

Utah Department of Health Performance Measure Report for Base Budget

Line Item	Measure		2012 or FY 2012	2013 or FY 2013	2014 or FY 2014	2015 or FY 2015	Please explain the trend. (how are you meeting your goal or why were you not able to meet your goal?)	Do you think the measure should be changed? (different measure, raise or lower goal, etc.)
Executive Director's Operations	Conduct risk assessments for each information system in operation that processes restricted data.	Target	123	123	120	120	We are approaching our goal as the necessary risk assessments are performed annually.	We request that the wording of the measure be modified to reflect that with available resources, OHDS' focus is on assessing risk for all system that process the most sensitive information, that is restricted data. That number of systems that meet this requirement (currently 120) changes from year to year as systems are decommissioned or taken off-line. Currently 119 systems have a completed risk assessment.
		Actual	n/a	n/a	119			
	95% of births occurring in a hospital are entered accurately by hospital staff into the electronic birth registration system (Target = 10 calendar days or less)	Target	95%	95%	95%	95%		
		Actual	92.2%	89.4%	97.0%		The upward trend in births entered accurately by hospital staff is the result of continued training of hospital staff by VR staff.	Although we have reached our target, we will keep the current target level since we have only surpassed it once.
	percentage of all deaths registered using the electronic death registration system	Target	75%	75%	75%	75%	Two initiatives of CHD offices (the Office of Vital Records and Statistics and the Office of Public Health Informatics) working together account for the upward trend in Deaths Registered Electronically. 1) The software for registering deaths, the Electronic Death Entry Network, or EDEN was modified in close consultation with Utah physicians to improve ease of use. We call this modified version of the software "EDEN MD." The proportion of physicians doing death certificates electronically versus on paper increased dramatically. 2) Public Health Informatics teamed up with Intermountain to develop the capability for Intermountain physicians to create the death certificate information right inside of the Intermountain HELP2 software that physicians are already familiar with. These death records are sent to the Utah Department of Health, using health industry standard electronic messages, where they link with information that Funeral Directors have gathered from the family to become official death certificates. Many more Intermountain physicians now participate in the electronic system.	Although we have reached our target, we will keep the current target level since we have only surpassed it once.
		Actual	56.9%	57.1%	81.0%			

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Family Health and Preparedness	The percent of children who demonstrated improvement in social-emotional skills, including social relationships	Target	70%	70%	70%	65.0%	<p>The outcomes and targets (goals) were set in 2005 when the federal government required states to create a State Performance Plan with targets for all outcome indicators. With stakeholder involvement we made an educated guess as to what the targets should be. At the same time the standardized process and tool for determining individual child outcomes was created. There was a learning curve for fidelity to the model and instrument over a two year period.</p> <p>We report on children who are over six and less than 30 months of age at entry, and who have received at least six months of service. Each year the number of children in the cohort increased, and the trend for the outcome measures went downward. Also, each year different children are measured, as children enter and exit the program. Therefore, there may be more severely disabled children in a cohort in any particular year - thus potentially bringing down the outcome measurement. Nationally, most all states are falling below their originally set targets.</p>	<p>The Office of Special Education (OSEP) is giving states the opportunity at this time to reset their targets. The new targets we will be submitting to OSEP in our Annual State Performance Plan on February 1, 2015 for FY15 -- FY18 are:</p> <p>Outcome A, social-emotional development - 65% Outcome B, acquisition and use of knowledge/skills - 72.50% Outcome C, behaviors to meet their own needs - 73.50%</p>
		Actual	69.18%	69%	68.20%		Trend consistent with target percentages	No
Family Health and Preparedness	The percent of children who demonstrated improvement in their rate of growth in acquisition and use of knowledge and skills, including early language/communication and early literacy	Target	75%	75%	75%	72.5%	<p>The outcomes and targets (goals) were set in 2005 when the federal government required states to create a State Performance Plan with targets for all outcome indicators. With stakeholder involvement we made an educated guess as to what the targets should be. At the same time the standardized process and tool for determining individual child outcomes was created. There was a learning curve for fidelity to the model and instrument over a two year period.</p> <p>We report on children who are over six and less than 30 months of age at entry, and who have received at least six months of service. Each year the number of children in the cohort increased, and the trend for the outcome measures went downward. Also, each year different children are measured, as children enter and exit the program. Therefore, there may be more severely disabled children in a cohort in any particular year - thus potentially bringing down the outcome measurement. Nationally, most all states are falling below their originally set targets.</p>	<p>The Office of Special Education (OSEP) is giving states the opportunity at this time to reset their targets. The new targets we will be submitting to OSEP in our Annual State Performance Plan on February 1, 2015 for FY15 -- FY18 are:</p> <p>Outcome A, social-emotional development - 65% Outcome B, acquisition and use of knowledge/skills - 72.50% Outcome C, behaviors to meet their own needs - 73.50%</p>
		Actual	78.14%	76.79%	75.45%		Trend consistent with target percentages	No

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Family Health and Preparedness	The percent of children who demonstrated improvement in their rate of growth in the use of appropriate behaviors to meet their needs	Target	75%	75%	75%	73.5%	<p>The outcomes and targets (goals) were set in 2005 when the federal government required states to create a State Performance Plan with targets for all outcome indicators. With stakeholder involvement we made an educated guess as to what the targets should be. At the same time the standardized process and tool for determining individual child outcomes was created. There was a learning curve for fidelity to the model and instrument over a two year period.</p> <p>We report on children who are over six and less than 30 months of age at entry, and who have received at least six months of service. Each year the number of children in the cohort increased, and the trend for the outcome measures went downward. Also, each year different children are measured, as children enter and exit the program. Therefore, there may be more severely disabled children in a cohort in any particular year - thus potentially bringing down the outcome measurement. Nationally, most all states are falling below their originally set targets.</p>	<p>The Office of Special Education (OSEP) is giving states the opportunity at this time to reset their targets. The new targets we will be submitting to OSEP in our Annual State Performance Plan on February 1, 2015 for FY15 -- FY18 are:</p> <p>Outcome A, social-emotional development - 65% Outcome B, acquisition and use of knowledge/skills - 72.50% Outcome C, behaviors to meet their own needs - 73.50%</p>
		Actual	77.06%	76.33%	76.14%		Trend consistent with target percentages	No
Disease Control and Prevention	Gonorrhea cases per 100,000 population	Target	18.9	18.9	18.9	18.9		No change
		Actual	12.1	22	42.7	N/A	The increase in Gonorrhea has been primarily in a population that has not been previously identified as a high risk population for GC i.e. Heterosexual men and women.	
	Percentage of Adults Who Are Current Smokers	Target	9%	9%	9%	9%		
		Actual	10.2%	10.2%	N/A	N/A	2014/2015 Survey data not available	No change
	Percentage of Toxicology Cases Completed within 14 day Goal	Target	100%	100%	100%	100%		
Actual		60%	50%	42%		Goals have not been achieved due to 2 FTE vacancies.		

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Local Health Departments	Number of local health departments that maintain a board of health that annually adopts a budget, appoints a local health officer (LHO), conducts an annual performance review for the LHO, and reports to county commissioners on health issues	Target	12	12	12	12		Yes, the measure should be changed. Replacement measure: Achieve and maintain a turnaround time goal of 21 days.
		Actual	12	12	12	12	Goals have been achieved as they are minimum performance measures established for the Local Health Departments	Yes, the measure should be changed. Replacement measure: Achieve and maintain an effective coverage target level of 90% for universally recommended vaccinations among young children (35 months of age).
	Number of local health departments that provide communicable disease epidemiology and control services including disease reporting, response to outbreaks, and measures to control tuberculosis	Target	12	12	12	12		
		Actual	12	12	12	12	Goals have been achieved as they are minimum performance measures established for the Local Health Departments	Yes, the measure should be changed. Replacement measure: Reduce the number of cases of pertussis among children under 1 year of age, and among adolescents aged 11 to 18 years.
	Number of local health departments that maintain a program of environmental sanitation which provides oversight of restaurants food safety, swimming pools, and the indoor clean air act	Target	12	12	12	12		
		Actual	12	12	12	12	Goals have been achieved as they are minimum performance measures established for the Local Health Departments	Yes, the measure should be changed. Replacement measure: increase the number of health and safety related school buildings and premises inspections by 10% (from 80% to 90%).
Medicaid and Health Financing	average decision time in hours on pharmacy prior authorizations	Target	24	24	24	24	Up until 2013, PA's undergoing review were pended into a queue that lasted as long as the review. This prolonged the calculation time for an approval/denial designation. Now, they are no longer pended, but are designated denied or approved and are sent through an appeal process for PA's needing to undergo further review. This is due to a conflict that exists between federal and state law with regard to PA requirements as they pertain to PA 24 hr turnaround time.	
		Actual	9	1.3	0.87		The actual hours for both data points are below the 24 hour goal.	No, this is the target stated in statute.
	percent of clean claims adjudicated within 30 days of submission	Target	98%	98%	98%	98%		
		Actual	99.4%	99.4%	99.2%		The clean claims adjudicated percent is flat at 99%.	No, this is a reasonable target.

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Medicaid and Health Financing	total count of Medicaid and CHIP clients educated on proper benefit use and plan selection	Target	90,000	90,000	90,000	90,000		
		Actual	96,385	88,785	133,441		The educations for the CHIP and Medicaid programs have been exceeding the target in 2011 and 2012 and were approximately 1% under the target in 2013. Medicaid expects to be above the target in 2014 based on increased educations related to the ACA changes.	No, this is a reasonable target.
Medicaid Sanctions	report on how expenditures from the Medicaid Sanctions line item met	Target						
		Actual						
Children's Health Insurance Program	percentage of children (less than 15 months old) that received at least six or more well-child visits	Target	52%	52%	52%	52%		
		Actual	72%	71%	HEDIS data for 2014 is not available until Fall 2015		The trend of six or more well-child visits has been trending higher from 2010 to 2013.	The actual well child visits has exceeded the target for each year. It may be appropriate to consider raising the target percentage.
	percentage of members (12 - 21 years of age) who had at least one comprehensive well-care visit	Target	39%	39%	39%	39%		
		Actual	42%	39%	HEDIS data for 2014 is not available until Fall 2015		The well care visits for members 12-21 has either been slightly over or slightly under the target each year. The trend is essentially flat.	No- the target appears appropriate.
	percentage of children 5-11 years of age with persistent asthma who were appropriately prescribed medication	Target	94%	94%	94%	94%		
		Actual	95%	96%	HEDIS data for 2014 is not available until Fall 2015		The percentage of children 5-11 who were appropriately prescribed medication has either been slightly over or slightly under the target each year. The trend is essentially flat.	No- the target appears appropriate.
Medicaid Mandatory Services	percent of adults age 45-64 with ambulatory or preventive care visits	Target	88%	88%	88%	88%		
		Actual	90%	88%	HEDIS data for 2014 is not available until Fall 2015		The trend is flat and Medicaid is meeting the target.	No- the target appears appropriate.
	percent of deliveries that had a post partum visit between 21 and 56 days after delivery	Target	60%	60%	60%	60%		
		Actual	67%	59%	HEDIS data for 2014 is not available until Fall 2015		Molina's rate for 2013 was 69.62%, while Healthy U was 48.64% and brought down the Utah average.	No- the target appears appropriate.

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Medicaid Mandatory Services	percent of customers satisfied with their managed care plan	Target	90.0%	90.0%	85%	85%		
		Actual	84.5%		CAHPS data for 2014 is not available until Fall 2015			No, we would still like to achieve 90 percent satisfaction. By contrast, most private plans show satisfaction of about 60 percent satisfaction.
Medicaid Optional Services	annual state general funds saved through preferred drug list	Target	\$8,500,000	\$8,500,000	\$8,500,000	\$8,500,000		Yes, it should be raised to \$14 million.
		Actual	\$9,835,600	\$13,020,600	\$14,083,700			
	count of new choices waiver clients coming out of nursing homes into community based care	Target	390	390	390	390		No, the 390 is appropriate.
		Actual	414	396	419			
	emergency dental program General Fund savings	Target	\$250,000	\$250,000	\$250,000	\$250,000		
		Actual	N/A	\$835,709	\$1,048,303		Only one data point. The program was implemented for SFY 2013	No- there is not enough data to determine if the target is reasonable.