Los Angeles County’s Experience in Implementing Performance Based Contract Monitoring

Medical Outpatient Services

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Los Angeles County

Square Miles: 4,086
Population\(^1\): 10.3 Million

- Latino/a: 47%
- White: 28.9%
- Asian/PI: 12.6%
- African-American: 9.0%
- Native American: 0.3%

Proportion of California Population\(^2\): 29%

Proportion of California AIDS Cases\(^3\): 36%

Proportion of U.S. AIDS Cases\(^3\): 5%

Living with HIV/AIDS\(^3\): 60,000 (Estimated)

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\(^1\)United Way, Los Angeles (2008)  
\(^2\)U.S. Department of Commerce (2008)  
\(^3\)Los Angeles County HIV Epidemiology Program (2008)

Revised: 5/29/08
Grantee Monitoring Function

Auditor Controller Contract Monitoring Division

Los Angeles County Board of Supervisors

Department of Public Health

Office of AIDS Programs & Policy

Finance

Contract Admin

Clin Enhancement Prevention Provider Support

OMD Clinical Svcs Quality Mgmt

Planning & Research / Info Systems

Fiscal review

Administrative review

Contract management & monitoring (QA/QI)

Client level data mgmt & reporting

Community based organizations & County agencies under Contract
Learning Objectives

• Identify advantages & challenges in implementing Performance Based Contract Monitoring (PBCM) in the clinical setting

• Learn innovative ways to collect and use performance data in identifying trends

• Demonstrate how to integrate QA activities with QI efforts through PBCM & how data can be used to disseminate performance information to service providers
PBCM Definition & Rationale

• PBCM: quantitative and qualitative, measurable approach to program reviews & the contract monitoring process

• Why move to PBCM?
  • Measure and analyze data from the system in which care is delivered
  • Monitor quality of care provided
  • Define possible causes of system problems
  • Make necessary changes ensuring larger proportions of clients receive appropriate care & services
Objectives of PBCM

• Engage stakeholders in entire process – ensure adequate resources & leadership to sustain process
• Define areas of excellence within an agency or a group of agencies providing same services
• Identify target areas for improvement
• Focus on improving system performance
Objectives of PBCM – Cont.

- Design improvement work to enhance services & client/agency satisfaction
- Determine whether improvement efforts yield measurable improvements in care or services
PBCM Design & Methods

• Use of standardized monitoring tools that incorporate:
  • HAB / HRSA performance measures
  • Los Angeles County Commission on HIV Standards of Care
  • OAPP contractual requirements

• Standardized monitoring tools provide specific measures covering review of:
  • Facilities and operations
  • Program
  • Quality management
  • Fiscal
PBCM Design & Methods – Cont.

• Sample size – adopted HIVQual’s sampling methodology

<table>
<thead>
<tr>
<th>Eligible Population</th>
<th>No. Records Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 20</td>
<td>All 20</td>
</tr>
<tr>
<td>21 – 30</td>
<td>24</td>
</tr>
<tr>
<td>31 – 40</td>
<td>30</td>
</tr>
<tr>
<td>41 – 50</td>
<td>35</td>
</tr>
<tr>
<td>91 – 100</td>
<td>52</td>
</tr>
<tr>
<td>250 – 299</td>
<td>79</td>
</tr>
<tr>
<td>500 – 749</td>
<td>94</td>
</tr>
<tr>
<td>1000 – 4,999</td>
<td>105</td>
</tr>
</tbody>
</table>

• Operational definitions established for each performance measure
• Threshold for Compliance (TFC) – established to accommodate for normal variations in care & services; opportunities for improving performance; set at 90% or 100% for each performance measure

• Performance score is calculated for each clinical or performance measure as a percentage score between 0% to 100%

• Individual agency mean & median performance scores calculated – benchmarks for comparison of performance
PBCM Design & Methods – Cont.

• Overall (weighted) performance score given for the onsite review
  • weighting factor (%) applied to each measure representing its significance (weight) in comparison to other measures in the tool

• Measures that were given more weight:
  • ART, PCP prophylaxis, CD4, TB and STD screening (HAB/HRSA performance measures)

• Full and focus reviews
## PBCM: Performance Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Performance Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak Performers</td>
<td>= or &gt; 97%</td>
</tr>
<tr>
<td>Competent Performers</td>
<td>88% to 96%</td>
</tr>
<tr>
<td>Conditional Performers</td>
<td>= or &lt; 87%</td>
</tr>
</tbody>
</table>
PBCM Program Review Report Sample

Performance Score: 97%
Peak Performer
### PBCM Program Review Report Sample

#### Performance Score: 79.9%

<table>
<thead>
<tr>
<th>Measure (TFC)</th>
<th>% Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmatory test (100%)</td>
<td>90</td>
</tr>
<tr>
<td>Residency verified (100%)</td>
<td>90</td>
</tr>
<tr>
<td>Income verified (100%)</td>
<td>90</td>
</tr>
<tr>
<td>Consent filed (90%)</td>
<td>90</td>
</tr>
<tr>
<td>Limits of Confidentiality (90%)</td>
<td>90</td>
</tr>
<tr>
<td>Release of Information (90%)</td>
<td>90</td>
</tr>
<tr>
<td>Baseline CXR (100%)</td>
<td>90</td>
</tr>
<tr>
<td>Annual TB screen (100%)</td>
<td>90</td>
</tr>
<tr>
<td>Medical visits q6 months (90%)</td>
<td>90</td>
</tr>
<tr>
<td>Smoking cessation counseling*</td>
<td>90</td>
</tr>
<tr>
<td>Oral exam q12 mos*</td>
<td>90</td>
</tr>
<tr>
<td>Hep A screen*</td>
<td>90</td>
</tr>
<tr>
<td>Hep B screen*</td>
<td>90</td>
</tr>
<tr>
<td>Hep B vaccination*</td>
<td>90</td>
</tr>
<tr>
<td>Hep C screen*</td>
<td>90</td>
</tr>
<tr>
<td>Hep C confirmatory test*</td>
<td>90</td>
</tr>
<tr>
<td>Syphilis screen (90%)</td>
<td>90</td>
</tr>
<tr>
<td>CD4 q6 months (90%)</td>
<td>90</td>
</tr>
<tr>
<td>Nutrition screen (90%)</td>
<td>90</td>
</tr>
<tr>
<td>Referral for MNT (90%)</td>
<td>90</td>
</tr>
<tr>
<td>MNT documentation (90%)</td>
<td>90</td>
</tr>
<tr>
<td>ART if pregnant (100%)</td>
<td>90</td>
</tr>
<tr>
<td>PCP prophylaxis (100%)</td>
<td>90</td>
</tr>
<tr>
<td>Prescribed HAART (100%)</td>
<td>90</td>
</tr>
<tr>
<td>Risk reduction counseling (90%)</td>
<td>90</td>
</tr>
<tr>
<td>Partner notification (90%)</td>
<td>90</td>
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</tbody>
</table>

**Conditional Performer**
1. Obtain baseline performance score

2. Determine agency’s performance category

3. Determine scope & frequency of reviews

**2006/07 Full Review**

<table>
<thead>
<tr>
<th>Clinics</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>82%</td>
<td>98%</td>
<td>94%</td>
<td>79%</td>
<td>91%</td>
<td>95%</td>
<td></td>
</tr>
</tbody>
</table>

- **≤ 87%** (CONDITIONAL)
  - 82% 79%
- **88% - 96%** (COMPETENT)
  - 94% 91% 95%
- **≥ 97%** (PEAK)
  - 98%

**Scope & Frequency of Reviews**

- **2007/08**
  - Full
- **2008/09**
  - Focus
- **2009/10**
  - Focus

**Notes:**
- Full Review
- 2006/07
- 2007/08
- 2008/09
- 2009/10
Comparison by Performance Score

Performance of Medical Outpatient Clinics Year 17 Onsite Program Reviews

Conditional Performers (≤87%)

Competent Performers (88% - 96%)

Peak Performers (≥97%)

Clinic by ID #

% Performance

0 10 20 30 40 50 60 70 80 90 100
Agency with Multiple Service Sites

Performance of Medical Outpatient Clinics Year 17 Onsite Program Reviews - Agency with Multiple Sites

Conditional Performers
(≤87%)

Competent Performers
(88% - 96%)

Clinic by ID#
Clinical Measures Across Agencies

Percentage of clients who had two or more CD4 T-cell counts performed during the review period (tN=2,013)

Medical Outpatient Clinics (33)

- 2007 Median (97%)
- 2006 Median (100%) tN=825
- 2006 HIVQual Median (62%)
Clinical Measures Across Agencies

Percentage of clients with AIDS who were prescribed HAART (tN=2,013)

Medical Outpatient Clinics

- 2007 Median (100%)
- 2006 HIVQual Median (100%)
Clinical Measures Across Agencies

Percentage of client with CD4 T-cell count <200 who were prescribed PCP prophylaxis (tN=2,013)

Medical Outpatient Clinics (33)

- 2007 Median (97%)
- 2006 Median (100%) tN=825
- 2006 HIVQual Median (94%)
Lessons Learned – Positives/Benefits

• Monitoring process/functions streamlined across divisions
• Positive reception by agencies
• Responsive scope & scheduling of future reviews
• Areas of excellence/improvement quickly identified
• Accuracy in measuring performance
• Feedback provided to stakeholders
• Best practices shared
• Increased efficiency/quality of technical assistance
• Ultimate improvement in the system of care & delivery of services
Lessons Learned – Barriers/Challenges

- Increased sampling requirements
- TFC’s at 100% - difficult to achieve
- Adopting changes in business processes
- Redesigning technical assistance addressing system wide issues
Next Steps

- Other service categories
- Rapid capture tool
- Data analysis & reporting
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