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# Commentary: The Road to Quality in Public Health, a Long but Important Journey

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# Commentary: The Road to Quality in Public Health, a Long but Important Journey

## ABSTRACT

Quality improvement (QI) in public health departments is a focus in this sixth issue of *Frontiers*. Data is important to the development of quality improvement efforts. As we see growth of and meaningful use of electronic health records, the health department is in a position to take the lead as a data hub and to use this information wisely to both improve their QI efforts and link that QI to outcomes.

### Keywords

Quality Improvement, Public Health Services and System Research, PHSSR, Health Departments, Data, Data Management, Information Technology, Accreditation

Quality improvement (QI) in public health departments is a focus in this sixth issue of *Frontiers*. The work by Johnson and colleagues spans two major areas in the PHSSR agenda, the use of data/information technology and the enhancement of quality improvement (QI) efforts<sup>1,2</sup>. While it is preliminary and cross sectional, it suggests that there is a link between the two, a not surprising find. Drawn from NACCHO survey data, the article provides baseline data that is likely to be repeated in the next NACCHO survey, which will provide longitudinal data to help further this research activity. As we see growth of and meaningful use of electronic health records, the health department is in a position to take the lead as a data hub and to use this information wisely to both improve their QI efforts and link that QI to outcomes, a goal reflected in the systematic review of QI in public health by Dilley and colleagues<sup>3</sup>.

Alexander and colleagues researched the use of data in QI with their work on a QI project in Georgia's Practice-Based Research Network. This article points out that in spite of a strong champion for QI, efforts at achieving their QI objective, improving wait times in a clinic, were stymied by the lack of data.<sup>4</sup> They show that "dropping in" the data collection and review element seemed to "move the needle", so to speak, on this QI project. This article illustrates how QI is a journey, not a destination, an experience that seems to repeat itself in any QI effort. And, yet again, it points out the importance of data to the development of QI efforts.

Speaking of which, most QI folks know benchmarking is an effective mechanism for controlling processes. The paper by Belenky et. al from North Carolina points out the utility of using unique personal, peer, and national bench mark data to assist in QI efforts as health departments address preparedness.<sup>5</sup> The value of feeding back data is apparent in this study. Without compiling benchmarked data to provide information back to the health department, just providing data in a feed forward mode to those who fund or require programs on the part of the local health department creates frustration for local health department personnel. The paper also described providing individualizing and benchmarked QI feedback to boards of health and its use in improving workforce development as an important use of the data.

These three papers tackle two major health department issues. The first is QI. With value purchasing, there is a major impetus for medical practitioners is to be rigorous in their QI efforts; as the saying goes, "the pocket book nerve leads straight to the heart". Hence, medical care has a much longer history with QI than public health, While there are numerous attempts underway seeking to improve and increase QI in public health and catch up with our medical colleagues, three major QI endeavors are emerging that can make a difference in seeing QI being increasingly adopted in public health. The first is health department accreditation and the standards that are specific about requiring "Big QI" in PHAB's accreditation process.

A second major effort is that of the Robert Wood Johnson Foundation to establish an online community for exchange of information and knowledge about QI in public health. The website, [www.phqix.org](http://www.phqix.org) has over a 1000 users and is clearly a key vehicle for further enhancing efforts in QI.

Early work by the foundation with the Multistate Learning Collaborative, the performance management grants given by CDC to increase the use of performance measures in public health and similar efforts by NACCHO, ASTHO and NNPHI, among others, to increase knowledge and skills in QI has resulted in an increased concern with and understanding of QI in public health. All in the field hope that the combined efforts of so many public health partners will result in further increased use of QI in public health.

Another point is that data and data management is the “mother’s milk” of health departments. It is difficult, if not impossible to run an effective health department without substantial data gathering, analysis and dissemination. The first IOM Report on the future of public health points out that assessment is the first and vital step in the process of achieving the objectives of the health department.<sup>6</sup> Obviously, it is also essential to the ability of the health department to manage its own affairs-particularly doing QI; again, not a surprising finding to any good public health manager. Data is fundamental in planning, organizing, controlling, and assuring quality. Thus the good health department is the one who not only knows how to collect the data, but also applies it to improve their function and the health of their community. Data and data management is a principal requirement for PHAB accreditation and for the use of evidence-based public health, which is not a passing fad, but the mark of a successful health department.

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