Results-Based Accountability

A framework used for Community Development work at United Way Fox Cities
What will we cover today?

Overview
Population Accountability
Performance Accountability
How they fit together
Turn the Curve Exercise
Resources & Wrap-up

Thank you for joining us!
Why RBA?

- International movement (RBA/OBA)
- Nearly 50 other United Ways
- Starts with the end in mind
- Link programs’ performance to population-level community results
Why RBA?

• Population Accountability vs. Program Accountability
• Use data to inform decisions, process improvement and “Turning the Curve”
• United Way Fox Cities has been on an RBA journey
  – Strategic Plan to set community-level Goals
  – RBA Task Force and pilot
  – Training with Mark Friedman
Characteristics of a good framework

Simple
Common sense
Plain language
Minimum paper
Useful

RBA fits all of these characteristics!

UWFC is adopting the RBA framework and adapting our work accordingly.
The RBA framework

**Population Accountability**
about the well-being of
WHOLE POPULATIONS
For Cities – Counties – States – Nations

**Performance Accountability**
about the well-being of
CLIENT POPULATIONS
For Programs – Agencies – Service Systems
Tenets of RBA

• Common language
• Common sense
• Common ground
The language trap

Benchmark

Outcome

Result

Goal

Indicator

Modifier:
- Measurable
- Urgent
- Priority
- Targeted
- Incremental

Target

Measurable: Systemic
Urgent: Qualitative
Priority: Programmatic
Targeted: Performance
Incremental: Strategic

Measure

Objective
Definitions

QUALITY OF LIFE GOAL
A condition of well-being for children, adults, and/or families.

Safe communities

POPULATION INDICATOR
A measure which helps quantify the achievement of a goal.

Crime rate

PERFORMANCE MEASURE
A measure of how well a program or service system is working.

Three types: 1. How much did we do?
2. How well did we do it?
3. Is anyone better off? = Customer Results
POP QUIZ!

1. Safe Community
2. Crime Rate
3. Average Police Department response time
4. An educated workforce
5. Adult literacy rate
6. People have living wage jobs and income
7. % of people with living wage jobs and income
8. % of participants who get living wage jobs
Population Accountability

For whole populations in a specified geographic area
United Way Fox Cities’ Goals

- Individuals and families are financially stable
- Children and youth are on track to reach their full potential
- Children, youth and adults are healthy
- Children are free of abuse and neglect
Population Accountability in action: Mothers Against Drunk Driving

Alcohol-Related Traffic Fatalities
U.S. Total

Source 1982 to 2003: Actual data from the NHTSA Fatality Analysis Reporting System (FARS)
Source 1975 to 1981: Estimate based on NHTSA data provided to VT AHS
Population Indicator Baseline

Baselines have two parts: history and forecast

OK?

Turning the Curve!

Point to Point

History

Forecast
Turn the Curve thinking

Strategies and action plan

1. How are we doing

2. The story behind the curve

3. Who are the partners

4. What works to turn the curve

5. Turn the Curve

© Clear Impact LLC 2017
The “Leaking Roof”

Experience:

Measure:

Story behind the baseline (causes):

Partners:

What Works:

Action Plan:
Time for a short break…

… or, “How Not to Create a Baseline”
Performance Accountability

For programs, agencies, and service systems
The RBA framework

Population Accountability about the well-being of WHOLE POPULATIONS
For Communities – Cities – Counties – States – Nations

Performance Accountability about the well-being of CLIENT POPULATIONS
For Programs – Agencies – and Service Systems
Performance Measures

<table>
<thead>
<tr>
<th>Input Effort</th>
<th>Quantity</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How much did we do?</td>
<td>How well did we do it?</td>
</tr>
<tr>
<td>Output Effect</td>
<td>Is anyone better off?</td>
<td></td>
</tr>
</tbody>
</table>

Quantity

Quality
## Education Performance Measures

<table>
<thead>
<tr>
<th>Effort</th>
<th>Quantity</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of students</td>
<td>Student to teacher ratio</td>
<td></td>
</tr>
<tr>
<td>Number of high school graduates</td>
<td>Percent of high school graduates</td>
<td></td>
</tr>
</tbody>
</table>
# Education Performance Measures

<table>
<thead>
<tr>
<th>Effort</th>
<th>Quantity</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of students</td>
<td>Student to teacher ratio</td>
</tr>
<tr>
<td>Effect</td>
<td>Number of 9th graders who graduate on time and enter college or employment after graduation</td>
<td>Percent of 9th graders who graduate on time and enter college or employment after graduation</td>
</tr>
</tbody>
</table>
Not all Performance Measures are created equal

<table>
<thead>
<tr>
<th>Effort</th>
<th>Quantity</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least</td>
<td>How much did we do?</td>
<td>How well did we do it?</td>
</tr>
<tr>
<td>Important</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effect</th>
<th>Quantity</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is anyone better off?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Most Important

Also Very Important
Not all Performance Measures are created equal

<table>
<thead>
<tr>
<th>Effort</th>
<th>Quantity</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most</td>
<td>How much did we do?</td>
<td>How well did we do it?</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Least</td>
<td>Is anyone better off?</td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How much did we do?
How well did we do it?
Is anyone better off?
POP QUIZ!

- # of people served
- % participants who got jobs
- staff turnover rate
- # participants who got jobs
- % of children reading at grade level
- cost per unit of service
- # applications processed
- % patients who fully recover
Purpose of performance measures

1. The **first purpose** of performance measurement is to **improve performance**.

2. **Avoid** the “performance measurement equals punishment” **trap**.
   - Create a healthy organizational environment.
   - Start small.
## How much did we do?

<table>
<thead>
<tr>
<th>Customers</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td># of customers served</td>
<td># activities (by type of activity)</td>
</tr>
<tr>
<td># of customers by subcategories</td>
<td># of people receiving each type of activity</td>
</tr>
</tbody>
</table>

## How well did we do it?

<table>
<thead>
<tr>
<th>Customers</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of customers served by subcategories</td>
<td>% of people completing an activity</td>
</tr>
<tr>
<td></td>
<td>% of timely activities</td>
</tr>
<tr>
<td></td>
<td>% of activities meeting standards</td>
</tr>
</tbody>
</table>

**Other Measures**

- % staff trained
- Staff turnover ratios
- Customer satisfaction

## Is anyone better off?

<table>
<thead>
<tr>
<th>Is anyone better off?</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with improved skills/knowledge</td>
</tr>
<tr>
<td>% with improved attitude/opinion</td>
</tr>
<tr>
<td>% with improved behavior</td>
</tr>
<tr>
<td>% with improved circumstances</td>
</tr>
<tr>
<td>1. Baseline with history and forecast</td>
</tr>
<tr>
<td>-------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Story behind the baseline</th>
<th>What are the causes and forces at work? What information or research is needed?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3. Who are our partners</th>
<th>Partners:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. What works to turn the curve</th>
<th>Three best ideas including no cost / low cost ideas:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
</tr>
<tr>
<td></td>
<td>4.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. New results</th>
<th>Updated Performance Measure Graph</th>
</tr>
</thead>
</table>

Three best ideas including no cost / low cost ideas:
1. __________________________
2. __________________________
3. __________________________
4. __________________________

Off the wall idea: __________________________

No cost / low cost ideas:
1. __________________________
2. __________________________
3. __________________________

Updated Performance Measure Graph
## RESULTS BASED ACCOUNTABILITY – PROGRAM MEASURES

<table>
<thead>
<tr>
<th>How much did we do? (Quantity)</th>
<th>How well did we do it? (Quality)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Customers</strong></td>
<td></td>
</tr>
<tr>
<td>10073 community residents accessed at least one visit to PCHC dental programming</td>
<td>19.85% increase in patients from measured years in 2014-2016</td>
</tr>
<tr>
<td>117 students from Appleton Area School District-Wilson, West, Central and Kaleidoscope accessed care through Smiling programming</td>
<td>50% of patients experiencing homelessness were referred to dental appointments</td>
</tr>
<tr>
<td>502 dentures provided</td>
<td>100% total extractions received dentures</td>
</tr>
<tr>
<td>843 enrolled into health insurance during Open Enrollment 2017</td>
<td>86% patients completed treatment plans</td>
</tr>
<tr>
<td>645 patients accessed the farmers market through RX for Healthy Living</td>
<td>72% of patients had health insurance coverage throughout the year</td>
</tr>
<tr>
<td>443 patients received RX assistance</td>
<td>100% of new patients seeking care were scheduled for appointments</td>
</tr>
<tr>
<td>1584 new patients were enrolled in Badger Care receiving advocacy services</td>
<td>36% average no show rate through practice for new patient</td>
</tr>
</tbody>
</table>

**Activities (monthly/annually)**
- 5 sessions with AASD students was completed monthly
- 3 “Healthy Hours” conducted on dental care
- 10 advocacy activities including call in visits and staff advocacy events with local partners and state/federal officials
- 40 Saturday hours were open for new and existing patients to meet the demand for services

**Activities**
- 100% patients needed specialty care were referred to Tri-County Dental or Dental Associates.
- 86% of patients were assessed for health insurance coverage.
- 100% of uninsured patients needed RX were referred to Patient Assistance Program or Community RX program.

**Measures**
- 98/100 (98%) of patients responded that they would recommend PCHC to others.
- 92/100 (92%) stated that they were satisfied with their care.
- 312 patients signed onto advocacy letters stating the value of their care.
- 3 staff members (100%) attended trauma informed care symposium.
- 3 trauma informed care activities implemented.

**Is anyone better off?**
- 477 6-9 year olds had sealants placed.
- 7235 adults received tobacco education and referred to cessation.
- 74 pregnant patients were referred to prenatal dental care.
- 741 new patient appointments were filled through pilot.
- 1 new HIV patient had dental care.

- 35% 6-9 had sealants placed.
- 100% adults received tobacco education and referred to cessation.
- 76% pregnant patients were referred to prenatal dental care.
- 92% with asthma were seen to establish an asthma action plan and RX therapy.
- 100% of new HIV patients were linked to specialty care.
Dashboard
Partnership Community Health Center

1. Baseline with history and forecast

**Dental Quarterly No Show Rate**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Q1</td>
<td>17.33%</td>
</tr>
<tr>
<td>2017 Q2</td>
<td>15.30%</td>
</tr>
<tr>
<td>2017 Q3</td>
<td>15.98%</td>
</tr>
<tr>
<td>2017 Q4</td>
<td>15.22%</td>
</tr>
</tbody>
</table>

2. Story behind the baseline

What are the causes and forces at work?
- Dental care is not a priority for many patients. Fear and shame play a significant role in patient behavior. Trauma, stress, pain, and anxiety also impact patient access and willingness to attend scheduled visits even if there is significant dental need.
- PCHC has struggled with patient no-shows and late cancellations since the inception of our clinic.
- Patient barriers to care are well-documented and include transportation, fear of high cost, avoidance of medical conditions, early childhood trauma and the complexity of the lives of patients living at or below the poverty level.
- PCHC added new providers to our team and began to attract many new patients who had been outside of oral health care.
- Many new patients were scheduled but faced barriers to care.

3. What works to turn the curve?

Three best ideas including no cost / low cost ideas:
1. 24 hour confirmation phone call that includes patient engagement and daily community partner emails on open appointments regarding open appointments.
2. Team approach to outreach and education to patients about the importance of their care.
3. Phone and scheduling messaging that embrace a comprehensive message of the importance of care.

4. Who are our partners?

 Partners:
1. The PATIENT and family is the most important partner for success.
2. Internal team members at all levels: Dental schedulers, Outreach/Enrollment, Dental providers.
3. Network of Community Partners, including schools and CBOs.

5. New results

**2017 to Present Quarterly Dental No Show Rate**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Q1</td>
<td>15.00%</td>
</tr>
<tr>
<td>2017 Q2</td>
<td>14.75%</td>
</tr>
<tr>
<td>2017 Q3</td>
<td>14.50%</td>
</tr>
<tr>
<td>2017 Q4</td>
<td>14.25%</td>
</tr>
</tbody>
</table>

6. New results narrative

- The best way to care for a patient is to connect them with coverage and care and provide them with the most appropriate and comprehensive information prior to their visit.
- Data shows the initial impact of the new requirement to confirm appointment 24 hours ahead. When the appointment is not confirmed it is immediately opened up for the next patient seeking care. We have seen a significant increase in access and compliance.
- PCHC started proactive patient education around our model of care that focused on engagement and patient education.
- Health access education is now provided in English, Spanish, and Hmong.
- Aggressive messaging to patients occurred throughout the year to new and existing patients to establish care utilizing the sliding fee scale and connect oral care to total health.
- In Q3, PCHC saw a slight increase in no show but the trend is continuing to decrease.
- Starting in Feb 2019, PCHC team will be conducting a quality improvement project focused on improving the no-show rate in collaboration with our Outreach and Enrollment team.
- All patients will continue to receive phone calls, texts, and appropriate education prior to the appointment about how to use the sliding fee scale and understand their health insurance benefit.
- Transportation needs are assessed and patients in need will be linked to resources.
Recap of RBA Reporting

- **Quality of Life Goals:**
  - Population indicators showing the curves we want to turn
    UWFC will track the Indicators related to our Goals

- **Programs:**
  - Performance measures
    How much did we do? How well did we do it? Is anyone better off?
    You will report this using the **Grid**
  - Performance improvement
    Positive actions taken in the interest of turning the curve on a Performance Measure and any related accomplishments
    You will report this using the **Dashboard**
  - Success stories that show how individuals are better off
    You will provide one story each year
How Population and Performance Fit Together

How program outcomes can create change in the community
Linking Performance to Population

POPULATION ACCOUNTABILITY

**Stable Families**
Rate of child abuse and neglect

PERFORMANCE ACCOUNTABILITY

<table>
<thead>
<tr>
<th># of investigations completed</th>
<th>% completed within 24 hrs of report</th>
</tr>
</thead>
<tbody>
<tr>
<td># repeat Abuse/Neglect</td>
<td>% repeat Abuse/Neglect</td>
</tr>
</tbody>
</table>

Contribution relationship
Alignment of measures
Appropriate responsibility
1) We tried a bunch of stuff that had a **credible chance** of making a difference, and…

2) …it had a **timely** relationship to…

3) …a **turn in the curve**
Levels of influence

- Individual
- Agency
- Service System
- Whole Population

United Way Fox Cities
Levels of influence
Time for a short break…

“What if we don’t change at all ... and something magical just happens?”

… or, “How Not to Turn the Curve”
Turn the Curve Exercise

Continuous improvement of performance measures
Turn the Curve – Program Performance

5 min: Starting Points
- timekeeper and reporter
- identify a performance measure to work on

5 min: Performance measure baseline
- discuss what this performance measure tells us
- forecast – OK or not OK?

10 min: Story behind the baseline
- causes/forces at work
- information & research agenda part 1 - causes

10 min: Partners
- who can help us improve
- formal and informal partners

10 min: What works? (What would it take?)
- no-cost / low-cost ideas
- information & research agenda part 2 – what works

5 min: Report: select three best ideas to share out
ONE PAGE Turn the Curve Report: Performance

Program: Mental Health Counseling

Performance Measure Baseline

Story behind the baseline
-----------------------------------------------
----------------------------------------------- (List as many as needed)

Partners
-----------------------------------------------
----------------------------------------------- (List as many as needed)

What Works – Three Best Ideas
1. -----------------------------------------------
2. -----------------------------------------------
3. ----------------------------------------------- No-cost / low-cost
4. ----------------------------------------------- Off the Wall

Use this format to report on your flip chart paper
Next steps

1. **Check out our website**
   - www.unitedwayfoxcities.org/our-work/rba

2. **Check out other resources:**
   - resultsaccountability.com
   - raguide.org

3. **Check out a book:**
   - Trying Hard Is Not Good Enough
   - Turning Curves

4. **Reach out for additional support:**
   - Coaching sessions
Thank you!