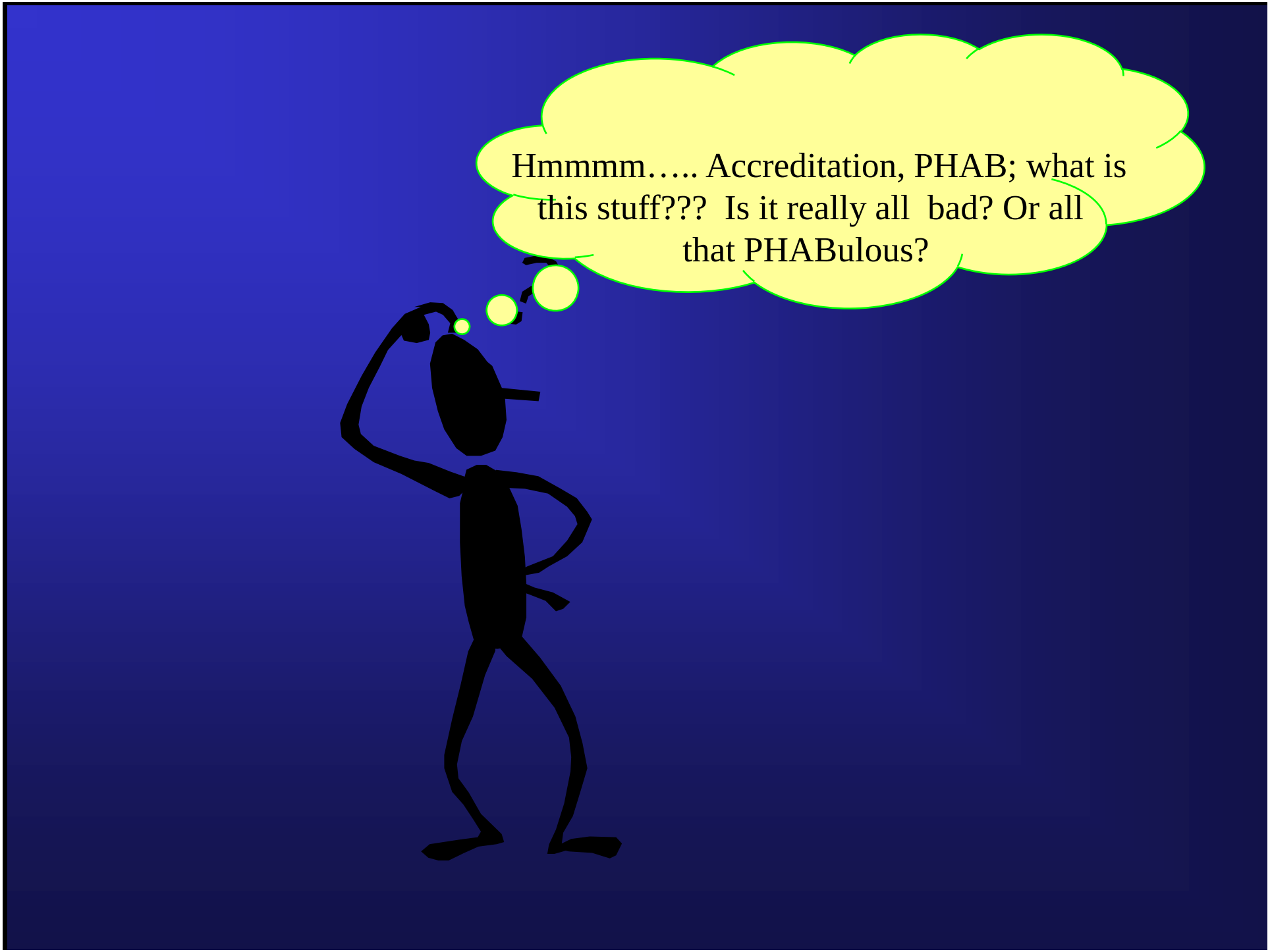
Snapshot
Dublin District

- Comprised of ten rural counties in south central GA:
  - Bleckley ……. ~12,600
  - Dodge …… ~20,100
  - Johnson ……. ~9,6000
  - Laurens ……. ~48,300
  - Pulaski …….. ~9,800
  - Montgomery …. ~8,900
  - Telfair …… ~13,300
  - Treutlen ……. ~7,000
  - Wheeler…….. ~6,800
  - Wilcox…… ~8,700
  - Total: …… 144,781

Snapshot
Dublin District

• Ethnicity: ……	65% White / 35% Minority		
• Per Capita Income : …….....	$23,900 (GA = 34,800)		
• Education: ……..	Adults w/o HS degree		
	33%	(21.4)	[38.2]
• Teen Pregnancy Rate (15 – 19) :….....	78.9	(66.7)	[98.8]
• Low Birth Weight / 100 live births: …	11.3	(9.5)	[18.8]
• Infant Mortality Rate/1000: ……	9.8	(8.1)	[17.9]
• Percent Obese Adults (2008):……..	30.9	(29)	[32.3]


Accreditation….
JCAHO
OH NO!!!!!


Hmmmm….. Accreditation, PHAB; what is this stuff??? Is it really all bad? Or all that PHABulous?

PH Accreditation Cost Analysis

- Almost any entity can apply…
- Possibilities:
  - State Accreditation
  - District Accreditation
  - County Accreditation
- Most Cost Effective for us: District Approach
  - Assumes PHAB allows one fee based on district population w/ no additional charges for making site visits to multiple counties

Cost Analysis
District Approach

• Rome:	639,585	$31,802
• Dalton:	437,978	$31,802
• Gainesville:	617,646	$31,802
• Cobb:	820,481	$31,802
• Fulton:	920,581	$31,802
• Dekalb:	691,893	$31,802
• Gwinnett:	990,494	$31,802
• LaGrange:	800,270	$31,802
• Clayton:	259,424	$31,802

Cost Analysis
District Approach

• Macon:	520,905	$31,802
• Dublin:	144,781	$27,030
• Augusta:	461,476	$31,802
• Columbus:	370,887	$31,802
• Waycross:	362,638	$31,802
• Savannah:	570,000	$31,802
• Valdosta:	252,306	$31,802
• Albany:	356,433	$31,802
• Athens:	460,189	$31,802
• Total:		$567,664

Cost Analysis
Worst Case Scenario

- County Approach….

Cost Analysis
County Approach - Dublin District

- Ten Counties, each with population less than 50,000
- Each County: $12,720 (X 10)
- Total: $127, 200

- Waycross: $203,520
- Rome: $159,008
- State: ~ $1.35 – $1.8 million
  - (18 districts, ave. $75,000 – $100,000 per district; SWAG approach!)

Accreditation

- In researching "Accreditation" in general, the finding of opinions such as follows assisted in nudging your friendly speaker along the road of skepticism:
  - "the evidence for efficacy of accreditation largely rests on the acceptance, reputation and continued credibility of existing national accrediting organizations…" Example:
    - An IOM report notes: "The Council on Education in PH, which accredits graduate schools of public health…has been in existence for many years and enjoys acceptance as a quality control center…whose accrediting mechanisms have helped to insure the robustness of the…system".
    - However, the paper's author notes that *"It is not clear, however, that definitive evaluations have been carried out that lend objectivity to this acceptance."*

A Skeptic's

Rationale for Reticence

A Skeptic's
Rationale for Reticence

- Multiple papers discuss the benefits of PH Accreditation

- "…the majority of the literature primarily provided a list of pros and cons, editorials, and opinion surveys."
  - A Review of Public Health Agency Accreditation Literature, Part II

Benefits of PH Accreditation*

- Most fit into "process" or "collateral" category
  - Process and collateral are my words / categories

- "Process" Benefits
  - "the process provides valuable, measurable feedback to health departments on their strengths and weaknesses"
  - "the process provides an opportunity for HDs to learn quality and performance improvement techniques"

**Source: NACCHO FAQ document re: PHAB*

PH Accreditation Benefits

- "Collateral" Benefits of accreditation:
  - Increases credibility among elected officials, governing bodies, and the public
  - The recognition of excellence…. positively impacts staff morale
  - Enhances visibility of HDs

Source: NACCHO FAQ document re: PHAB

Accreditation Benefits

- Other potential benefits
  - Funding opportunities

Source: NACCHO FAQ document re: PHAB

Accreditation Benefits

- A skeptic might wonder "What's missing?"
- Such a skeptic might wonder if there is actually a robust link between accreditation and improved public health outcomes?
  - "The ultimate goal of an accreditation program is to improve the public's health through improved quality and performance of public health departments. To date, however, there is little research supporting the outcomes correlated with public health interventions."

Source: NACCHO FAQ document re: PHAB

Accreditation Benefits

- A skeptic might also note that quite a few of the papers that espouse presumed or hoped-for benefits are actually authored by those directly involved in the “accreditation movement”.

- *Quality Improvement and Accreditation: What Might It Look Like?*
  - *J. Public Health Management Practice , 2010*

Accreditation Benefits

- *Quality Improvement and Accreditation: What Might It Look Like?*
  - *J. Public Health Management Practice , 2010*
- Primary Authors:
  - Kaye Bender, PhD, RN, FAAN
    - President and CEO, PHAB
  - Paul K. Halverson, DrPH, MHSA, FACHE
    - Director and State Health Officer, Arkansas Dept. of Health
    - Chair, Board of Directors, PHAB

A Skeptic's
Rationale for Reticence

- A recent paper from North Carolina entitled *Informing the National Public Health Accreditation Movement* offers two examples of putting benefits of accreditation to work:

  "Used team improvement program to conduct H1N1response and it was extremely successful and flexible enough…"

  "Improved customer service by reducing wait time and total patient visit time by evaluating clinic patient flow and identifying areas for improvement"

A Skeptic's
Rationale for Reticence

- No doubt these are desirable endpoints
- Examples in the NC paper are nice

- But, let's take a moment to consider what may already be occurring…

A Skeptic's
Rationale for Reticence

- I would not hold the Dublin District up as the "leader in administrative excellence"…
- However…..
  - In the Dublin District, we used previously developed relationships with schools, EMA directors, and other community leaders to provide H1N1 activities in schools and businesses, and have continued to build on those relationships for annual flu-shot campaigns in all ten counties…
  - We are already fully engaged in a comprehensive (and very revealing) Patient Flow Analysis in each of the ten HDs

A Skeptic's
Rationale for Reticence

- Dublin District…
  - Annually, we already conduct reasonably rigorous QA/QI reviews in each health department, provide follow-up reports, and require that a corrective action plan be submitted to the district office
  - In addition, each HD conducts an "internal QA audit" six months after the District QA/QI visit
    - Primarily focused on chart documentation

A Skeptic's
Rationale for Reticence

- In the past 3 years we have completed 3 Community Health Needs Assessments
  - Assistance of MPH students from Mercer, Ga. Southern, and UGA
  - Another is planned for this fall (UGA student)
- Also annually publish snapshots of health indicators for each county with our "County Report Cards"

A Skeptic's
Rationale for Reticence

- So, from my perspective, a skeptic could rationally wonder why one should pay an outside agency somewhere between $27,000 and $127,000 every 5 years to tell us to do that which we are already (or at least should be) doing…
- Our Health Departments are small and the level of QA/QI is about as intensive as we can reasonably muster
- Also, local politics are often not conducive to "standardization" or a cookie-cutter approach to management

A Skeptic's
Rationale for Reticence

- That same North Carolina paper, *Informing the National Public Health Accreditation Movement* also notes that counties as small as 13,900 have successfully achieved accreditation.

- Nice, but as you have seen, 8 of my 10 counties are smaller than that
  - 1-2 nurses + 1-2 clerks + ½ Environmentalist

A Skeptic's
Rationale for Reticence

- A skeptic could infer that the unstated message in pursuing accreditation by an outside agency is that a public agency is assumed to be incapable of critical self-assessment, continuous quality improvement, and accomplishing its mission(s)…???
  - We are now a Department with our own Commissioner and Board
  - Are we not capable of reviewing the available body of accreditation and QI literature, extracting a few "pearls" for application in our Agency, and pursuing our own path to excellence?

A Skeptic's
Rationale for Reticence

- And, regarding that $27,000 to $127,000 every 5 years…
- Why not take that money and hire a community health planner?
  - Or, simply give raises to front line staff who are underpaid and have fairly low morale because of our inability to grant raises for several years???
  - Or pay my very talented Health Educator who is currently without funding for the next fiscal year…..

A Skeptic's
Rationale for Reticence

- As an Agency, one of our aspirations is to provide "evidence based" strategies and solutions applicable to improving the health and safety of Georgia residents and communities
  - A skeptic, therefore, could possibly find it somewhat ironic that there is scant *objective evidence* of improved health outcomes stemming from accreditation

A Skeptic's
Rationale for Reticence

- Have already touched on the cost of seeking accreditation
  - A skeptic would note that the expenses noted are for the *application process* only
    - Accounts for neither the cost of staff time nor the additional burden of preparation

A Skeptic's
Rationale for Reticence

- A skeptic could look at how much things have changed in PH over the past 5 – 10 years, (which coincidentally corresponds to the duration of the "PH Accreditation Movement") and note that a significant chunk of PH funding in Georgia flows directly from the Federal level.
  - Connecting the dots would thus give such a skeptic pause to consider that Federal funding for PH systems seems to be disappearing rapidly – even the Democrats agreed to lop off 5 Billion dollars from the Public Health and Prevention Fund this year.
  - Should Accreditation be achieved, from whence commeth funding for future accreditation cycles?

A Skeptic's
Rationale for Reticence

- Summary:
  - Lots of supportive articles, increasing almost exponentially
  - Most of the listed benefits stem from going through the process, or language such as "because of this, we would expect…" or "…could hope to expect"
  - Little (or no??) objective evidence of improved community or population health outcomes through accreditation
  - Most districts are already engaged in some form of QI efforts
  - Most districts already work on community needs assessments
  - Most attempt to address identified needs
  - Federal support for PH is shrinking

A Skeptic's
Rationale for Reticence

- Summary:
  - In a time of shrinking budgets and workforce, this represents an additional cash outlay as well as a significant investment of staff work time
  - It's nice to expect that achieving accredited status would offer some boost in employee morale; however, I suspect the morale of most of our staff would be improved more by receiving additional financial rewards – raises – in recognition of appreciation of a job well done.
  - While accreditation may enhance opportunities for successful grant applications, it would be a major stretch to infer that it will do much for funding by local county commissions in rural Georgia
  - Paraphrasing the words of one DHD, "They could care less about it and it isn't even on my radar screen"

A Skeptic's
Rationale for Reticence

- Skepticism vs Cynicism
- All 18 Health Directors fully support running a quality organization – we wish to be known as the best DPH in the country
- We also understand there's a lot of momentum pushing this train down the track…
- Some just question whether spending a chunk of our shrinking budget in this manner is more important than addressing local public health needs (raises, avoiding lay-offs at the county level) and /or targeting specific public health problems at this point in time.
  - Without a robust *local* PH workforce, PH in general will come to a screeching halt.