

## Using performance data to guide procurement: a recent illustration from outpatient/ambulatory medical care and medical case management

Philadelphia Department of Public Health

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## Presenters

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– Manager, Information Services Unit

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## Philadelphia EMA

- Nine counties across two states
- 70 Part A funded providers – half receiving Parts B, C, and D
- 15,000 consumers receive Part A services
- PDPH AIDS Activities Coordinating Office administers:
  - Part A
  - Local Part B - Pennsylvania
  - CDC Prevention & Surveillance
  - Local HIV funding

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## Philadelphia EMA Service System

- Decentralized system
- 24 Outpatient/ambulatory medical providers
- 30 Medical case management providers

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## Background

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## Reasons to consider performance based procurement

- Great variability among providers
  - Cost per client
  - Performance levels
- Concerns about quality of care for uninsured
- Evolving medical case management model
- High quality data available – collected in RW CAREWare since 2002

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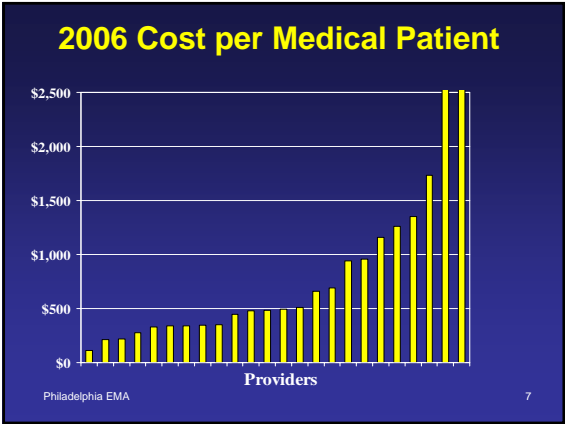
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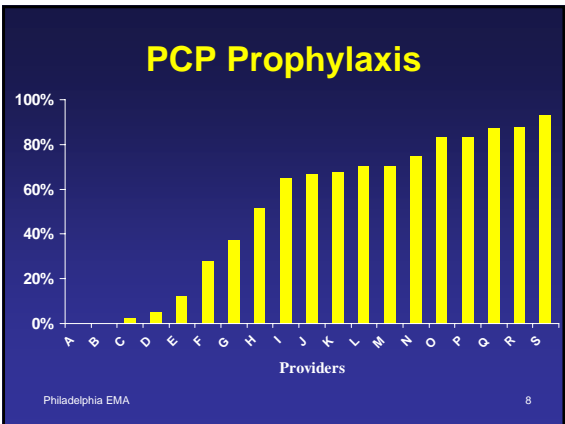
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- ### Factors Associated with Receiving 3 Viral Loads
- Increased likelihood to have 3 viral loads
    - Black (p<.05)
    - Hispanic (p<.001)
    - Age 45+ (p<.05)
    - Care at site with <1000 patients (p<.001)
  - Decreased likelihood to have 3 viral loads
    - Other Risk (not MSM, IDU, Hetero) (p<.001)
    - No insurance (p<.001)
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**Procurement Goals**

- Improve system performance
- Improve client outcomes and reward quality
- Assure that funding follows uninsured and under-insured people living with HIV/AIDS
- Streamline procurement process

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**Performance Based Procurement**

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**Key Concepts**

- Current performance will predict future
- Quality threshold should be condition of funding
- Allocate funds based on current case load
- Provide incentive for serving uninsured
- Less narrative in proposals decreases burden in writing and reviewing

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## Models

- Traditional Request for Proposals (RFP) with emphasis on data
  - Narrative is major component
  - Scoring emphasizes past performance
- Performance data RFP
  - No narrative
  - Decisions based on data using a formula
- Mixed

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## Step 1. Selection of Performance Measures

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## Performance Measure Criteria

- Supported by PHS guidelines or professional standards
- Measures already in use in EMA
- Measures should cover the spectrum of HIV Care
- Must be clearly interpretable – pass/fail

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## Quality Targets and Thresholds

- Target – the overall system goal for the measure
- Threshold – minimal performance required
  - Not a certificate of quality
  - Will require quality improvement plan
- Set targets and thresholds based on 2006 performance

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## Outpatient/Ambulatory Medical RFP Measures

Measure	Target	Threshold
Retention in care	85%	≥ 75%
CD4 count	100%	≥ 90%
Viral load testing	100%	≥ 90%
PHS not recommended HIV regimens	5%	≥ 7.5%
PCP prophylaxis	100%	≥ 60%
PPD placement	100%	≥ 80%
PAP test	90%	≥ 70%

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## Retention

- Definition: Percent of patients who met inclusion criteria in previous year who have at least one medical visit in the current year
- Target: 85%
- Threshold: 75%

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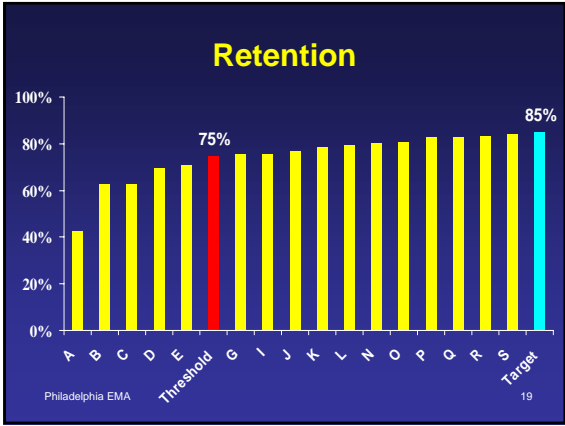
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### Viral Load & CD4

- Definition: Percent of patients who had at least one viral load and one CD4 during the year
- Target: 100%
- Threshold: 90%

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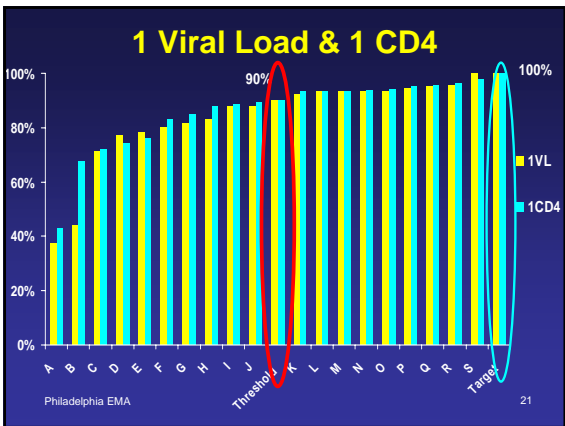
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## PHS Not Recommended HIV Regimens

- From the October 2006 *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*  
<http://www.aidsinfo.nih.gov/guidelines>
  - Table 8: Antiretroviral Regimens or Components That Should Not Be Offered At Any Time
- Target: 5%
- Threshold: 7.5%

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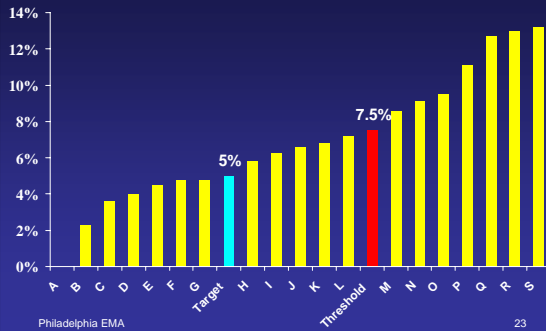
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## PHS Not Recommended HIV Regimens



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## Medical Case Management RFP Measures

Measure	Target	Threshold
Six-week follow-up form submission	95%	85%
Retention - clients in case management at 6 weeks following initial enrollment	90%	70%
Access to Medical Care - clients in ambulatory/outpatient HIV medical care at 6 weeks following initial enrollment	100%	80%
Clients retained/discharged at 52 weeks following initial enrollment	80%	65%

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**Issues with MCM Measures**

- Locally defined measures
- Data less mature
- May not cover the spectrum of MCM
- Measures are open to interpretation

*MCM RFP will need significant narrative*

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**Step 2. Developing the Request for Proposals (RFP)**

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**Proposal Elements**

1. Cover page
2. Proposal narrative
  - 6 questions answered in 5 pages – outpatient/ambulatory medical care
  - 12 questions answered in 10 pages – medical case management
3. Form 1 through Form 10

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## Forms 1 through 5

- Form 1: Past Performance Report
- Form 2: Implementation Plan
- Form 3: Unit Cost Report
- Form 4: Agency Demographics Report
- Form 5: Current Year Annual Operating Budget

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## Forms 6 through 10

- Form 6: Proposed Project Budget and Narrative
- Form 7: Grievance Agreement
- Form 8: Agency Authorization
- Form 9: MBEC Report
- Form 10: Checklist

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## Form 1 Performance Measures

- # of patients with one or more medical visits in 2007
- # of uninsured patients with  $\geq 1$  visits in 2007
- Indicators (example):

Indicator	Target	Threshold	Provider Numerator	Provider Denominator	Provider Percent
Retention in care	85%	$\geq 75\%$	To be sent to you by PDPH based on prior data submissions. New providers submit your own data.		

*Corrective action plans required for indicators not meeting thresholds*

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## Outpatient/Ambulatory Medical Narrative

6 questions – 5 page limit

- Agency size and scope
- Target population
- Provider HIV experience (table format)
- Cultural competence and linguistic/cultural appropriateness
- Collaborative agreements
- Third-party billing

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## MCM Narrative

12 questions – 10 page limit

- Agency size and scope
- Target population
- Provider HIV experience
- Cultural competence and linguistic/cultural appropriateness
- Linkage and retention in medical care
- Treatment adherence
- Referrals
- Case closure, coverage
- Staffing
- Supervision
- Quality management
- Third party reimbursement

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## Step 3: Preparing for the RFP

- Management buy-in
  - Can measures support procurement decisions?
  - Is data of quality to support decisions?
- Alert providers early that procurement would be based on RW CAREWare data
  - Review of data quality, measures and procurement plans at provider QM meetings
  - Individual provider meetings assessing data quality issues
  - 2 month notice before extracting data

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## Step 4: Data Collection and Analysis

- Ran “preview” reports at each provider site
- 2007 data extracted from providers’ CAREWare database
- PDPH analyzed data and gave providers standardized reports for the RFP
- PDPH gave providers lists of clients not meeting measures
- Providers review data and develop improvement plans for RFP as needed

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## Recap: Timeline

- 2007: Developed concept
- 2007: Stakeholder buy-in activities
- Fall 2007: Measures selected
- Dec. 2007: Reviewed analysis of measures
- Feb. 2008: Provider data “preview”
- March 2008: Data extracted and analyzed
- March 2008: RFP released
- April 2008: Proposals due
- May 2008: Procurement decisions made based on 2007 performance data

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## Step 5: The Review Process

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## Proposal Review

- Proposal review by a standing objective review committee
- PDPH provided review committee with technical review of Form 1 performance data
- Health Commissioner determines final awards

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## Proposal Evaluation Criteria

	Past Performance (Form 1)	Narrative and Budget
Outpatient/ Ambulatory Medical Care	70%	30%
Medical Case Management	30%	70%

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## MCM Proposal Review

- A traditional review process for narrative questions
- 30% of score based on past performance
- 33 proposals reviewed in 3.5 review days

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## O/A Medical Care Proposal Review

- Narrative reviewed using a check box format for the presence/absence of key criteria for each question
- 70% of score based on past performance
- Streamlined review process
  - 23 proposals reviewed in 1.5 review day

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## Form 1 Performance Scoring

Condition	Score
Threshold met	10
Within 10% of threshold, improvement plan accepted	7.5
Threshold not met, improvement plan accepted	5

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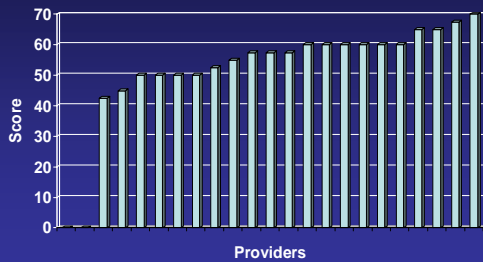
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## Form 1 O/A Review by Proposal (Maximum = 70)



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## Sample Narrative Scoring

- Cultural competence - selected 5 of the National Standards on Culturally and Linguistically Appropriate Services that covered broad range of activities
- Narrative scored with check box – 1 point for evidence of each standard

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## Funding Allocations

- Proposals ranked by review committee
- Allocations based on patient populations, numbers of uninsured and other factors
  - Other sources of funding
  - Geographic considerations
  - Special populations

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## Step 5: Impact of RFP

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## Results

- Increased attention to data quality and performance
- Providers with high proportions of uninsured patients received significant increases in funding
- Follow-up must include focus on improvement plans

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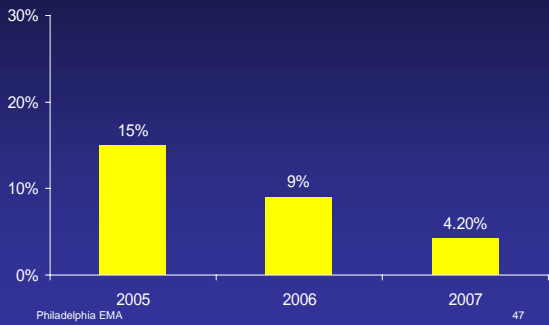
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## PHS Not Recommended HIV Regimens



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## Lessons Learned

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## Efficiency

- Data collection and analysis was already part of our regular QM processes
- Proposal narrative is time intensive for writing and reviewing
  - Can narrative be replaced with yes/no questions?
  - Does data tell enough?

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## Provider buy-in

- Amount of lead time was important
  - Providers bought into the process
- Provided early review of data
  - Providers must own their data

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## Data Collection and Analysis

- Review your processes and review again
  - Errors in data extract
  - Errors in data analysis

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## New applicants

- New applicants were allowed to submit own data for proposal
  - Needed more time to validate data submitted
  - May be best to separate new from continuing providers in future processes

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## It takes time

- This is a multi-year process to realign system
- Realigning allocations based on quality and patient population takes time in an established system in order to avoid unintended consequences
  - Loss of key providers serving special populations or regions

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## Plan Post- RFP Follow-up

- Chart review at sites with poor performance
- Review and monitor quality improvement plans submitted with RFP
- Establish conditions of award related to quality, patient population, and services to uninsured

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## Conclusions

In a system with high quality data and a comprehensive family of measures it is possible to streamline the RFP process and base decisions on data

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## Acknowledgements

- Philadelphia EMA consumers
- Philadelphia EMA providers
- PDPH staff
- HRSA Project Officer

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