



# Quality Initiatives

HAB/HRSA Performance Measures

OAPP Performance-Based Contract Monitoring

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# 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?

- o Answer critical questions about the quality of care and services provided by the Ryan White community
- o Identify areas for improvement
- o Make changes to improve care and services



# How are performance measures collected?

- Selection process
- Developing tools and forms
- Chart reviews, observations
- Electronic data collection



# HAB Performance Measures

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

✓ 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



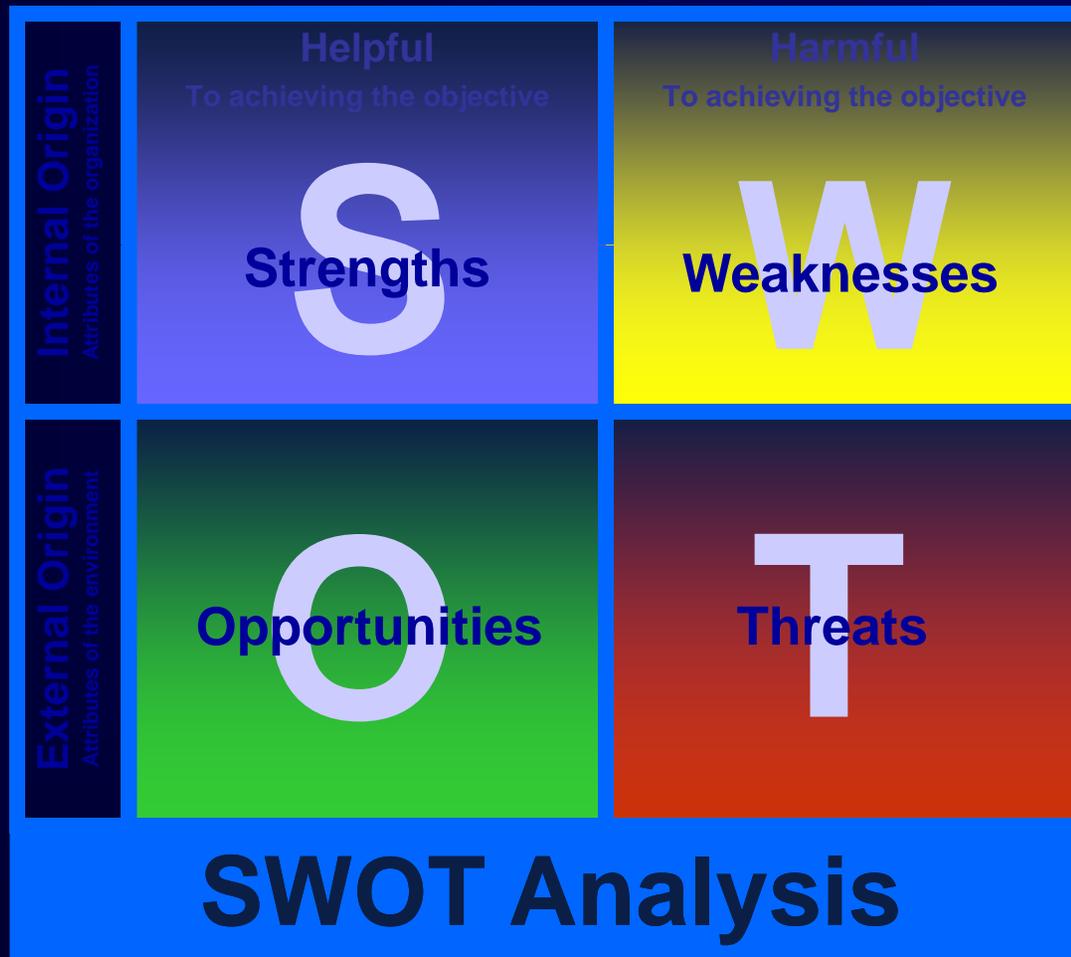


# Contract Management

- **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?





# 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



# Program Review Findings

## OLD (Sample Report)

### **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      **Finding #3** Eligibility: Financial Screenings

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

<u>Eligible Population</u>	<u>No. Records Reviewed</u>
Up to 20	All 20
91 – 100	52
250 – 299	79
500 – 749	94
1000 – 4,999	105

- **Performance score** is calculated for each performance indicator as a percentage score between 0% to 100%



# PBCM Program Review Design & Methods

- **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



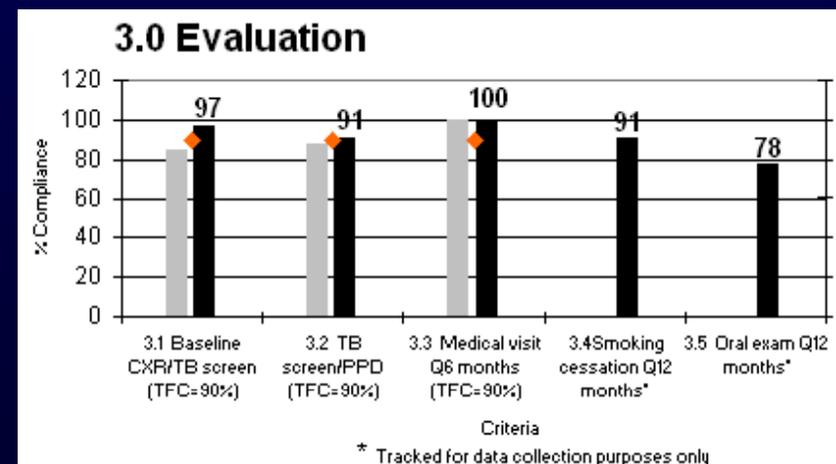
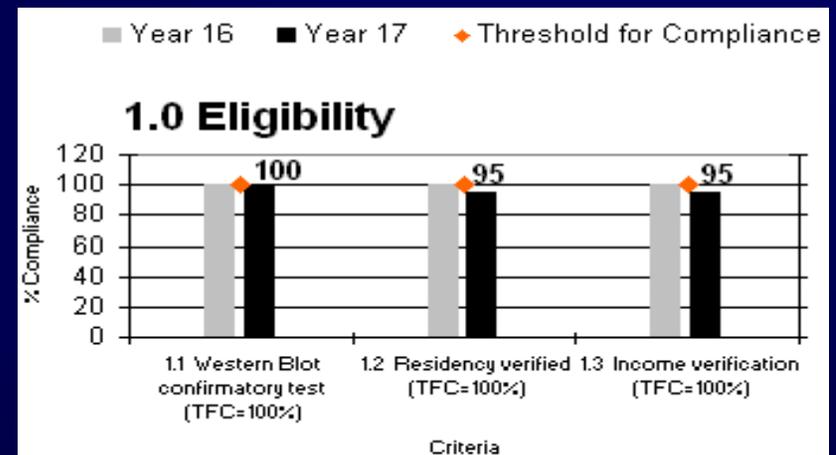
# PBCM Program Review Design & Methods

- 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)*

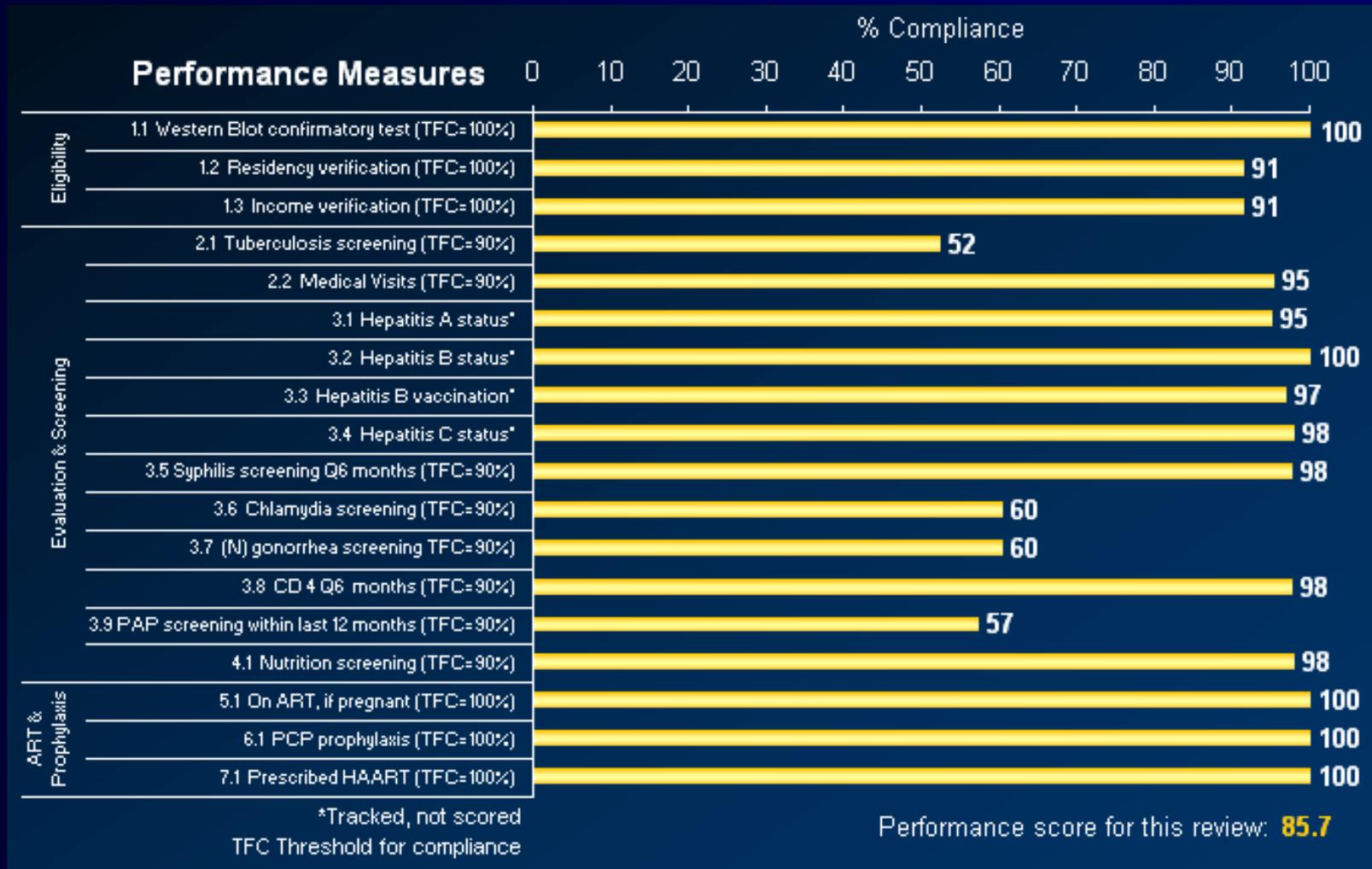


# PBCM Program Review Reports

- Visual presentation of program review findings using bar graphs
- Preliminary program review report presented to providers at the exit conference

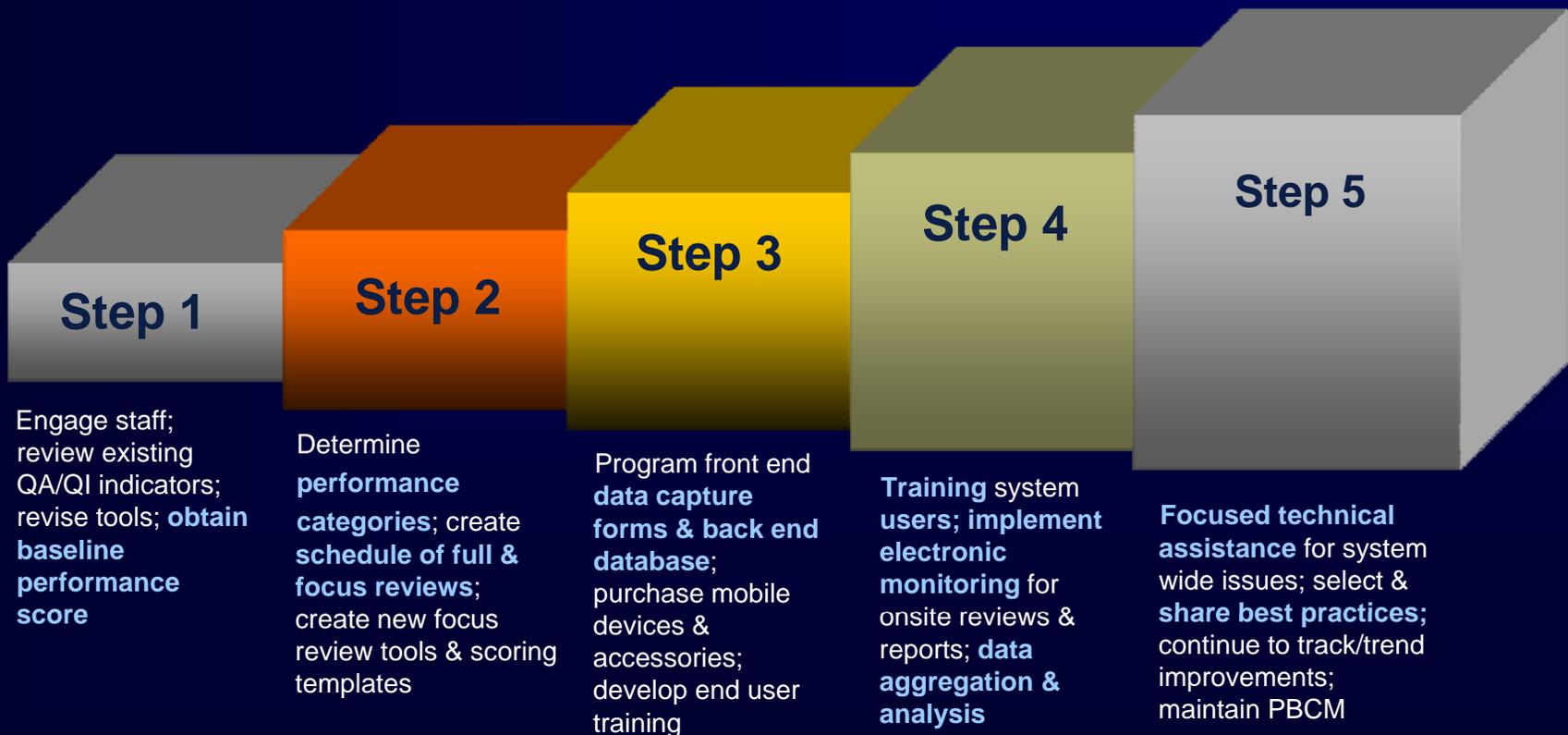


# PBCM Program Review Report Sample





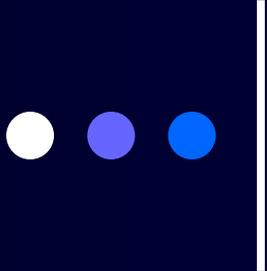
# Steps in PBCM Implementation





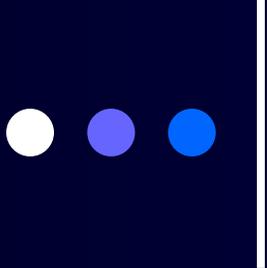
# PBCM Pilot in Medical Services (AOM/MOP Clinics )





# 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

Step 1

Agency #	Type of Onsite Review (Yr 17)	Performance % (Yr 17)
325	Full	79.9
142	Full	86
776	Full	90.3
675	Full	90.7
244	Full	91.2
130	Full	94
212	Full	96
181	Full	96.97

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

	PEAK PERFORMER	COMPETENT PERFORMER	CONDITIONAL PERFORMER
FULL Review	Biennial	Biennial	Annual
FOCUS Review	Biennial	Biennial	Annual



# Schedule of Focus & Full Reviews

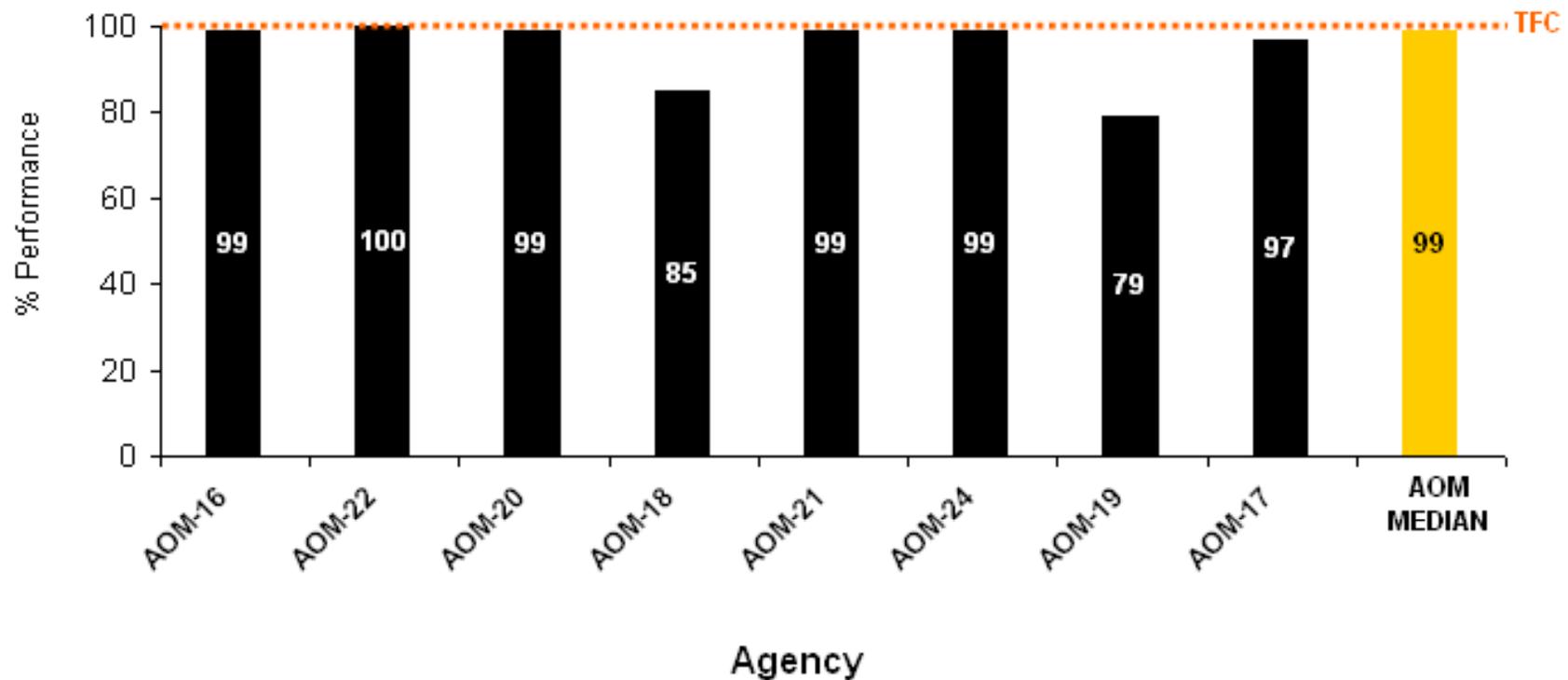
Step 3

Agency #	Type of Onsite Review (Yr 17)	Performance % (Yr 17)	Performance Category (Yr 17)	Type of Onsite Review (Yr 18)
325	Full	79.9	Conditional	Full
142	Full	86	Competent	Focus
776	Full	90.3	Competent	Focus
675	Full	90.7	Competent	Focus
244	Full	91.2	Competent	Focus
130	Full	94	Competent	Focus
212	Full	96	Competent	Focus
181	Full	96.97	Peak	Focus

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)

(National Goals, Targets or Benchmarks for Comparison not available at this time)

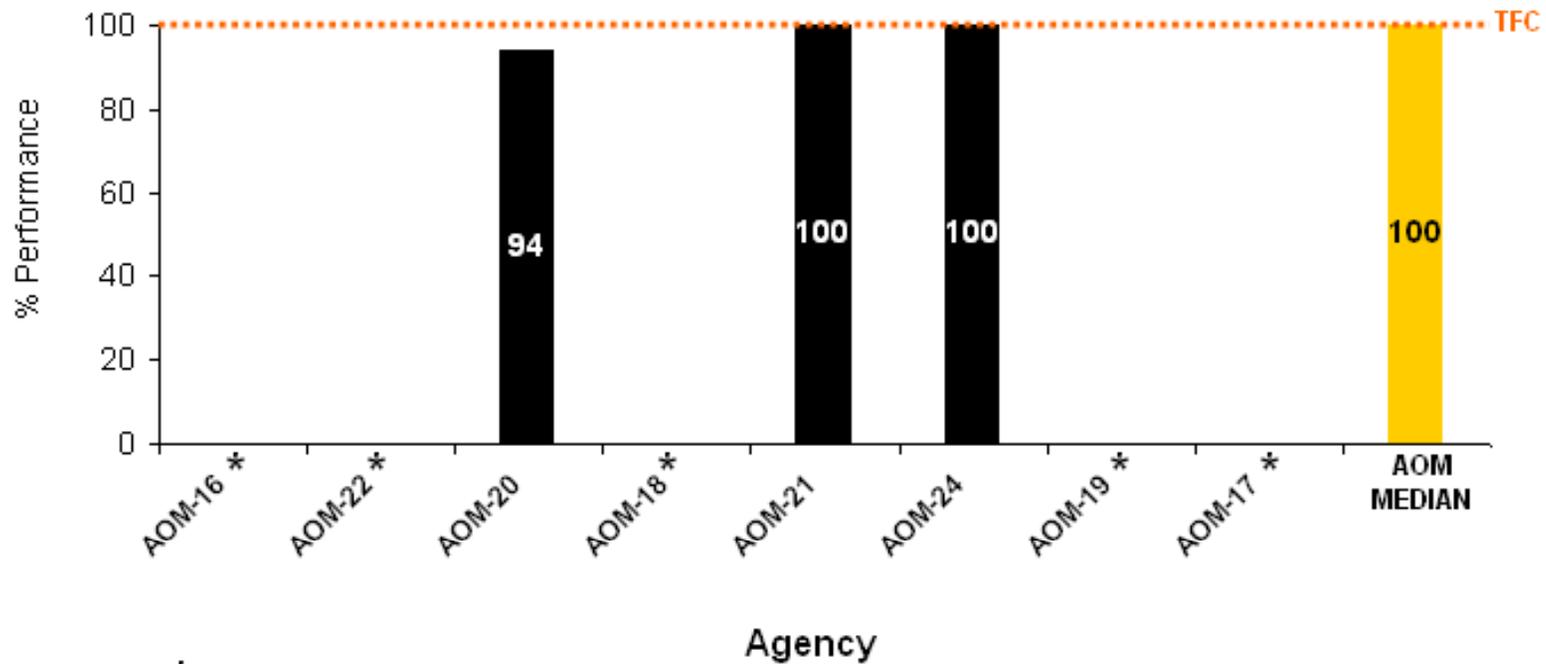


TFC - Threshold for Compliance

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)



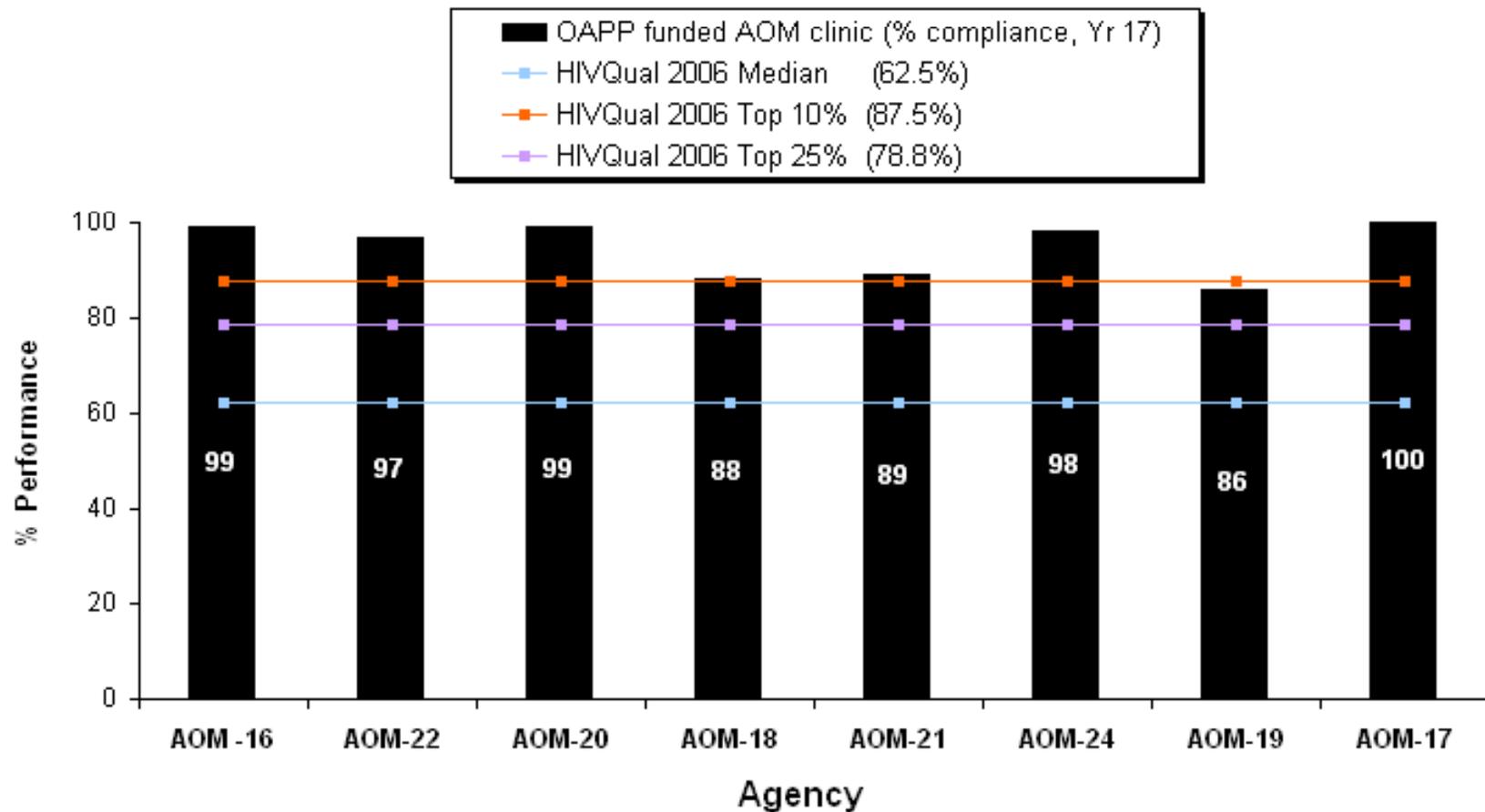
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No pregnant women in the sample

TFC - Threshold for Compliance

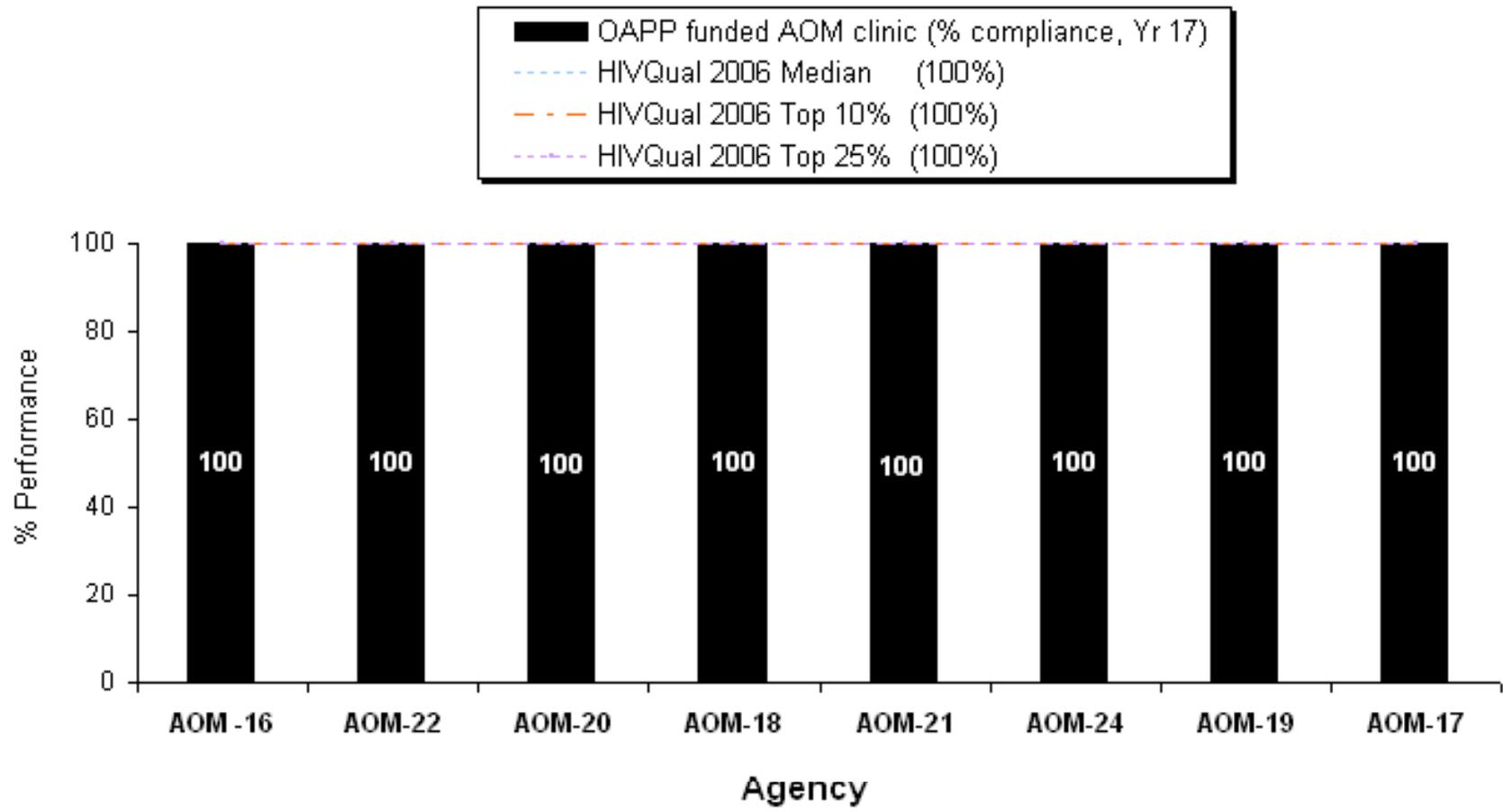
Source: Medical Chart Review, Year 17 Annual AOM Onsite Program Review

## Percentage of clients who had 2 or more CD4 T-cell counts performed in the review period (tN=633)



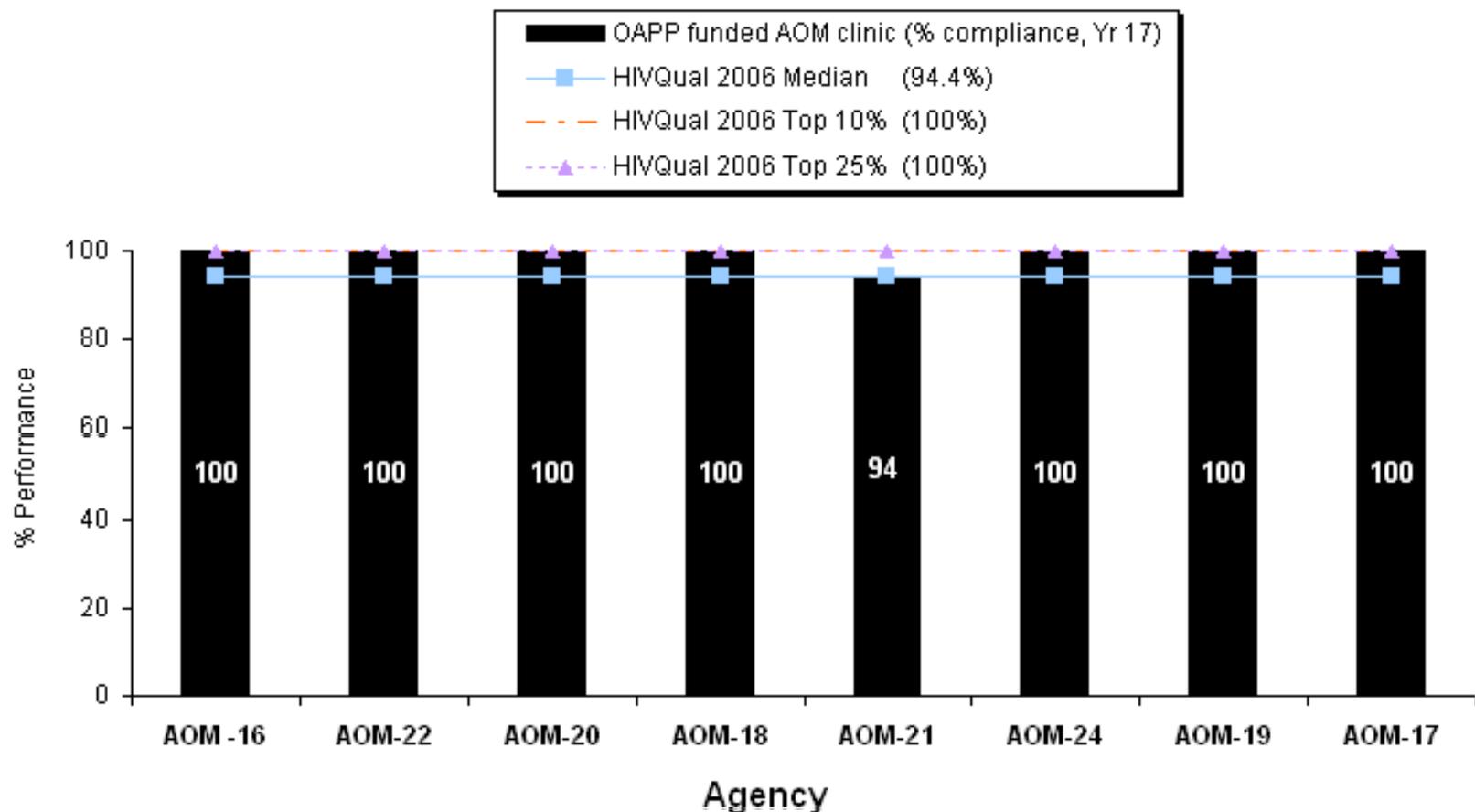
Source: Medical Chart Review, Year 17 Annual AOM Onsite Program Review

# Percentage of clients with AIDS who were prescribed HAART (tN=633)



Source: Medical Chart Review, Year 17 Annual AOM Onsite Program Review

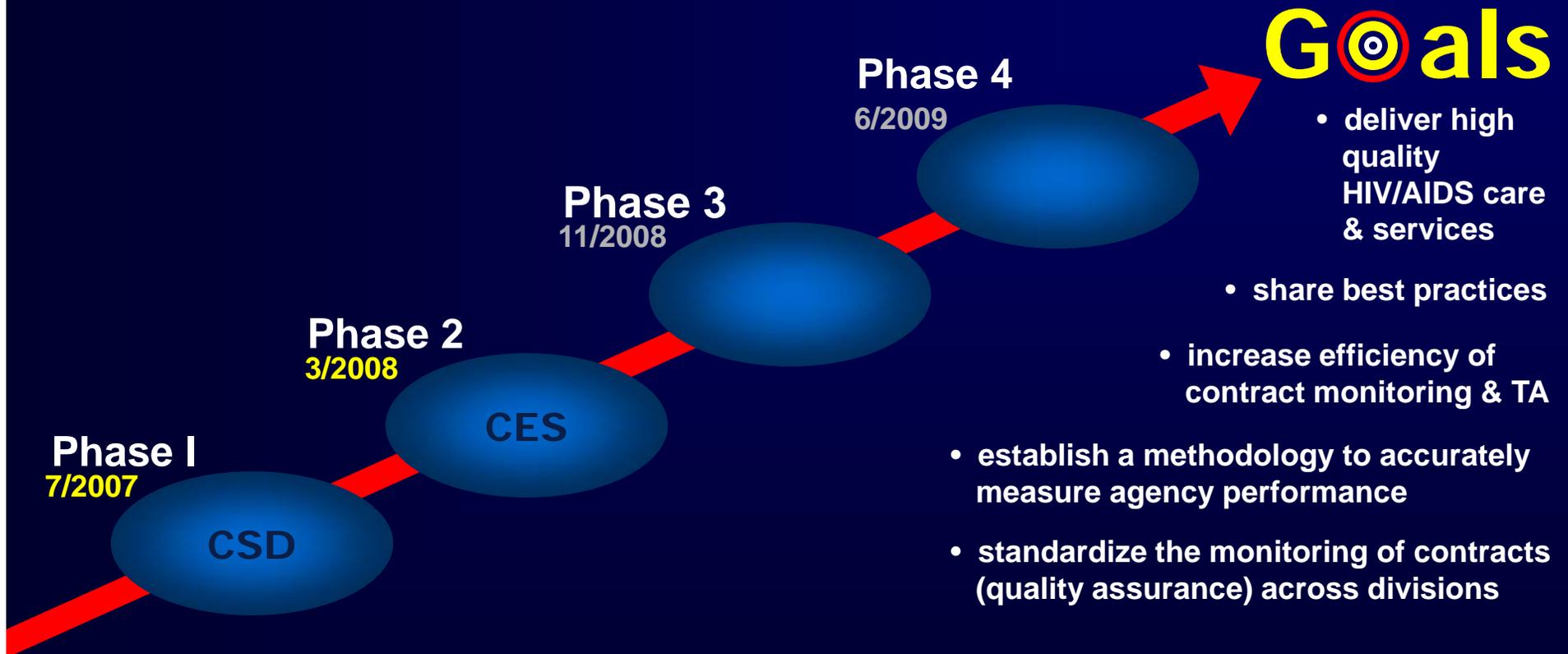
## Percentage of clients with CD4 T-cell count <200 who were prescribed PCP prophylaxis (tN=633)



Source: Medical Chart Review, Year 17 Annual AOM Onsite Program Review



# Moving forward with PBCM implementation





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Thank You