

Going to PROM – learn to dance with the community and measure what moves them most

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ON HIV CARE & TREATMENT

Disclosures

- None of the presenters has relevant financial interests to disclose.

Meet Your Presenters



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Learning Objectives

1. Describe the importance of customer experience outcomes as drivers of performance excellence.
2. Explain how to develop relevant patient reported outcomes measures (PCN 15-02) using service unit definitions (PCN 16-02) and social determinants of health frameworks (e.g. US-EHE, US-FTC, NHAS, etc).
3. List the components of community involvement in the measure development process.

Quantitative & Qualitative CQM Performance Measures in the Dallas EMA/HSDA

What we considered in our overall approach to CQM performance measure specification for our region

HIV Care Continuum

- 2011: One of the most important innovations we've had in our field
- Quantitative care markers that can be used to describe outcomes
 - Testing, Linkage, Retention, ARV Prescription, Viral Suppression
 - Implications for “left” or “prevention” side continuum
 - Includes status- and payor-neutral applications
- Allows for easy segmentation to identify disparities and other inequity in care funding, access, and outcomes
- Applies more neatly to clinical services than to supportive services

Face vs Heart of the Matter

- Quantitative data are reliably countable
 - Clinical data
 - Demographic data
 - Financial data
- Qualitative data are not readily countable, but can be coded in a way that can make them measurable in an objective way
 - Key Stakeholder Interview data
 - Focus group data
 - Comment cards
 - Survey data (because lends itself to interpretation)

SDOH Emphasis Needed

- In order to End the HIV Epidemic (EHE), we need to have a sense of how social determinants of health intersect in key populations
- Again, without REAL data, we are making assumptions = prejudice
- We need a scientific process that allows us to specify PROM/PREM in an efficient manner that involves the community at each step
- Evidence-based co-design (EBCD) methods are the answer
 - EBCD is the concept that the community is an essential planning partner
 - EBCD means that the providers and potential consumers are included in the creation and testing of our measures
 - Our CQM consultants have a full toolkit on EBCD for EHE and this is a part of it

Validating PROMs & PREMs

- How do you know when a measure is good / valid?
- Validity testing has 4 components professionally assessed by experts
 - Face validity, Content validity, Concurrent Criterion, Interrater Reliability
 - Similar assessment steps are used in “psychometric testing”
- What is psychometric testing?
 - Focus group process involving the “experts” – the COMMUNITY
 - Primer training is needed to ensure a common baseline understanding
 - NQF has resources to support this process, in your toolkit for this session
 - Ideally take on consumers trained on a conveyor by an EHE agency but for now working through the planning council to establish a new relationship

Developing PROMs & PREMs in Dallas EMA/HSDA

How we used the PCN 15-02 and PCN 16-02 frameworks to create our CQM performance measure specification process

PCN 15-02 Application

- PCN 15-02 provides a formula basis to determine which service categories require CQM PMs and how many measures are required
 - Utilization data from “last year” is used to setup performance measurement work groups “this year” to develop measures that will be in place for “next year” – workflow image on next few slides!
- Ties to infrastructure, performance measurement, stakeholder involvement, and more!
- PROM/PREM process is part of standard CQM program evaluation
 - The AA CQM Program uses the Part B OA adapted by Texas to evaluate itself
 - The AA CQM team uses the Part C/D OA it adapted to evaluate subrecipient uptake of the PROM/PREM process

Workgroup Processes

- When a service category is identified as requiring measures, hold a workgroup meeting of all Part A/B funded providers for that service
 - 1 hour meeting to review the purpose of the service category based on PCN 16-02, local and state service standards, and how it's used by agencies
 - Review all available data on utilization, demographics, etc
 - Additional meetings are scheduled as needed.
 - All meetings are recorded with notes to show action steps, rationales
- Once specified, the providers have time to test and provide feedback
- This happens annually. If a measure already exists, the workgroup also considers existing CQM data and whether to change measures

Full 2-Year Process Explained

Baseline Year – Yr0

Report on Prior Year Utilization by Funded Service Category

Measure Planning Year – Yr1

Identify Service Categories with Emerging and Retiring Measures

Convene Funded Provider Workgroup to Specify Emerging & Review Existing Measures

Publish New Measures for Quarterly Reporting by Funded Providers

Validation Year – Yr2

Collect 1 Quarter of Data Using Newly Specified Measures

Create Focus Groups for Psychometric testing of data

Save Data for Next Workgroup Process

2022 DALLAS EMA/HSDA QUANTITATIVE CQM PERFORMANCE MEASURES (EMR and TCT data)

HAB Measure: Annual Retention

Source: OAHS services report EHR data (excel report). MCM/RHSS services report in TCT (no action required by providers).

Numerator: Denominator patients with 2 medical encounters in 12-month period where at least 1 is with prescriber.

Denominator: Number of HIV patients receiving above services with at least 1 medical encounter in 12-month period.

Exclusions: patients who died in the measurement year.

HAB/NQF Measure: Viral Suppression

Source: APA/OAHS services report EHR data (excel report). RHSS services report in TCT (no action required by providers).

Numerator: Denominator patients with a viral load less than 200 copies/mL at last HIV viral load test in 12-month period.

Denominator: Number of HIV patients receiving above service with at least 1 medical encounter in 12-month period.

Exclusions: None.

HAB/NQF Measure: ARV Prescription

Source: TCT (no action required by providers).

Numerator: Denominator patients prescribed antiretroviral therapy for HIV treatment in 12-month period.

Denominator: Number of HIV patients receiving above services with at least 1 medical encounter in 12-month period.

Exclusions: None.

Our Measures 2

2022 DALLAS EMA/HSDA QUALITATIVE CQM PERFORMANCE MEASURES (patient-reported outcome measures)

Dallas PROM: Addressing Client Care Concerns (nMCM)

Source: Qualtrics (providers responsible for disseminating survey link).

Survey Timing: Within 2 days of first non-medical case management visit in measurement period (once per quarter per patient).

Dallas PROM: Addressing Client Barriers to Care (MCM)

Source: Qualtrics (providers responsible for disseminating survey link).

Survey Timing: Within 2 days of first medical case management visit in measurement period (once per quarter per patient).

Dallas PROM: Practical Value of Transportation Assistance (MedTrans)

Source: Qualtrics (providers responsible for disseminating survey link).

Survey Timing: At end of quarters where the client received the transportation assistance.

Dallas PROM: Oral Health Self-Efficacy (Oral Health)

Source: Qualtrics (providers responsible for disseminating survey link).

Survey Timing: Within 2 days of first oral health encounter in measurement period (once per quarter per patient).

Dallas PROM: Identification of Barriers (Outreach)

Source: Qualtrics (providers responsible for disseminating survey link).

Survey Timing: Within 2 days of first outreach encounter in measurement period (once per quarter per patient).

It's All About Community!

How to lean in on bringing in the voice of the consumer and broader community

2-Years of Community Input

Baseline Year – Yr0

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Applications Beyond RWHAP

- There are MASSIVE implications for this activity beyond RWHAP scope
 - Ending the HIV Epidemic and Rapid Start
 - Achieving Together TX (and other local/regional plans)
 - Fast-Track Cities US (use as a way to realign activity by stakeholder category)
- Opportunity to engage trained/knowledgeable consumers and limit moral injury tied to a lack of opportunity for meaningful involvement
- As mentioned, the National HIV/AIDS Strategy heartily supports this method and in fact pushes us all to identify how better to let the HIV community self-determine its service systems

Sources & References

- [HRSA PCNs and Program Letters Webpage](#)
- [National HIV/AIDS Strategy 2022-2025](#)
- [NQF PROM/PREM and other measure development resources](#)
- Scholarly articles on PROM/PREM creation
 - [A Systematic Review of the Validity and Reliability of PREMS](#)
 - [Psychometric Evaluation of PREMS: is it Valid?](#)
- ASQ articles on measure development and community involvement
 - [Statistics with Confidence \(6/2022\)](#)
 - [Lessons from a Guru \(2/2022\)](#)
- [IHI measure development resources](#)

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