

# Update on 2014 Program Outcome Measures (POM) and related issues

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# Outline

- ❑ **Review of key principles**
- ❑ **Program outcome measures**
  - Process to date
  - Feedback
  - DSTDP responses
- ❑ **Related information requests**
- ❑ **Next steps**
- ❑ **Questions**

**We are not “launching” the final measures or going into great detail on each one of them at this time.**

# **REVIEW OF KEY PRINCIPLES**

# Key Principles

## ❑ Program Outcome Measures or POM

- Few, meaningful, outcome-oriented
- Not all within zone of control by STD programs
  - “Outcome” measures, not necessarily “Performance” measures

## ❑ Two primary purposes

- Help track progress on certain, key outcomes of STD AAPPs, across project areas
- Help describe aspects of the program that DSTDP (and your own?) stakeholders are interested in



## Key Principles, cont'd

- ❑ **What DSTDP asks for ≠ Everything project areas need for themselves**
  - DSTDP wants to be selective and to ensure utility
  - Not using the POM as a tool to push all project areas to carry out all AAPPS strategies
- ❑ **Tension points**
  - Asking for too much vs. too little
  - Asking for the same from all areas vs. recognizing the diversity among areas
  - Measures that are more distal vs. more proximate
  - Measures that are aspirational vs. frustrating



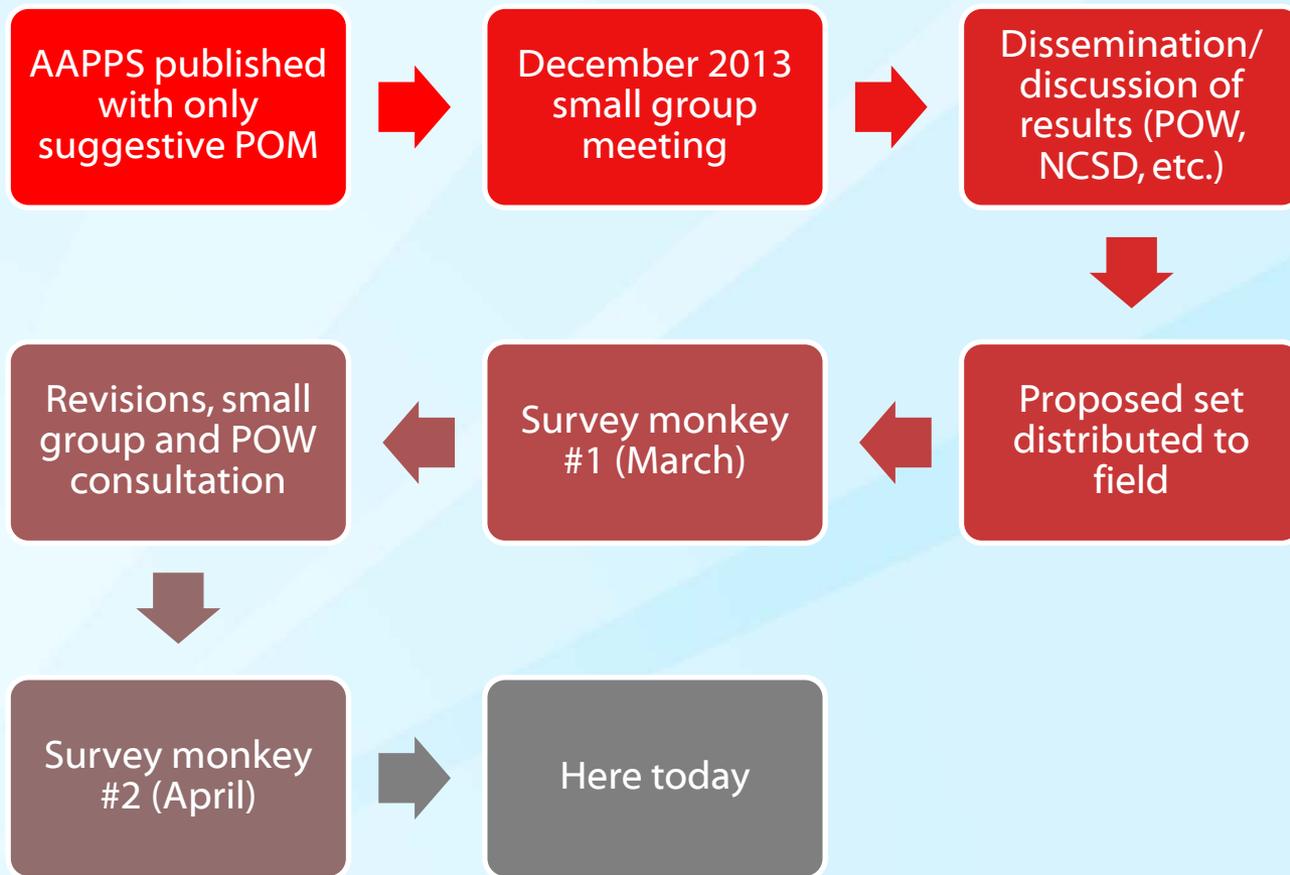
## Key Principles, cont'd

- ❑ **To not belabor the initial process**
- ❑ **To allow (even expect) changes over time**
  - Drop ones not working/not useable
  - Add ones as systems and capacity increases, as needs change
- ❑ **To acknowledge that not all projects areas can report on all of them, particularly at the start**
  
- ❑ **To consult authentically with project areas throughout**
  - Small “POM” group & NCSD POW
  - Surveymonkey & webinars like this



# **PROGRAM OUTCOME MEASURES**

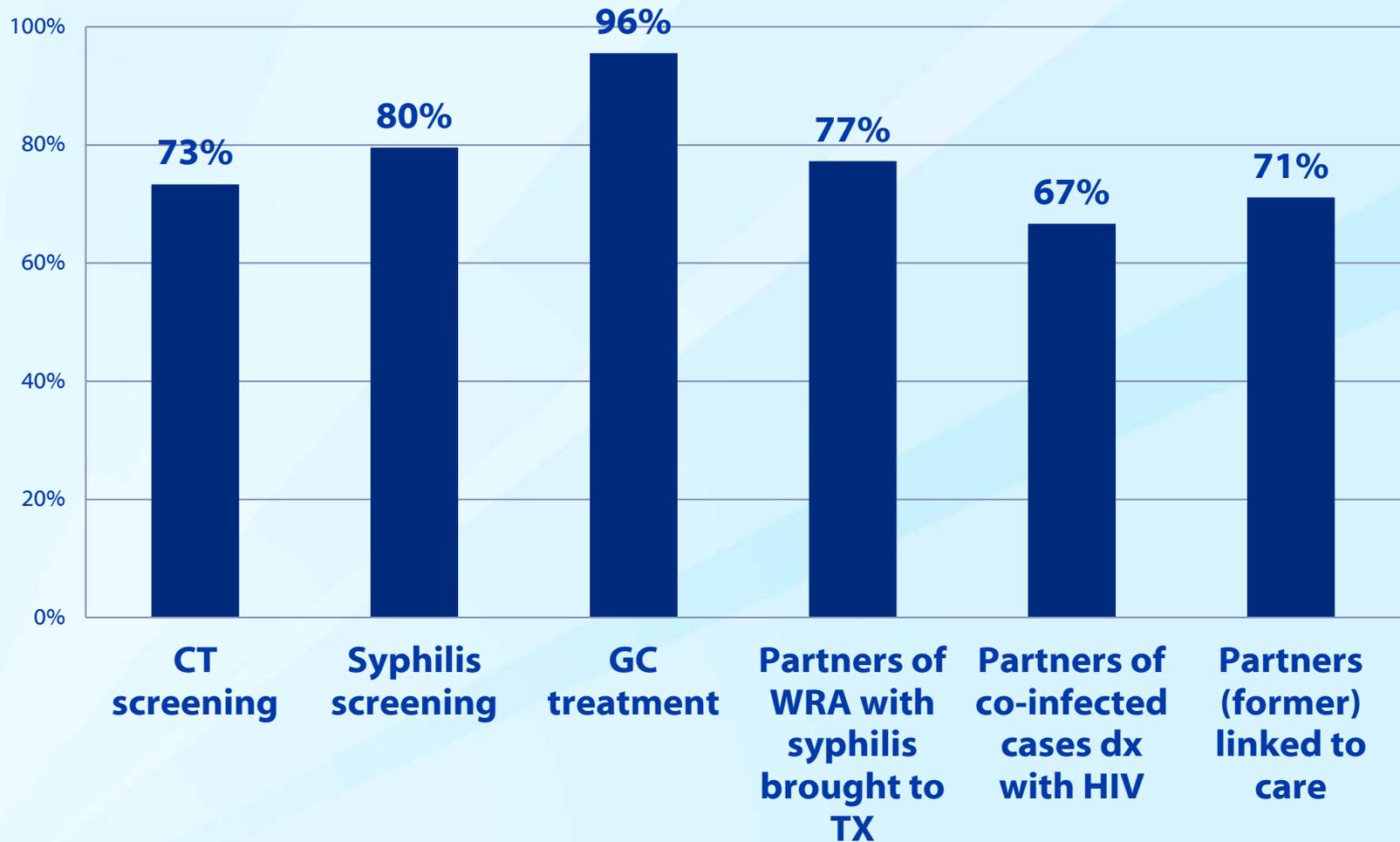
## Process to Date



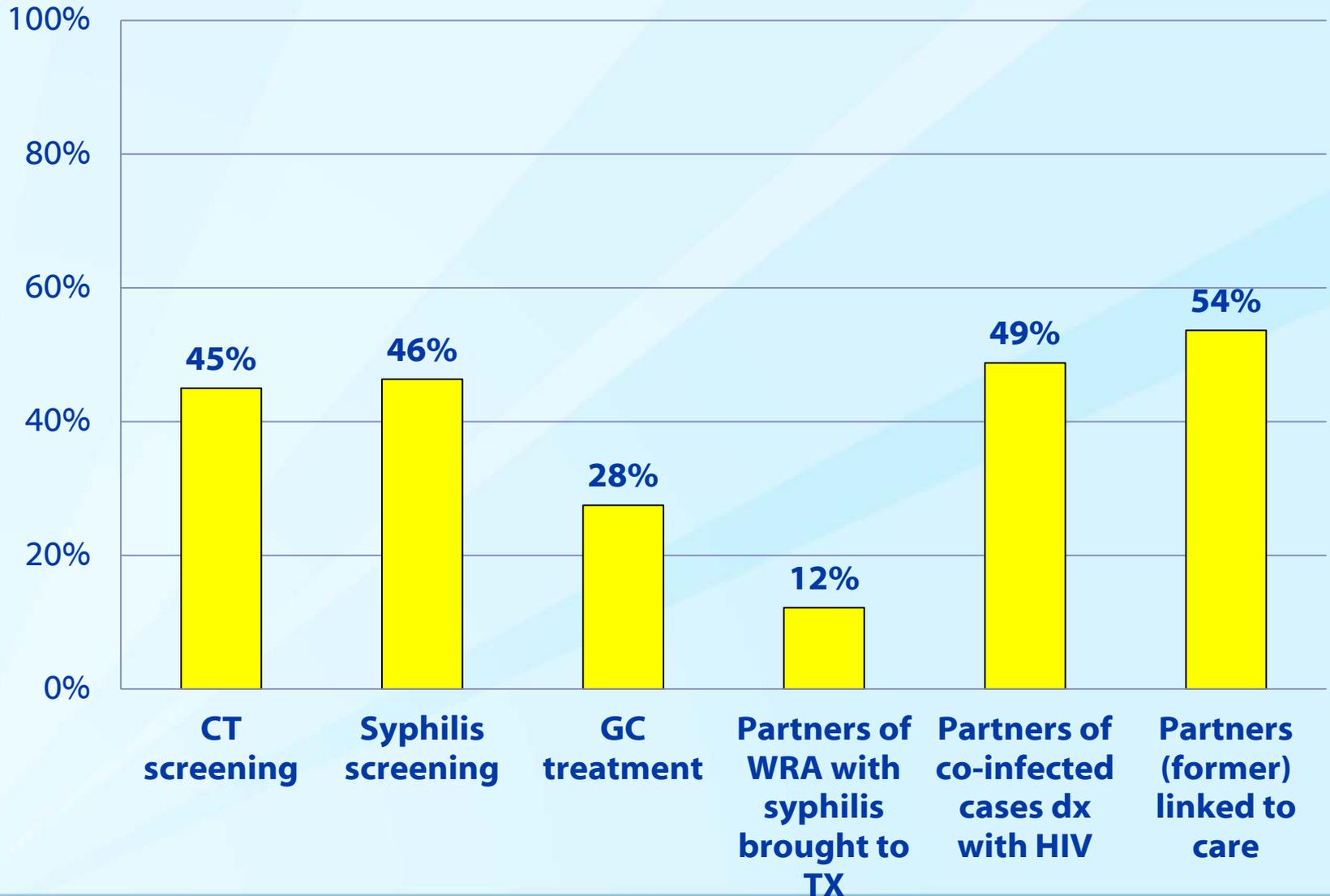
# Proposed March 2014

<u>Domain of AAPPS</u>	<u>Proposed measures: At-a-glance</u>
<b>Assurance: Screening</b>	<ul style="list-style-type: none"><li>• CT screening using HEDIS measure, among Medicaid population</li><li>• Annual syphilis screening among MSM in HIV care, among high volume Ryan White providers</li></ul>
<b>Assurance: Treatment</b>	<ul style="list-style-type: none"><li>• GC cases treated appropriately</li></ul>
<b>Assurance: Partner services and linkage to care</b>	<ul style="list-style-type: none"><li>• Partners of P&amp;S syphilis cases among women of reproductive age who are newly-dx with syphilis, who are brought to TX</li><li>• Partners of HIV co-infected (HIV-syphilis &amp; HIV-GC) who are newly-dx as HIV+</li><li>• Of those partners (above), #/% who are linked to care</li></ul>

## Percent that agreed measure should be a POM for AAPPS (n=44)



## Percent saying it would be difficult to report by September 2014 (n=44)



# Primary Concerns

## Data access

- ❑ **“Our access to those data are theoretical at this point.”**
- ❑ **“We support this with the understanding that we will not have the data for a number of years.”**

## HIV-heavy

- ❑ **“Linkage to care is difficult to determine for an STD Program--this is an HIV issue”**
- ❑ **“Of the 8 measures proposed, 5 have to do with HIV.”**

## Sample Comments

### Fairly distal from STD program daily business

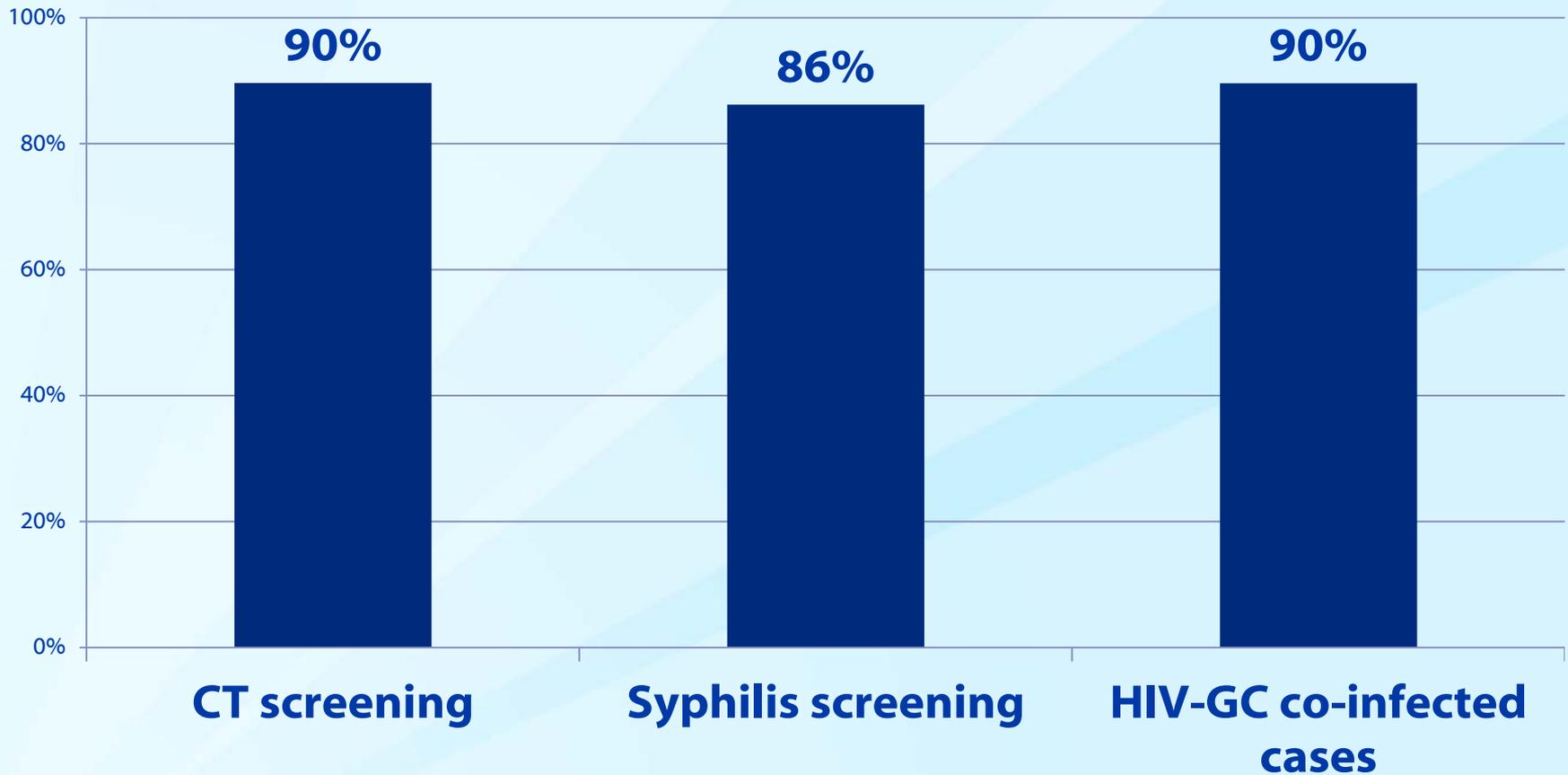
- ❑ **“Agree CT screening is important, not certain how to influence this directly. Indirectly we can educate and encourage screening.”**
- ❑ **“Many of these objectives call on the STD Program to report on what other agencies are doing, and not on direct STD Program efforts and activities.”**
- ❑ **“We did not notice any measures related to interviewing patients or partners of cases.”**

# DSTDP Response

## Changes to measures

- ❑ **Postpone two that are both distal and dependent on cooperation from agencies outside the HD**
  - CT screening among women in Medicaid
  - Syphilis screening among MSM seen in high volume RW care provider
  
- ❑ **Postpone the 2 measures on GC-HIV co-infected cases**
  - Allow systems and practices to develop further

## Survey 2: Percent agreeing with postponing these measures to 2015 (n=29)



## **DSTDP Response**

- ❑ **Retain the others**
- ❑ **Includes some for which data access was anticipated to be tricky for many, especially:**
  - Newly-dx partners of syphilis-HIV co-infected cases, &
  - Linkage to care of those cases

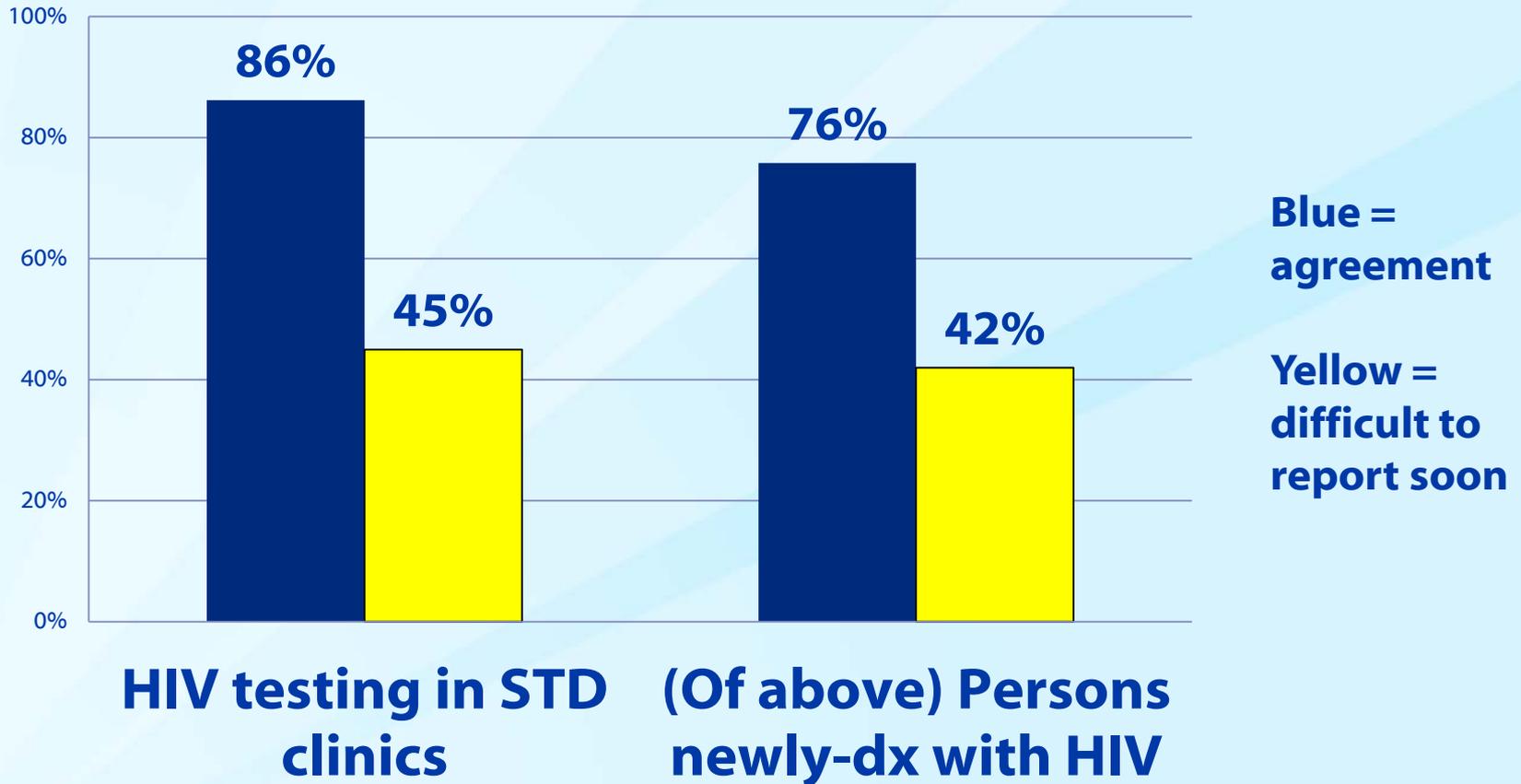
## **DSTDP Response, cont'd**

- ❑ **Add measure related to HIV screening in STD clinics**
  - Patients dx with GC or P&S syphilis in STD clinics in high morbidity counties
  - Who were tested for HIV in that clinic around that time
  - Excluding persons known to be HIV-infected
  
- ❑ **Why?**
  - Not a required AAPPS strategy, but important (all would agree)
  - SSuN data suggested that testing of patients with a dx STD was only 54% in 2012
    - Similar, not identical, measure to what we have proposed to you all
  - Of interest to various levels of CDC

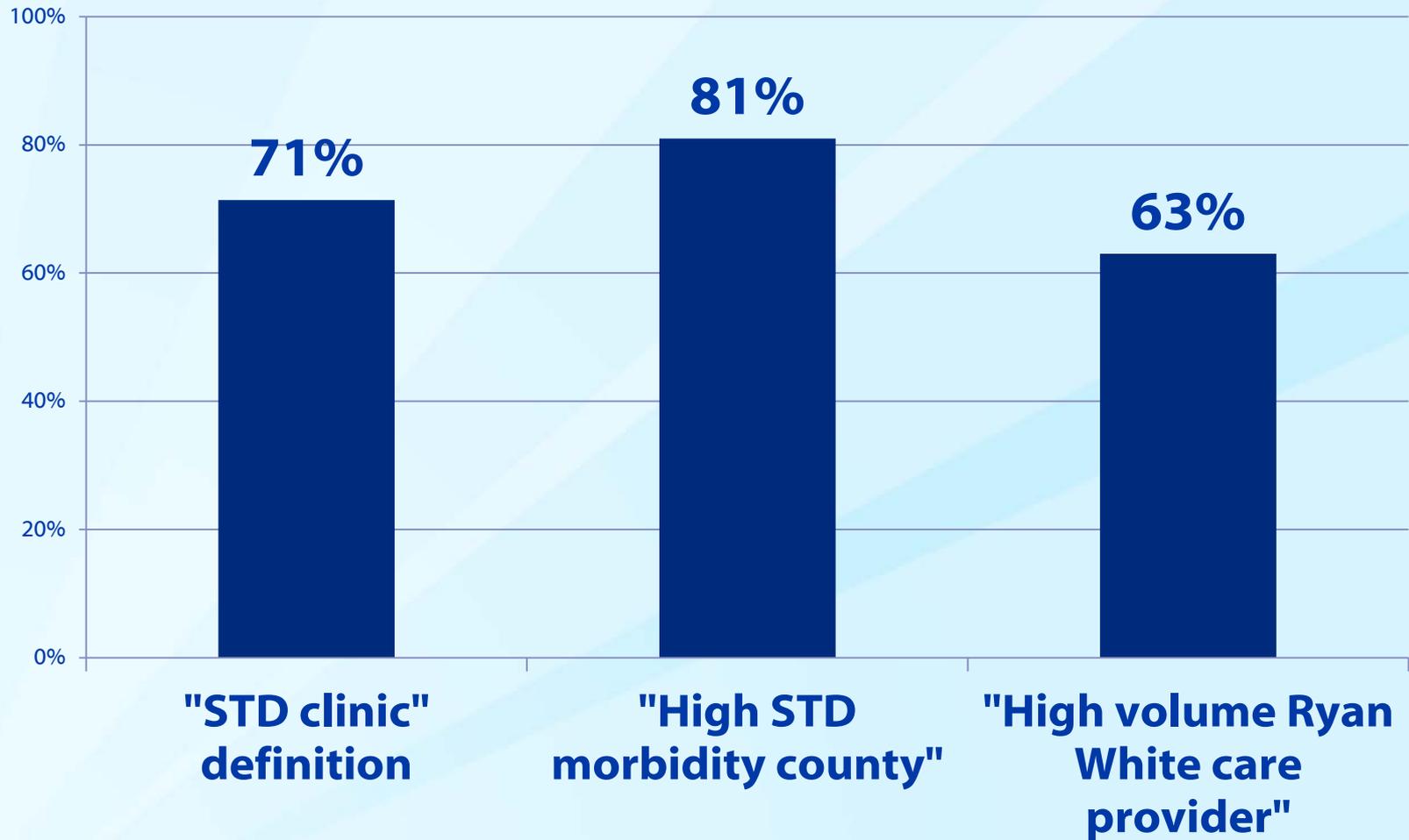
## **DSTDP Response, cont'd**

- ❑ **Also add number of persons newly-diagnosed with HIV through that testing**
  - Serving program needs to describe HIV contributions further
  - But still an important outcome
  - Where screening low, would expect to see this rise

## Proportions 1) agreeing these should be POM and 2) reporting difficulty to report soon (n=29)



## Proportion finding proposed definitions of the following "workable" (n=27)



# **RELATED INFORMATION REQUESTS**

## **Related information requests: Purpose**

- ❑ Provide information of where project areas are, on a few other key aspects of AAPPS not covered by the POM**
- ❑ Help DSTDP understand status of the postponed POM**
- ❑ Potentially serve as a baseline for showing change over next 5 years in assessment**
  - Maybe not; particularly flexible**
- ❑ Not punitive performance measures**
- ❑ Not “outcome measures”; not POM**

## **Related information requests, cont'd**

- ❑ **Content may overlap with the work plan update provided in the APR**
  - But work plan updates typically provide information in inconsistent ways that prevents synthesis across awardees
- ❑ **Request will be made alongside the POM**
- ❑ **Limited scope**
  - Currently 18 questions
  - Mix of multiple choice, (very) short-answer, and quantitative questions
- ❑ **All should be information easily available to you**
- ❑ **These have not been vetted as widely**

## Assessment: sample process questions

- ❑ **Status of geocoding & matching with HIV, e.g.:**
  - From January-June 2014, how often were reported P&S syphilis cases matched with the HIV dataset, for purposes of identifying priority cases for follow-up?
    - Daily
    - At least Weekly
    - At least Monthly
    - Not matched
    - Other frequency \_\_\_\_\_
  - Percentage of reported GC cases with a street address, including zip code

## **POM-related: Same status update questions**

- ❑ **Status of ability to report on 1) CT screening using the HEDIS/NQF measure for women ages 16-24 on Medicaid, and 2) syphilis screening among MSM seen in high volume Ryan White care providers**
  
- ❑ **For example:**
  - Status of partnership with state Medicaid program
  - Top 3 barriers to having CT screening data for young women on Medicaid
  - CT screening data based on Medicaid data available to you now, including latest year, source, lowest level of disaggregation

**NEXT STEPS**

## **Finalize the 2014 POM+**

- ❑ **Make final decisions**
- ❑ **Complete and distribute 2014 guidance document**
  - Definitions, examples, national or other relevant averages, etc.
- ❑ **Distribute simple excel spreadsheet template**
  - Numerators
  - Denominators
  - Automatic calculations of proportions
  - Open text fields for key contextual information
- ❑ **This year only: due after the APR**
  - Due September 30, along with your targeted evaluation plan
- ❑ **Email submission (at least this year)**

# Reporting Plan

<b>What</b>	<b>Period covering</b>	<b>Deadline</b>	<b>Reporting or submission frequency</b>
APR 2014	Jan-June 2014	August 30, 2014	Every 12 months
Continuation application	Jan-Dec 2015	August 30, 2014	Every 12 months
POM+ 1	Jan-June 2014	September 30, 2014	Every 6 months

# Reporting Plan

What	Period covering	Deadline	Reporting or submission frequency
APR 2014	Jan-June 2014	August 30, 2014	Every 12 months
Continuation application	Jan-Dec 2015	August 30, 2014	Every 12 months
POM+ 1	Jan-June 2014	September 30, 2014	Every 6 months
Targeted evaluation plan	Jan-Dec 2015	September 30, 2014	Every 12 months
POM+ 2	<ul style="list-style-type: none"> <li>• Jan-June 2014 updates</li> <li>• July-Dec 2014</li> </ul>	March 31, 2015	
13.5% admin reporting	Jan-Dec 2014	March 31, 2015	Every 12 months

## **Feedback plan for POM+**

- ❑ **Assess ability to compare across project areas**
  - Or certain groups of project areas

### **Then, as warranted:**

- ❑ **Synthesize and create snap shots on certain issues**
  - “Appropriate GC treatment across AAPPS project areas”
  - “Geocoding among STD programs”
- ❑ **Use in program reporting, e.g., to Center and Agency Directors**
- ❑ **Use in reporting back to you all, to inform peer-to-peer exchange and other TA**
- ❑ **Assess their utility and inform decisions going forward**

## Summary

- ❑ **Expect the POM+ 2014 document soon**
- ❑ **Expect that the POM will look similar to latest set distributed**
- ❑ **We know the discussion is far from over, however**
- ❑ **Consider this a kind of pilot period**
  
- ❑ **Please continue to work with us, provide comments, & ask questions**

## **Final words**

- ❑ **Bruce Heath from DSTDP on the APR**
- ❑ **Bill Smith from NCSD**

# Thank you

## Questions and comments?

**For more information please contact Centers for Disease Control and Prevention**

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