Quality Initiatives
HAB/HRSA Performance Measures
OAPP Performance-Based Contract Monitoring

Presented by:

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QM Provider Workshop
April 23, 2008
Outline

- Overview of HAB/HRSA’s performance measures
- Performance-based model for contract monitoring
HAB/HRSA
Performance Measures
Quality Initiatives
Quality of Care Indicator Defined

- An aspect of patient care or service
- Measured to evaluate care or service
- Based on specific standards of care
Why are performance measures established?

- Answer critical questions about the quality of care and services provided by the Ryan White community
- Identify areas for improvement
- Make changes to improve care and services
How are performance measures collected?

- Selection process
- Developing tools and forms
- Chart reviews, observations
- Electronic data collection
Draft HIV clinical measures for adult/adolescents (5/07)
- 3 tiers
- 28 performance measures

First group of final measures (12/07)
- 5 performance measures

http://hab.hrsa.gov/special/habmeasures.htm
Group 1
HAB Performance Measures

Management of Antiretroviral Therapy

- ARV for pregnant women
- CD4 T-cell count
- HAART
- Medical visits
- PCP prophylaxis

All 5 measures in Group 1 collected by OAPP
Tier 2 – HAB draft measures

- (Cervical) PAP q 12 mos
- Tuberculosis screen
- Syphilis test q 12 mos
- Hep C screen
- Adherence counseling q 6 mos for pts on HAART
- Lipid screen q 12 mos for pts on HAART
- Completed Hep B vaccination
- HIV+ risk reduction counseling q 12 mos
- Oral exam q 12 mos

✓ 6 out of 9 measures
Tier 3 – HAB draft measures

- MAC prophylaxis q 12 mos for pts w/ CD4 <50
- Ophthalmology screen q 12 mos for pts w/ CD4 <50
- Toxoplasma screen
- Completed Hep A vaccination
- Pneumococcal vaccination q 5 yrs
- Oral exam q 12 mos
- Flu vaccination q 12 mos
- Alcohol counseling q 12 mos for HIV/HCV co-infected clients
- Smoking cessation counseling q 12 mos
- HIV prevention & self care education q 12 mos

- Chlamydia test q 12 mos
- SAS q 12 mos
- Mental health screens for new pts
- Hep B screen
- Gonorrhea screen q 12 mos

✔️ 4 out of 14 measures
15 of 28 HAB/HRSA performance measures collected
Performance-Based Contract Monitoring

A Performance Improvement Model
Why measure performance?

- 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
Quality Improvement in HIV/AIDS Contracting

- Focus on improving system performance rather than individual employee performance
- Engages staff in entire process
- Adequate resources & leadership to sustain process
Contract Management

- F&O, QM, Program & Admin Onsite Reviews
- Negotiations
- Invoicing Monthly, Reports
- Budget Modifications
- Others: Complaints resolution
- Augmentations
Contract Management

- **What is going well?**
  “are contract goals achieved?”

- **What is going wrong?**
  “is corrective action needed due to poor performance?”

- **What can be improved?**
  “what type of quality improvement is indicated?”
What can be improved?

SWOT Analysis

- **Strengths** (Helpful to achieving the objective) - Internal Origin Attributes of the organization
- **Weaknesses** (Harmful to achieving the objective) - Internal Origin Attributes of the environment
- **Opportunities** - External Origin Attributes of the organization
- **Threats** - External Origin Attributes of the environment
Review Design & Methods - OLD

- Inadequate sample size
  
  
  25 to 30 records regardless of the total # clients seen during review period

- POCA requested for any measure not meeting 100% compliance
  
  disregard of the variability that is part of normal clinical care

- Inability to track, trend or measure performance over time

- Long, narrative reports – hard to read, follow
**Finding #1**  Human Immunodeficiency Virus Confirmatory Test

Eight (8) medical records (#X) did not contain documentation of an HIV confirmatory test.

**Recommendation:**
Contractor shall ensure upon entry into care all clients obtain a confirmatory test (Elisa and Western Blot) for HIV/AIDS. This is necessary to ensure all clients are HIV positive and receive appropriate services. This information shall be documented in the client’s medical record.

**Finding #2**  Eligibility: Proof of Residency

Sixteen (16) medical records (# X) did not contain documentation of proof of Los Angeles County residency. Seventeen (17) medical records (# X) did not contain documentation of financial eligibility screening for Ryan White funded HIV/AIDS medical treatment.

**Recommendation:**
Contractor shall ensure that HIV/AIDS Medical Outpatient Services shall be furnished to indigent individuals with HIV disease or AIDS residing within Los Angeles County. Acceptable documents to be used as proof of residency in Los Angeles County……
Performance Based Contract Monitoring (PBCM)

- Quantitative and measurable approach to program reviews and the contract monitoring process

Benefits of PBCM
- Streamline CM process across divisions
- Accurately measure performance of agencies
- Increase efficiency of CM & TA
- Identify & share best practices
- Deliver high quality services
- Maintain high performing contracts
Objectives of PBCM

- Define areas of excellence within an agency or a group of agencies providing same services
- Identify target areas for improvement
- Determine whether improvement efforts yield measurable improvements in care or services
- Design improvement work to improve services & client/agency satisfaction, make processes more efficient, reduce costs & improve competitiveness for grant funding
PBCM Program Reviews
Design & Methods

- **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>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>

- **Performance score** is calculated for each performance indicator as a percentage score between 0% to 100%
Operational definitions established for each performance indicator – inclusion & exclusion criteria; consistency in data collection; comparison with national benchmarks

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

Individual agency mean & median performance score calculated – benchmarks for comparison of agency performance
PBCM Program Review Design & Methods

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

- Measures that were given more weight
  - ART, PCP prophylaxis, CD4 (HAB performance measures)
  - screening procedures (TB, STD)
PBCM Program Review Reports

- Visual presentation of program review findings using bar graphs
- Preliminary program review report presented to providers at the exit conference
PBCM Program Review Report Sample

Performance Measures

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>% Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Western Blot confirmatory test (TFC=100%)</td>
<td>100</td>
</tr>
<tr>
<td>1.2 Residency verification (TFC=100%)</td>
<td>91</td>
</tr>
<tr>
<td>1.3 Income verification (TFC=100%)</td>
<td>91</td>
</tr>
<tr>
<td>2.1 Tuberculosis screening (TFC=90%)</td>
<td>52</td>
</tr>
<tr>
<td>2.2 Medical Visits (TFC=90%)</td>
<td>95</td>
</tr>
<tr>
<td>3.1 Hepatitis A status*</td>
<td>95</td>
</tr>
<tr>
<td>3.2 Hepatitis B status*</td>
<td>97</td>
</tr>
<tr>
<td>3.3 Hepatitis B vaccination*</td>
<td>98</td>
</tr>
<tr>
<td>3.4 Hepatitis C status*</td>
<td>98</td>
</tr>
<tr>
<td>3.5 Syphilis screening Q6 months (TFC=90%)</td>
<td>98</td>
</tr>
<tr>
<td>3.6 Chlamydia screening (TFC=90%)</td>
<td>60</td>
</tr>
<tr>
<td>3.7 (N) gonorrhea screening TFC=90%</td>
<td>60</td>
</tr>
<tr>
<td>3.8 CD4 Q6 months (TFC=90%)</td>
<td>98</td>
</tr>
<tr>
<td>3.9 PAP screening within last 12 months (TFC=90%)</td>
<td>57</td>
</tr>
<tr>
<td>4.1 Nutrition screening (TFC=90%)</td>
<td>98</td>
</tr>
<tr>
<td>5.1 On ART, if pregnant (TFC=100%)</td>
<td>100</td>
</tr>
<tr>
<td>6.1 PCP prophylaxis (TFC=100%)</td>
<td>100</td>
</tr>
<tr>
<td>7.1 Prescribed HAART (TFC=100%)</td>
<td>100</td>
</tr>
</tbody>
</table>

*Tracked, not scored
TFC Threshold for compliance

Performance score for this review: 85.7
Steps in PBCM Implementation

**Step 1**
Engage staff; review existing QA/QI indicators; revise tools; obtain baseline performance score

**Step 2**
Determine performance categories; create schedule of full & focus reviews; create new focus review tools & scoring templates

**Step 3**
Program front end data capture forms & back end database; purchase mobile devices & accessories; develop end user training

**Step 4**
Training system users; implement electronic monitoring for onsite reviews & reports; data aggregation & analysis

**Step 5**
Focused technical assistance for system wide issues; select & share best practices; continue to track/trend improvements; maintain PBCM
PBCM Pilot in Medical Services (AOM/MOP Clinics)
PBCM Implementation
8 MOP Clinics

- Review sites – 8 medical outpatient clinics
- Program reviews conducted from 7/2007 – 3/2008 (Year 17)
- Total sample size – 633 records
- Full reviews conducted
- Monitoring tool revised – total of 29 indicators (55 indicators in Year 16)
- Performance trended – allowed comparisons with internal benchmarks (clinic mean/median performance) and national benchmarks (HIVQual indicators)
Obtaining Baseline Performance Data

<table>
<thead>
<tr>
<th>Agency #</th>
<th>Type of Onsite Review (Yr 17)</th>
<th>Performance % (Yr 17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>325</td>
<td>Full</td>
<td>79.9</td>
</tr>
<tr>
<td>142</td>
<td>Full</td>
<td>86</td>
</tr>
<tr>
<td>776</td>
<td>Full</td>
<td>90.3</td>
</tr>
<tr>
<td>675</td>
<td>Full</td>
<td>90.7</td>
</tr>
<tr>
<td>244</td>
<td>Full</td>
<td>91.2</td>
</tr>
<tr>
<td>130</td>
<td>Full</td>
<td>94</td>
</tr>
<tr>
<td>212</td>
<td>Full</td>
<td>96</td>
</tr>
<tr>
<td>181</td>
<td>Full</td>
<td>96.97</td>
</tr>
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</table>

Source: OAPP Clinical Services Year 17 medical outpatient contract monitoring data.
Performance Categories

Peak Performers
OAPP contracted agencies who meet or exceed 97% of contractual obligations

Competent Performers
OAPP contracted agencies who meet at least 85%-96% of contractual obligations

Conditional Performers
OAPP contracted agencies who meet equal to or less than 84% of contractual obligations
## Scope & Frequency of Onsite Program Reviews

<table>
<thead>
<tr>
<th></th>
<th>PEAK PERFORMER</th>
<th>COMPETENT PERFORMER</th>
<th>CONDITIONAL PERFORMER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FULL Review</strong></td>
<td>Biennial</td>
<td>Biennial</td>
<td>Annual</td>
</tr>
<tr>
<td><strong>FOCUS Review</strong></td>
<td>Biennial</td>
<td>Biennial</td>
<td>Annual</td>
</tr>
</tbody>
</table>
## Schedule of Focus & Full Reviews

<table>
<thead>
<tr>
<th>Agency #</th>
<th>Type of Onsite Review (Yr 17)</th>
<th>Performance % (Yr 17)</th>
<th>Performance Category (Yr 17)</th>
<th>Type of Onsite Review (Yr 18)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Full</td>
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<td>Focus</td>
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<td>181</td>
<td>Full</td>
<td>96.97</td>
<td>Peak</td>
<td>Focus</td>
</tr>
</tbody>
</table>

Source: OAPP Clinical Services Year 17 medical outpatient contract monitoring data.
Percentage of clients who had two or more medical visits in the review period (tN=633)

Source: Medical Chart Review, Year 17 Annual AOM Onsite Program Review
Percentage of pregnant women who were prescribed antiretroviral therapy (tN=241)

(National benchmarks not available at this time)

Agency

* No pregnant women in the sample
TFC - Threshold for Compliance
Source: Medical Chart Review, Year 17 Annual AOM Onsite Program Review
Percentage of clients who had 2 or more CD4 T-cell counts performed in the review period (tN=633)

Source: Medical Chart Review, Year 17 Annual AOM Onsite Program Review
Percentage of clients with AIDS who were prescribed HAART (tN=633)

Source: Medical Chart Review, Year 17 Annual AOM Onsite Program Review
Percentage of clients with CD4 T-cell count <200 who were prescribed PCP prophylaxis (tN=633)

Source: Medical Chart Review, Year 17 Annual AOM Onsite Program Review
Moving forward with PBCM implementation

Phase I
7/2007
CSD

Phase 2
3/2008
CES

Phase 3
11/2008

Phase 4
6/2009

Goals
- deliver high quality HIV/AIDS care & services
- share best practices
- increase efficiency of contract monitoring & TA
- establish a methodology to accurately measure agency performance
- standardize the monitoring of contracts (quality assurance) across divisions
Acknowledgements

Mario Peréz  
Jan B. King, M.D.  
Shobita Rajagopalan, M.D.  
Maxine Franklin, R.N.  
Jacqueline Rurangirwa, M.P.H.  
Elisea Avalos, M.P.H. 
and  
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Thank You