

# Tip Sheet: Preparing for the FY 2023 Demonstration of Improvement

## OVERVIEW

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees must collect and report data on program implementation and performance for eligible families participating in the program in six benchmark areas: (1) improvements in maternal, newborn, and child health; (2) prevention of child injuries, child abuse, neglect, or maltreatment and reductions of emergency room visits; (3) improvements in school readiness and child academic achievement; (4) reductions in crime or domestic violence; (5) improvements in family economic self-sufficiency; and (6) improvements in the coordination and referrals for other community resources and supports. The Bipartisan Budget Act of 2018 includes a continuation of the requirement that MIECHV awardees provide information to HRSA that demonstrates improvements for eligible families in their program in 4 of the 6 benchmark areas identified in statute following Fiscal Year 2020 and every three years thereafter.

This tip sheet was originally released in 2020 to offers strategies for awardees to consider in order to help plan for the FY 2020 Demonstration of Improvement. The tipsheet has been updated to reflect timeframes for the FY 2023 Demonstration of Improvement and to highlight new tools available to support awardees with improvement activities.

Please review the updated [MIECHV Program Guidance on Meeting Requirements to Demonstrate Improvement in Benchmark Areas](#) and [FAQs](#) on the HRSA website.

## METHODS FOR CONDUCTING THE ASSESSMENT OF IMPROVEMENT

**Benchmark-Level Improvement:** To demonstrate improvement in a benchmark area, awardees must demonstrate improvement in at least one-third of measures within that benchmark area. For all benchmark areas except one, an awardee will need to demonstrate improvement in one measure. For the maternal and newborn health benchmark area, awardees will need to demonstrate improvement in two measures.

**Measure-Level Improvement:** To demonstrate improvement on a measure, awardees must meet one or more of the following criteria: (1) demonstrate any change in the intended direction of the measure as compared to a baseline value; (2) meet or exceed an established threshold for a measure while not simultaneously decreasing performance from baseline by 10% or more.

Note: The second criteria focuses on percent change, rather than percent difference. To calculate the percent change from year to year: (1) calculate the difference between the two numbers you are comparing (FY 2023 value - baseline value); (2) divide the difference by the baseline; and (3) multiply the answer by 100:

$$\text{Percent Change} = (\text{FY 2023 value} - \text{Baseline value}) / \text{Baseline value} \times 100.$$

# IMPROVEMENT CALCULATIONS

By March 1 2023, HRSA will provide national thresholds for each measure by calculating the average of the national mean values for FY 2021 and FY 2022 for each measure. HRSA will also provide awardee-specific baseline values so awardees know exactly what is required to demonstrate improvement for each measure. The awardee baseline values will be calculated by averaging the awardee’s mean value of FY 2021 and FY 2022 for each measure. Two-year averages are being used to minimize the impact of outliers or random variation for these comparisons.

- National measure threshold = average of national mean values from FY 2021 and FY 2022 for each measure
- Awardee measure baseline = mean value of FY 2021 and FY 2022 for each measure, for each awardee

# STRATEGIES FOR DEMONSTRATING IMPROVEMENT

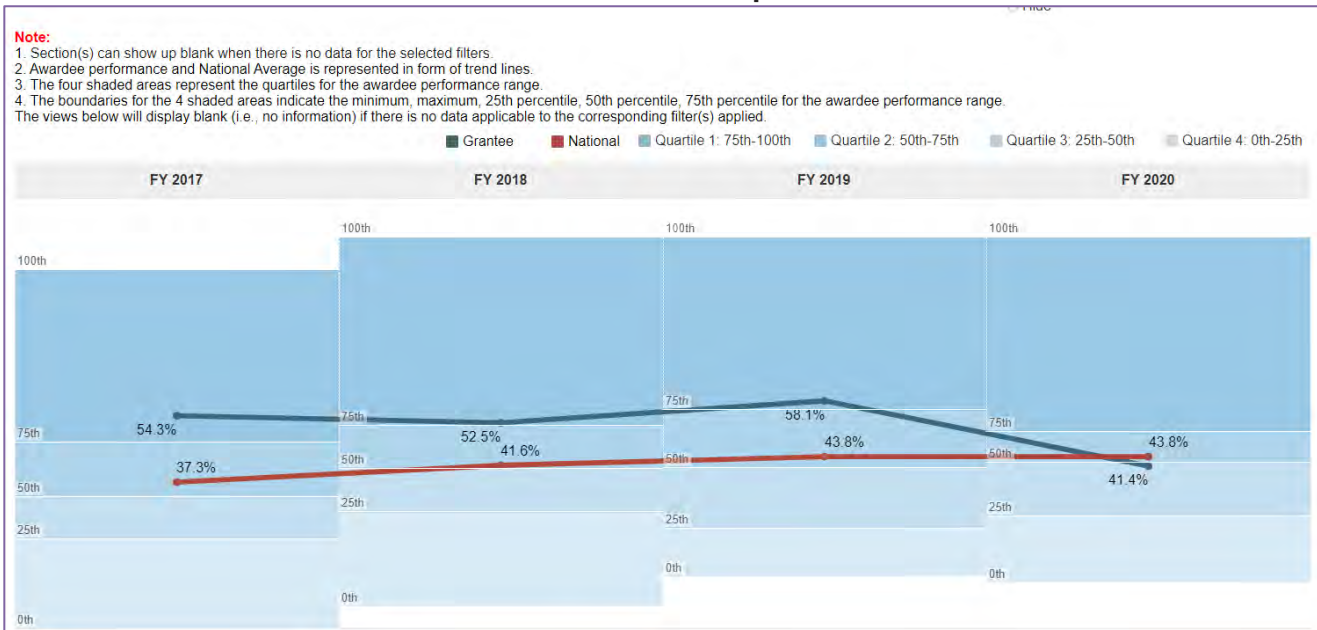
Awardees are encouraged to start thinking about and planning their demonstration of improvement efforts prior to the assessment in FY 2023. The following are some strategies that may be helpful for awardees to consider in their planning efforts.

## Review past data to inform future goals

Review data for each performance measure. Use your data to inform expectations and goal-setting for future performance. What patterns are evident? Is there room for improvement?

Visualizing the data can help you identify where to focus your efforts. **The MIECHV Awardee Performance Data Dashboards** are a great interactive tool to access visualizations of your own data! View these dashboards to examine trends for each performance measure. How much has the measure changed from each year? Is this a fairly stable measure? Are the numbers moving in the intended direction or not?

### MIECHV Awardee Performance Data Dashboard: Example Form 2 Performance Measure View .

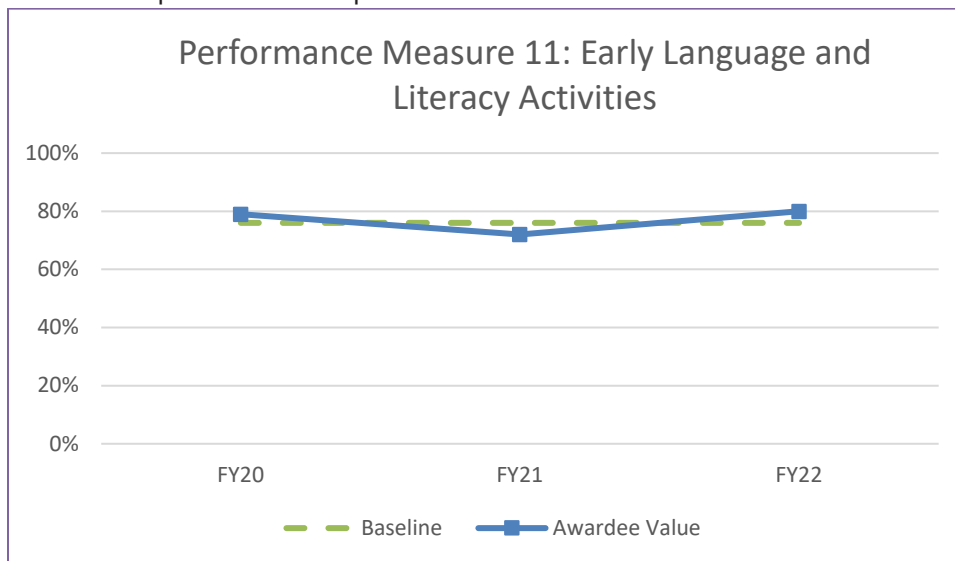


The dashboard visuals are displayed by measure for all 19 MIECHV performance measures across the six benchmark areas. Please note that the national comparison data in the dashboard is the average of awardee performance for the corresponding fiscal year, which is different from national threshold for the Demonstration of Improvement. **For more information on how to access these dashboards, please reach out to your Project Officer.**

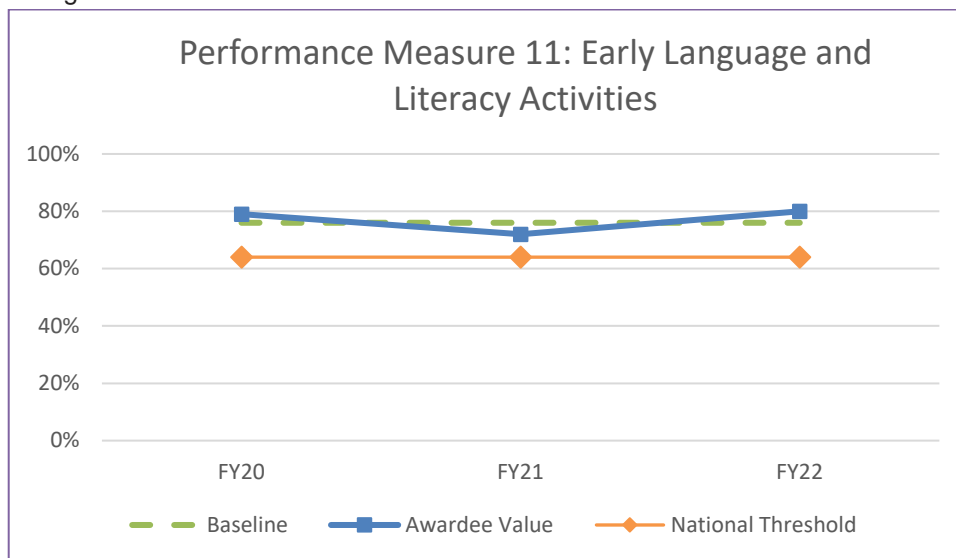
## Incorporate your baseline and national threshold data

By March 1<sup>st</sup>, 2023 HRSA will provide all awardees their baseline values for each measure, as well as the national threshold values for each measure for the FY 2023 Demonstration of Improvement.

Adding your baseline to a chart allows you to visualize your current performance and the target you will need to reach to meet the first criteria for measure-level improvement in FY 2023 (i.e., demonstrate any change in the intended direction of the measure compared to baseline). The chart below shows example FY 2020 through FY 2022 values for Measure 11 with an example of the HRSA-provided baseline as a dashed line.



Incorporating national threshold information into your chart will help you visualize the target to meet the second criteria for measure-level improvement (i.e., meet or exceed an established threshold for a measure, while not simultaneously decreasing performance from baseline by 10% or more). Does your current performance suggest that you are likely to meet or exceed the national threshold in FY 2023? The chart below depicts an imagined national threshold as the orange line.



## Reflect on contextual factors that could impact performance

Use your contextual understanding of the data to inform decisions about what and how to improve. Looking at performance measure data by model or local implementing agency (LIA) and regularly reviewing data with home visitors and supervisors are useful techniques for understanding the story behind the numbers. For example, if you discover that a small group of LIAs is negatively impacting performance in a particular measure or benchmark area, you may want to provide additional support to those programs. Similarly, high performers could be encouraged to share effective practices with others.

Changes to the way that data are collected or calculated may also impact performance over time. These changes should be documented in your Performance Measurement Plan and considered when reviewing your baseline and reflecting on your ability to demonstrate improvement in a particular measure.

## Consider multiple pathways to improvement

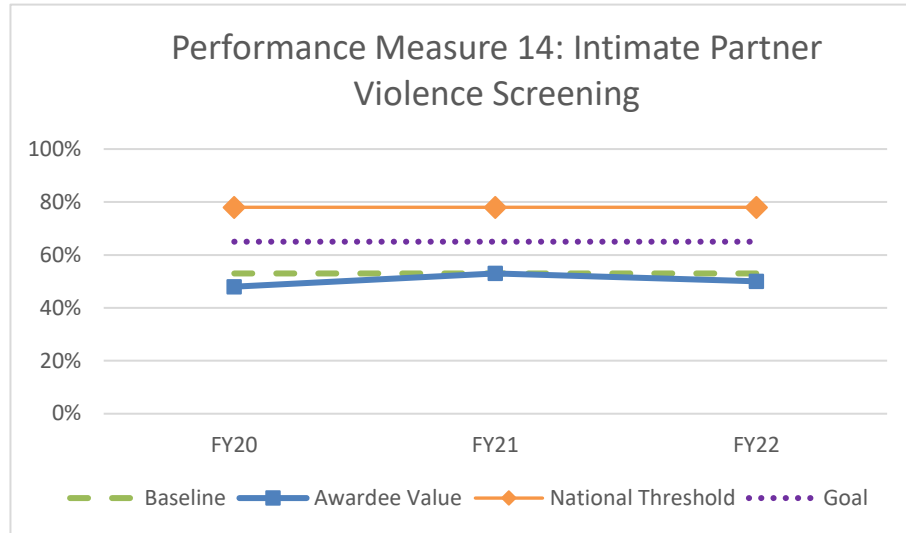
When planning to demonstrate improvement in four of the six benchmark areas, it may be helpful to think about the big picture. For example, which benchmark areas and measures are potential strengths when considering the criteria for improvement? Which pose greater challenges? Reflecting on each benchmark area in turn, and then rolling up to look across benchmark areas, can help you to uncover potential pathways to meeting HRSA's improvement criteria and think strategically about where to focus your efforts.

Below are several strategies to support you with planning for improvement across multiple benchmark areas. Please note that these are only suggestions, and awardees do not need to follow these approaches or report to HRSA which measures and benchmark areas they plan to target for improvement.

- Look for areas of alignment where you have the opportunity for multiple wins. For example, could you design a CQI project that encompasses developmental screening and follow-up that would result in improvement in two benchmark areas?
- Consider targeting measures where your program has the greatest control over the process, such as screening measures. Measures that are more removed from the home visitor's role (e.g., primary caregiver education or child maltreatment) may be more difficult to improve in a short period of time. While it is still important to consider your performance on these measures and work for long-term improvement, you may not want to target them for short-term improvement.
- Consider focusing on measures with available well-tested improvement ideas. The [Home Visiting CoIIN has playbooks on several areas including](#) maternal depression screening and referrals, breastfeeding, intimate partner violence, well-child visits, developmental screening and linkage to services. These playbooks offer change ideas, example Plan-Do-Study-Act cycles to guide your testing, and key insights from other home visiting teams who have worked to improve outcomes in these areas.
- Prioritize measures with more frequent data collection to allow more opportunities to see improvement given the window between now and the end of the FY 2023 reporting period. Measures with more frequent data collection could include well-child visits, safe sleep, child injury, early language and literacy skills, and behavioral concerns.

## Align continuous quality improvement efforts

Once you have reviewed your data and focus measures are identified for demonstrating improvement, you can incorporate efforts to improve select measures into your continuous quality improvement (CQI) processes. Consider measures where you are unlikely to meet or exceed national thresholds, and use past performance and knowledge of your program to set appropriate SMART aims: aims that are specific, measurable, attainable, relevant, and time-bound. For example: By September 3, 2023, the percent of primary caregivers screened for intimate partner violence will increase from a baseline of 53% to 65%. The chart below visualizes the goal of 65% as a dotted line.



## Supports for Demonstrating Improvement

TARC Specialists are available to help you review your data as well as strategize on how best to align your CQI efforts. Contact your TARC Specialist to request individualized TA at any point in this process. Additionally, the resources below can guide your improvement work.

- Updated [Guidance on Meeting Requirements to Demonstrate Improvement in Benchmark Areas](#)
- Demonstrating Improvement in Benchmark Areas [Frequently Asked Questions](#) (FAQs)
- Demonstrating Improvement in Benchmark Areas [Webinar](#) and [Transcript](#)
  - **Note:** This webinar was released in Fall of 2019 in preparation for the FY 2020 Demonstration of Improvement. The methodology for demonstrating improvement still applies, however timeframes mentioned are outdated. Please refer to the updated guidance for timeframes related to the FY 2023 Demonstration of Improvement.
- [Home Visiting CoIIN playbooks](#)
- Awardee Performance Data Dashboards (Please reach out to your Project Officer for questions)