

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

Medical Outpatient Services

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Ryan White Program All Grantees
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Los Angeles County

Square Miles: 4,086
Population¹: 10.3 Million

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

Proportion of California
Population²: 29%

Proportion of California AIDS
Cases³: 36%

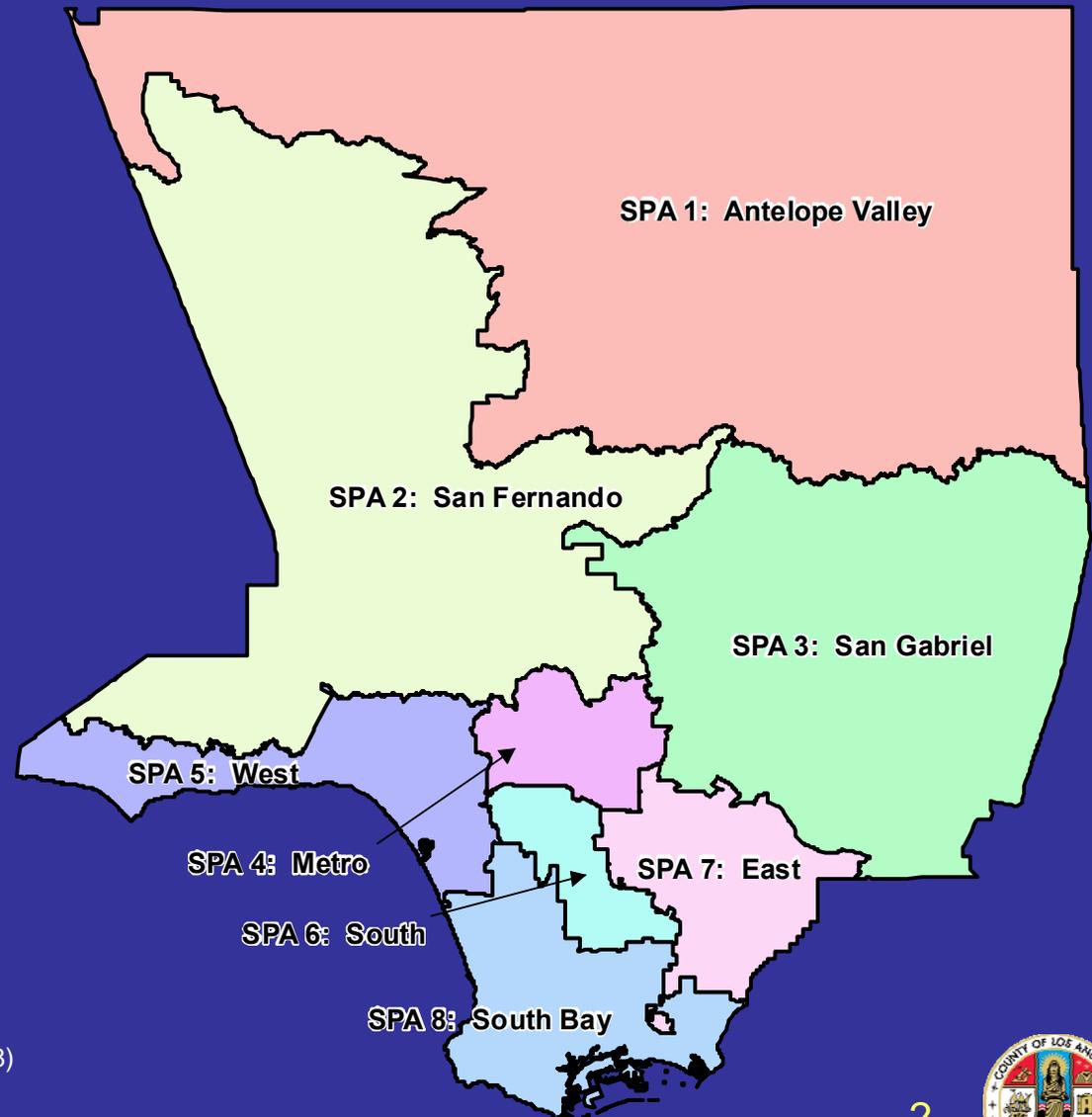
Proportion of U.S. AIDS
Cases³: 5%

Living with HIV/AIDS³:
60,000 (Estimated)

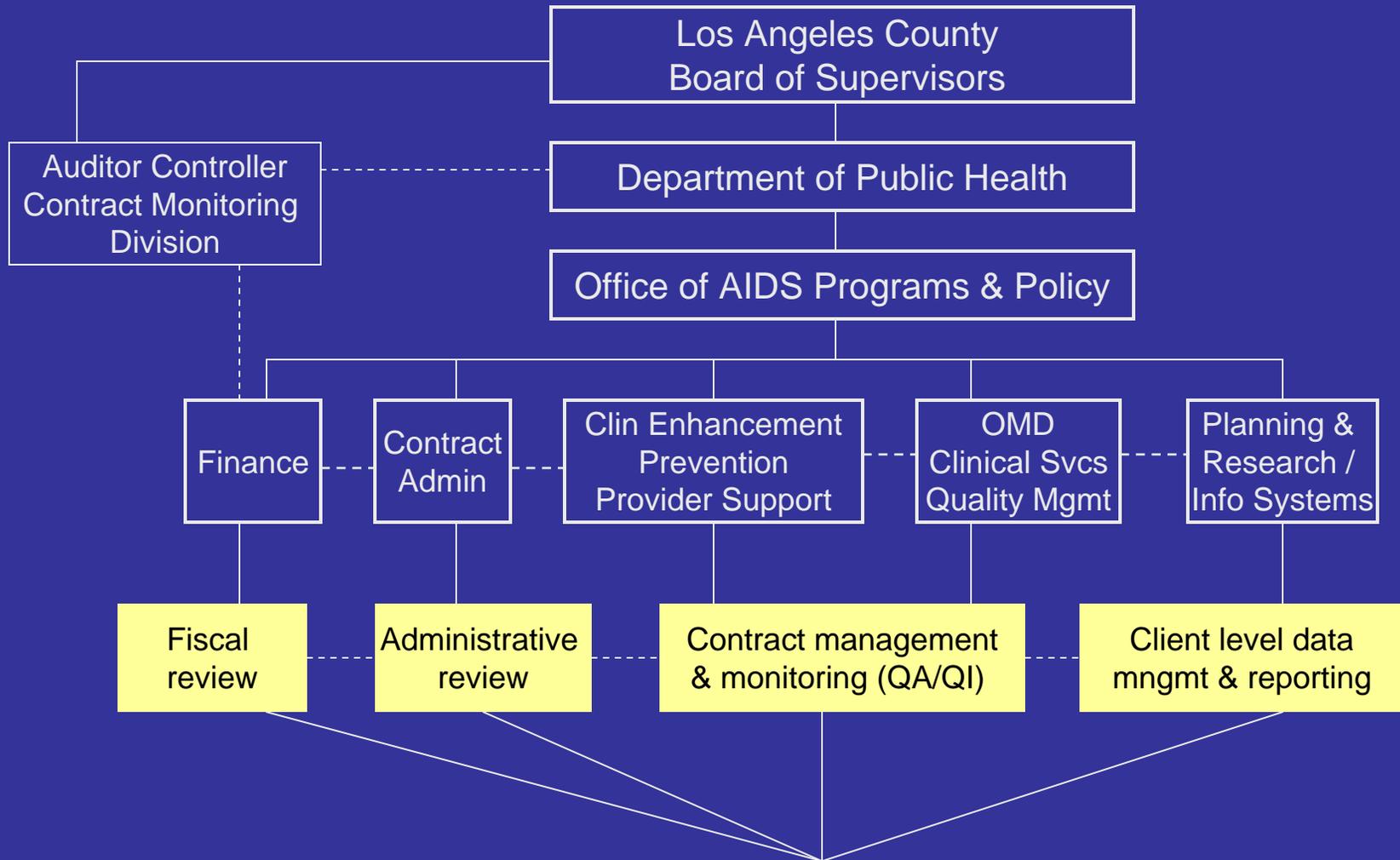
¹United Way, Los Angeles (2008)

²U.S. Department of Commerce (2008)

³Los Angeles County HIV Epidemiology Program (2008)



Grantee Monitoring Function



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

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

- Operational definitions established for each performance measure



PBCM Design & Methods – Cont.

- 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

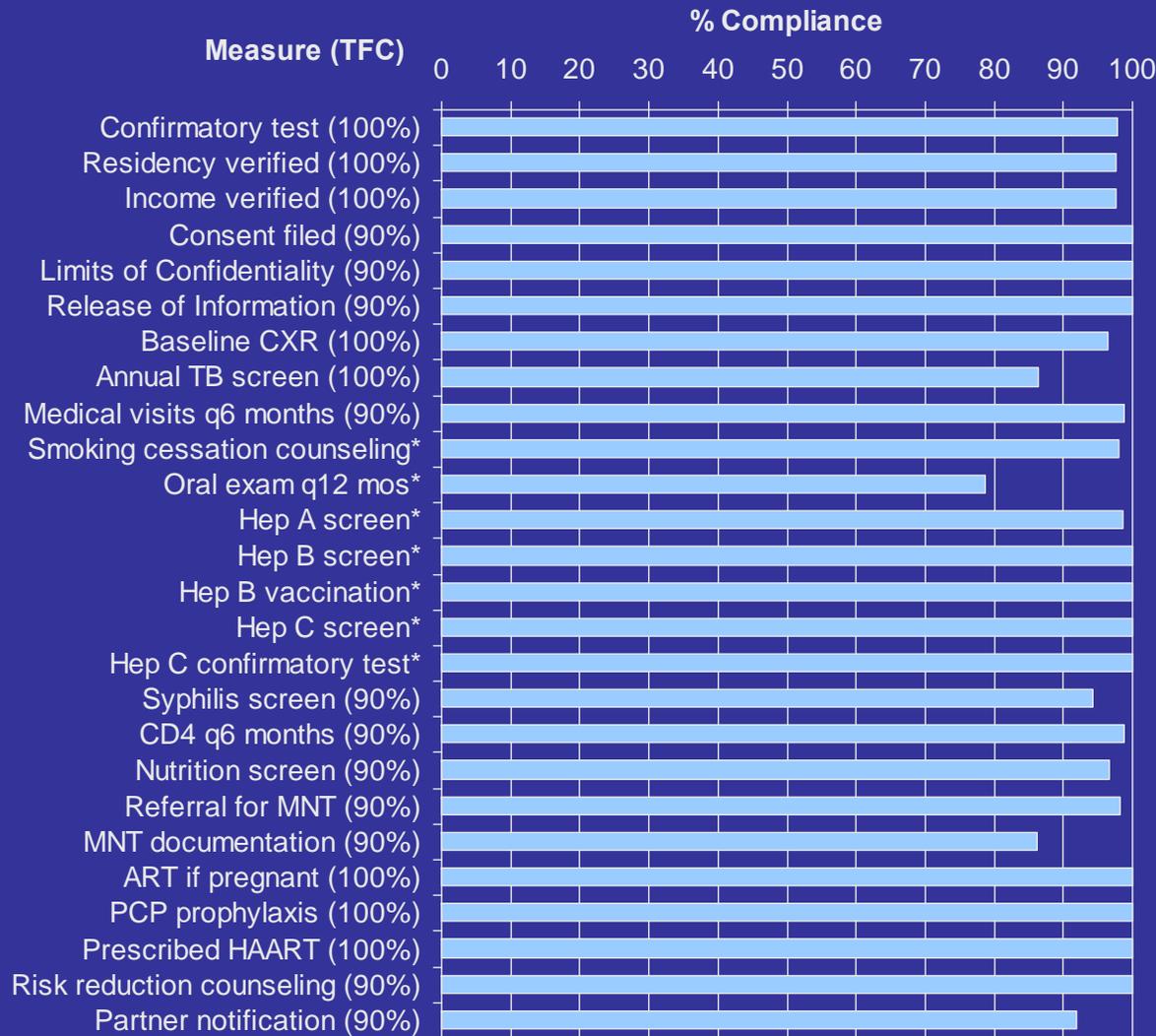


PBCM: Performance Categories

Category	Performance Score
Peak Performers	= or > 97%
Competent Performers	88% to 96%
Conditional Performers	= or < 87%



PBCM Program Review Report Sample

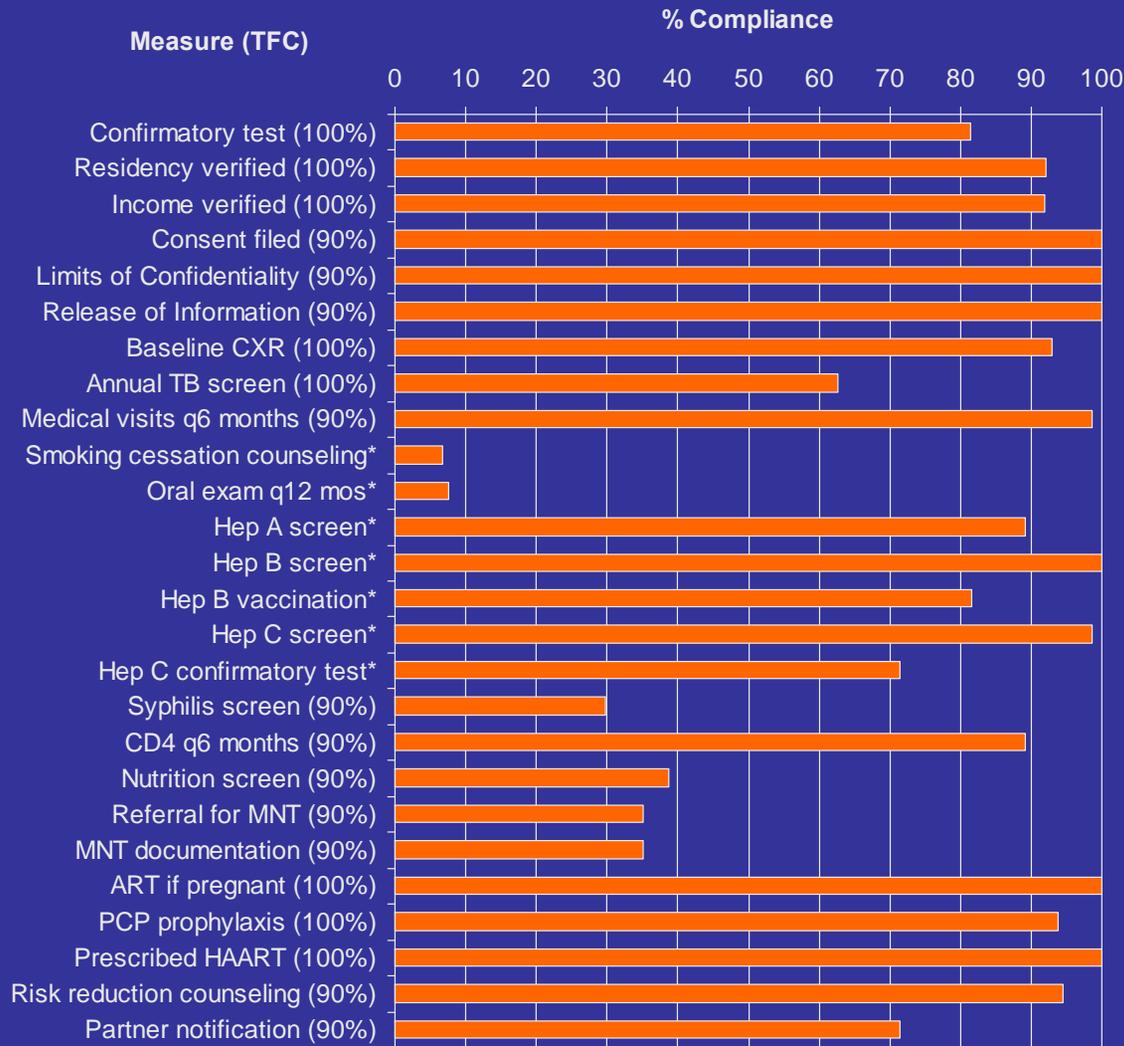


Performance
Score: 97%

Peak Performer



PBCM Program Review Report Sample



Performance
Score: 79.9%

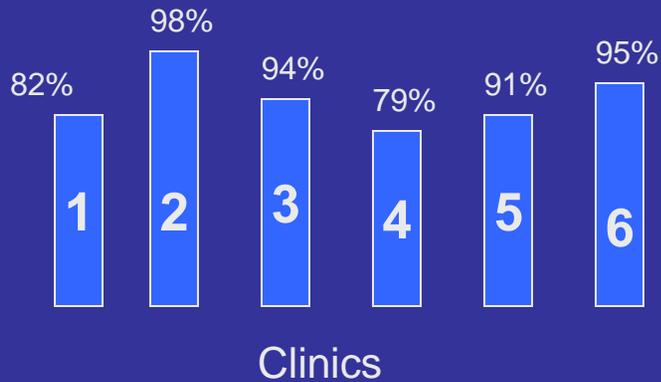
Conditional
Performer



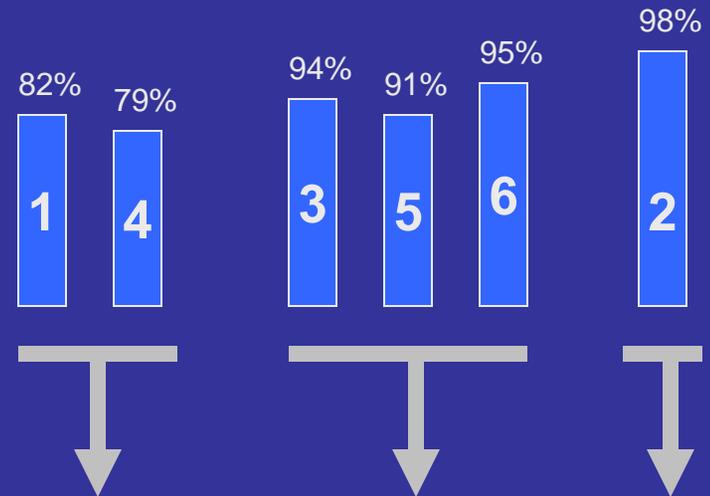
1 Obtain baseline performance score

2 Determine agency's performance category

2006/07 Full Review



$\leq 87\%$ 88% - 96% $\geq 97\%$
CONDITIONAL **COMPETENT** **PEAK**



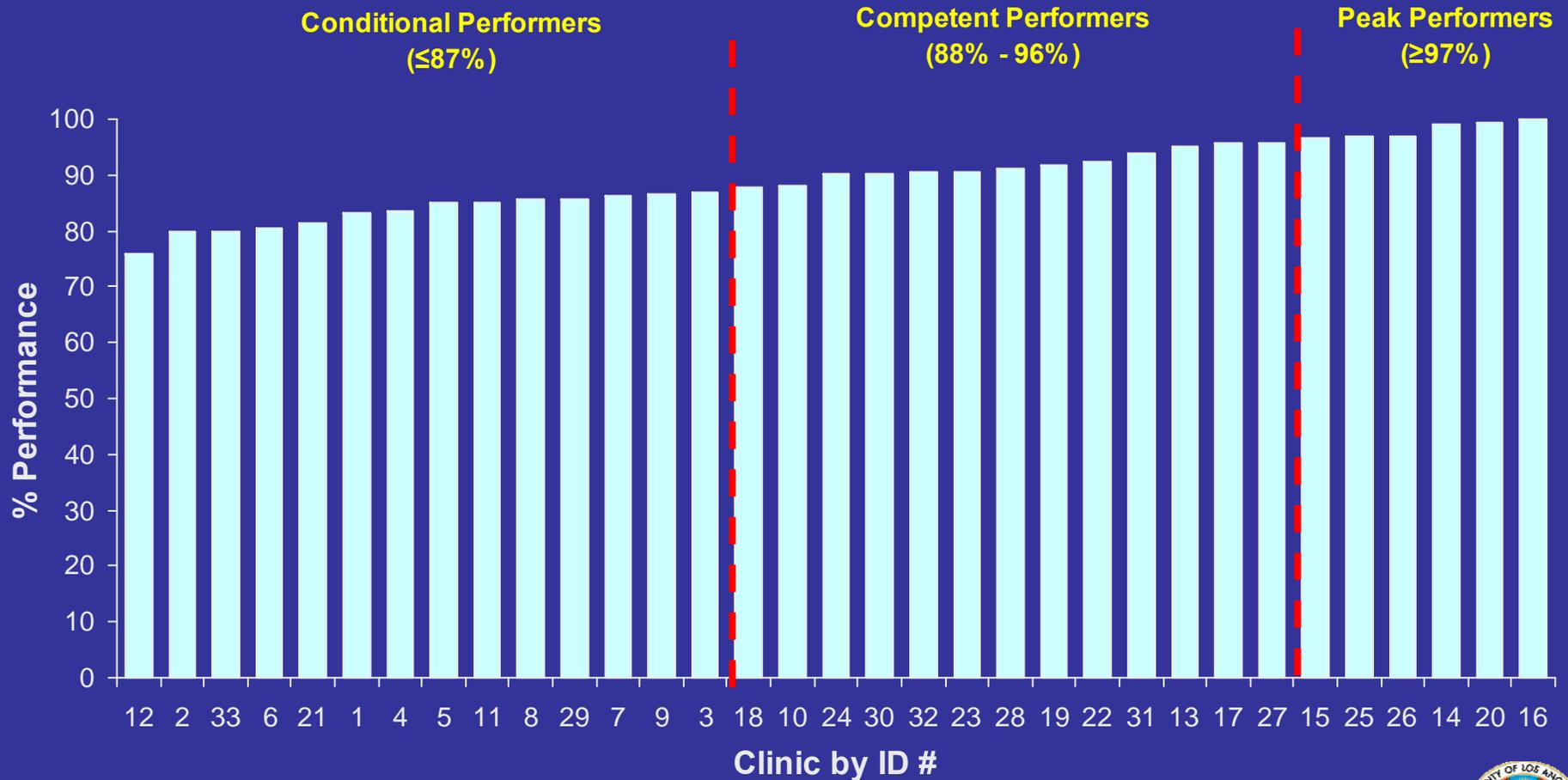
3 Determine scope & frequency of reviews

Year	Category	Review Scope
2007/08	CONDITIONAL	Full
2007/08	COMPETENT	Focus
2007/08	PEAK	Focus
2008/09	CONDITIONAL	Full
2008/09	COMPETENT	Full
2008/09	PEAK	Focus
2009/10	CONDITIONAL	Full
2009/10	COMPETENT	Focus
2009/10	PEAK	Full



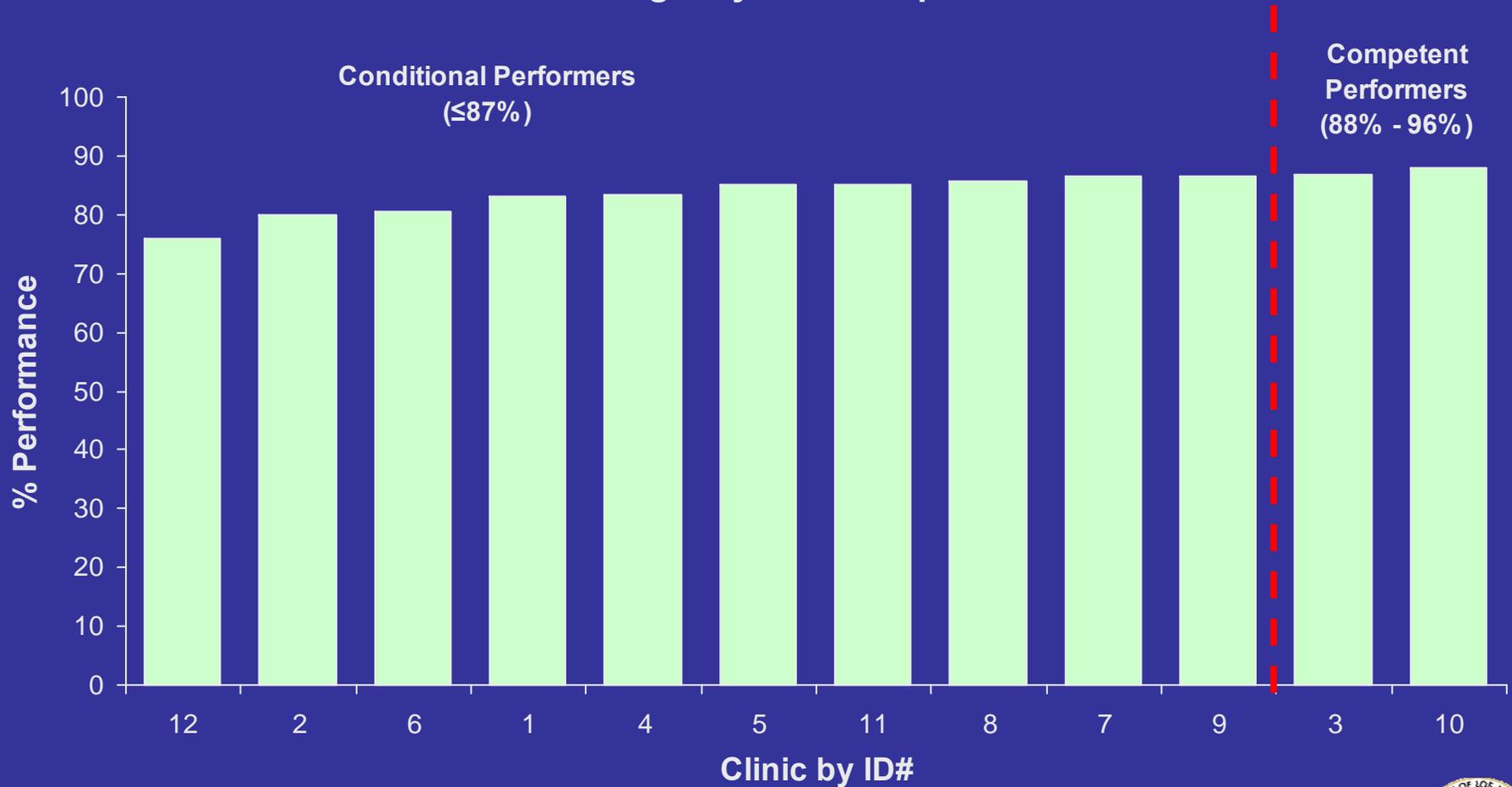
Comparison by Performance Score

Performance of Medical Outpatient Clinics Year 17 Onsite Program Reviews



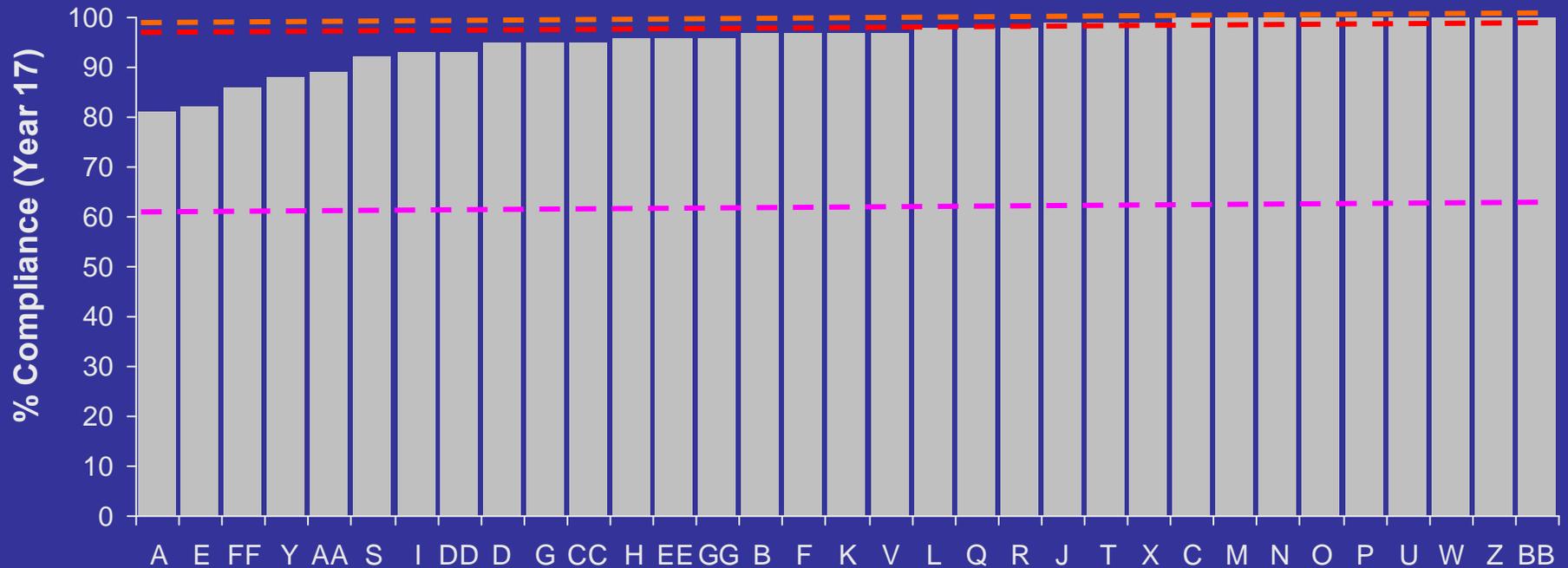
Agency with Multiple Service Sites

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



Clinical Measures Across Agencies

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



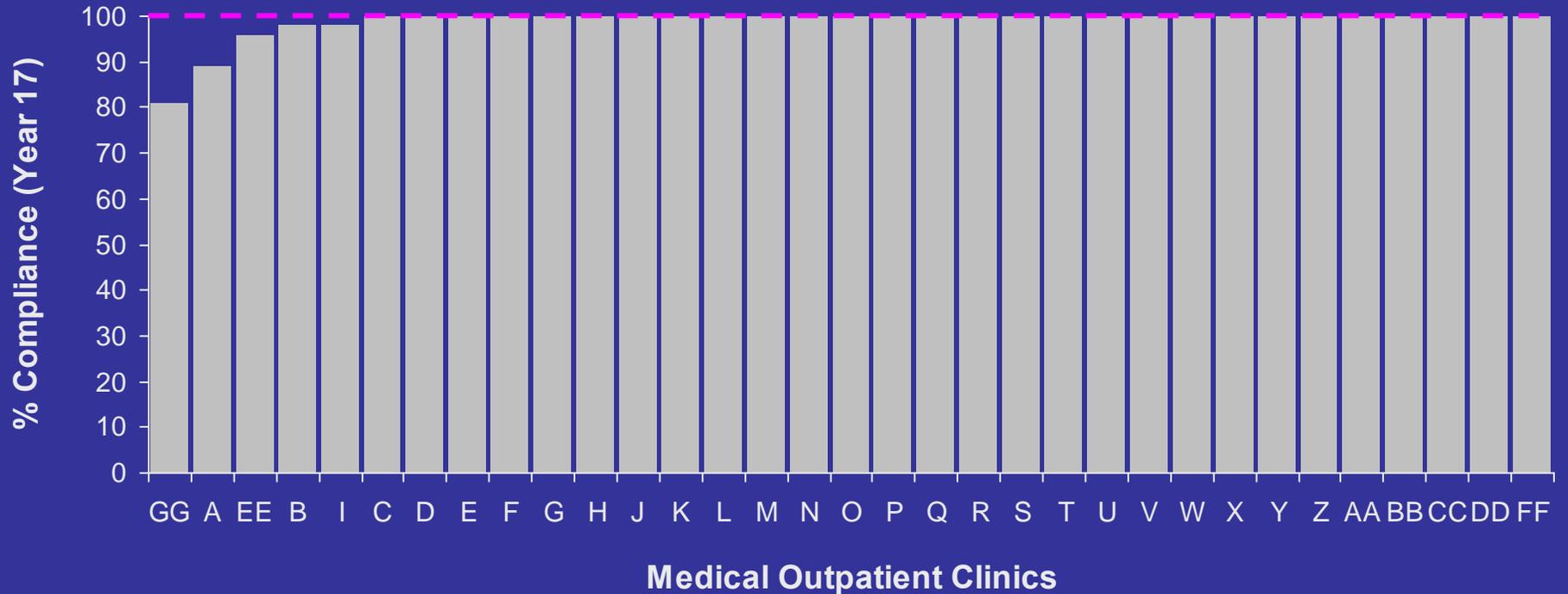
Medical Outpatient Clinics (33)

- 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)

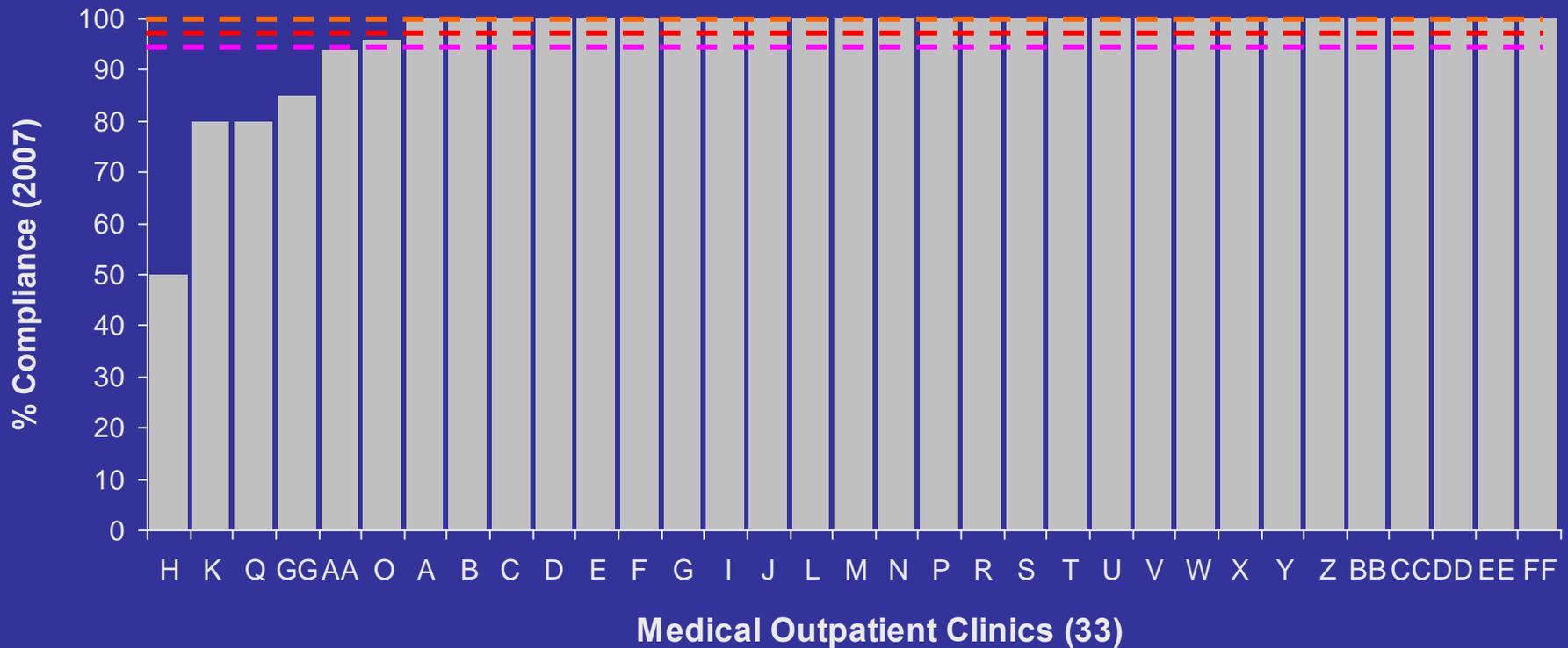


--- 2007 Median (100%)
--- 2006 HIVQual Median (100%)



Clinical Measures Across Agencies

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



- 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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PBCM

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