

Standardized Performance

The Health Resources and Services Administration’s (HRSA) Ryan White HIV/AIDS Program (RWHAP) funds grants to states, cities, counties, and local community-based organizations to provide HIV medical care, treatment, and essential support services for low-income people with HIV.

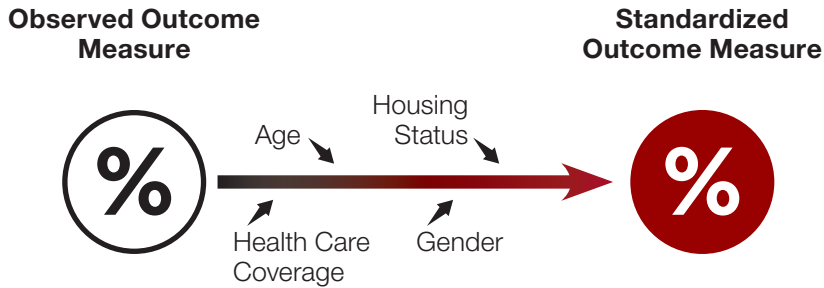
Recipients funded by the RWHAP differ in many important aspects, including the characteristics of the clients they serve. The RWHAP Compass Dashboard provides standardized performance tools to support jurisdictional comparison and evaluation.

The **RWHAP Compass Dashboard** is an interactive tool to help visualize the reach, impact, and outcomes of the RWHAP. The dashboard supports data utilization to understand outcomes and inform planning and decision making.

Standardized performance allows “like-to-like” comparison of jurisdictions that may serve different populations.

STEP 1
Standardized Outcome Measure

A statistical model is applied to the observed outcome measure (viral suppression or retention in care) that adjusts for key client characteristics.



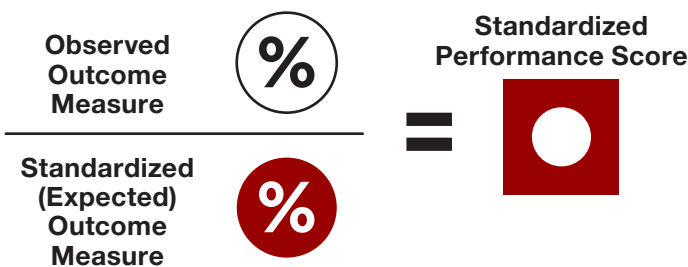
The Observed Outcome Measure is calculated based on data reported through the RWHAP Services Report.

The Standardized Outcome Measure is the **expected** rate given the **age, gender, housing status, and health care coverage** of the clients in this jurisdiction.

These four variables were chosen based on consultation with a panel of technical experts and previous work by the Centers for Medicare & Medicaid Services (CMS).*

STEP 2
Standardized Performance Score

The observed outcome measure is compared to the standardized outcome measure to calculate the standardized performance score.



A jurisdiction with a score greater than one is performing better than expected, given the client populations they serve.

A jurisdiction with a score less than one is not meeting their expected performance, given the client populations they serve.

Assign Range

Standardized Performance is reported as a quintile to demonstrate where a score falls within the range of all jurisdictions.

Standardized Performance Scores for All Jurisdictions

Arranged from Lowest to Highest



Lowest Data Values

Highest Data Values

Grouped into 5 Quintiles



First Quintile
Lowest 20%

Second Quintile

Third Quintile
Middle 20%

Fourth Quintile

Fifth Quintile
Highest 20%

First Quintile

Second Quintile

Third Quintile

Fourth Quintile

Fifth Quintile



The standardized performance score is a tool to understand relative performance between jurisdictions.

A score in the first quintile is in the lowest 20%; a score in the third quintile is in the middle 20%; and a score in the fifth quintile is in the top or highest 20% of jurisdictions in the U.S.

Standardized performance is displayed as a gauge on the RWHAP Compass Dashboard.

Jurisdictions in the top three quintiles display a badge. Standardized performance in the fifth quintile receives a gold badge, standardized performance in the fourth quintile receives a silver badge, and standardized performance in the third quintile receives a bronze badge.

Technical Notes

The standardized performance score is generated from Ryan White HIV/AIDS Program Services Report (RSR) data for states or metropolitan areas by using the unique list of clients per state or metropolitan area. The same model and variables are used for both the state and metropolitan area calculations.

DATA USED

The data source for these calculations is the RWHAP Services Report and does not include AIDS Drug Assistance Program data. The standardized outcomes methodology uses demographic and outcome data from RWHAP-eligible clients with HIV with at least one outpatient

ambulatory health services (OAHs) visit in a calendar year. Only OAHs providers are included in the dataset; providers who do not provide OAHs services will not appear in the standardized outcomes screens.

MODEL

The statistical model used to generate standardized performance was based on the previous CMS model, but adapted to fit the RWHAP setting.^{*} It is a hierarchical, two-level model with client fixed effects and provider random effects. Client and provider effects were selected by HAB and the technical expert panel.

^{*}Krumholz, H.M., Normand, S.L.T., Galusha, D.H., Matterna, J.A., Rich, A.S., Wang Yongfei, Wang Yun. (2010). *Risk-Adjustment Models for AMI and HF 30-Day Mortality Methodology*, prepared for Centers for Medicare & Medicaid Services. Under subcontract #8908-03-02, February 2, 2010.