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

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May 8, 2014
Outline

- Review of key principles
- Program outcome measures
  - Process to date
  - Feedback
  - DSTDTP 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
AAPPS published with only suggestive POM

December 2013 small group meeting

Dissemination/discussion of results (POW, NCSD, etc.)

Revisions, small group and POW consultation

Survey monkey #1 (March)

Survey monkey #2 (April)

Proposed set distributed to field

Here today

Process to Date
### Domain of AAPPS | Proposed measures: At-a-glance
---|---
**Assurance:** Screening
- CT screening using HEDIS measure, among Medicaid population
- Annual syphilis screening among MSM in HIV care, among high volume Ryan White providers

**Assurance:** Treatment
- GC cases treated appropriately

**Assurance:** Partner services and linkage to care
- Partners of P&S syphilis cases among women of reproductive age who are newly-dx with syphilis, who are brought to TX
- Partners of HIV co-infected (HIV-syphilis & HIV-GC) who are newly-dx as HIV+
- Of those partners (above), #/% who are linked to care
Percent that agreed measure should be a POM for AAPPS (n=44)

- CT screening: 73%
- Syphilis screening: 80%
- GC treatment: 96%
- Partners of WRA with syphilis brought to TX: 77%
- Partners of co-infected cases dx with HIV: 67%
- Partners (former) linked to care: 71%
Percent saying it would be difficult to report by September 2014 (n=44)

- CT screening: 45%
- Syphilis screening: 46%
- GC treatment: 28%
- Partners of WRA with syphilis brought to TX: 12%
- Partners of co-infected cases dx with HIV: 49%
- Partners (former) linked to care: 54%
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)

- CT screening: 90%
- Syphilis screening: 86%
- HIV-GC co-infected cases: 90%
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)

HIV testing in STD clinics

- 86% agreeing
- 45% reporting difficulty

(Of above) Persons newly-dx with HIV

- 76% agreeing
- 42% reporting difficulty

Blue = agreement
Yellow = difficult to report soon
Proportion finding proposed definitions of the following "workable" (n=27):

- "STD clinic" definition: 71%
- "High STD morbidity county": 81%
- "High volume Ryan White care provider": 63%
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

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<th>Period covering</th>
<th>Deadline</th>
<th>Reporting or submission frequency</th>
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<td>Jan-June 2014</td>
<td>August 30, 2014</td>
<td>Every 12 months</td>
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<td>Continuation application</td>
<td>Jan-Dec 2015</td>
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<td>Every 12 months</td>
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<td>13.5% admin reporting</td>
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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 DSTD on the APR
- Bill Smith from NCSD
Thank you

Questions and comments?

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov    Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.