

Performance Measurement:

Using Data to Achieve Ending the HIV Epidemic Initiative (EHE) Goals



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Who We Are

Strengthen & support implementation of jurisdiction Ending the HIV Epidemic (EHE) Plans to contribute to achievement of reduction in new reported HIV cases by 75% by 2025



Technical Assistance Provider
innovation network

Tip: Get TAP-in TA and Training by Contacting TAP-in@caiglobal.org

TAP-in Partnership Structure



Center for Telehealth



NCS D

National Coalition
of STD Directors



NATIONAL ASSOCIATION OF
Community Health Centers®



SOUTHERN AIDS COALITION





Introductions



TAP-in Monitoring & Evaluation Team (MET)



Lindsay Senter
Emily Leung



Ellie Coombs
AJ Jones



Debbie Isenberg



Rachel C. Gross
Hilary Mitchell



Poll #1

**What is your role
within your
jurisdiction?**

Purpose

Introduce concepts associated with, and describe rationale for, use of performance metrics as an essential tool for jurisdiction leaders to achieve EHE plan goals and aim for next-level impact along the HIV Care Continuum





Objectives

1

Explore how the use of performance measures are essential to achieving jurisdiction EHE goals

2

Identify best practices for selecting and using performance measures

3

Describe TAP-in TA services available to support strengthening jurisdiction systems to collect, report, and use data to continuously improve

Agenda



Overview of Performance Measurement



Jurisdiction Case Study



Where Are You Now?



TA Provided by TAP-in MET



Q&A



Performance Measurement



Performance Measurement Definition

The development, application, and use of performance measures to assess program performance





Performance Measurement vs. Evaluation

- Evaluation looks for the story – “Did this intervention work or not?”
- Performance measurement looks for the signals that a program is on the right track toward achievement of goals



Types of Measures





Three Types of Performance Measures



Process: indicates what a provider does to maintain or improve health for the clients they serve



Outcome: Reflects the impact of the health care service or intervention on the health status of clients



Structure: Indication of a provider's capacity, systems, and processes in place to provide high-quality care



Example Measures – Community Health Worker Program



Process: number of client encounters per month completed by each Community Health Worker



Outcome: percentage of clients who are assigned a Community Health Worker and are retained in care



Structure: number of times a Community Health Worker receives supervision each month



Poll #2

Which of the following statements best describes your knowledge/expertise as it relates to performance measurement?

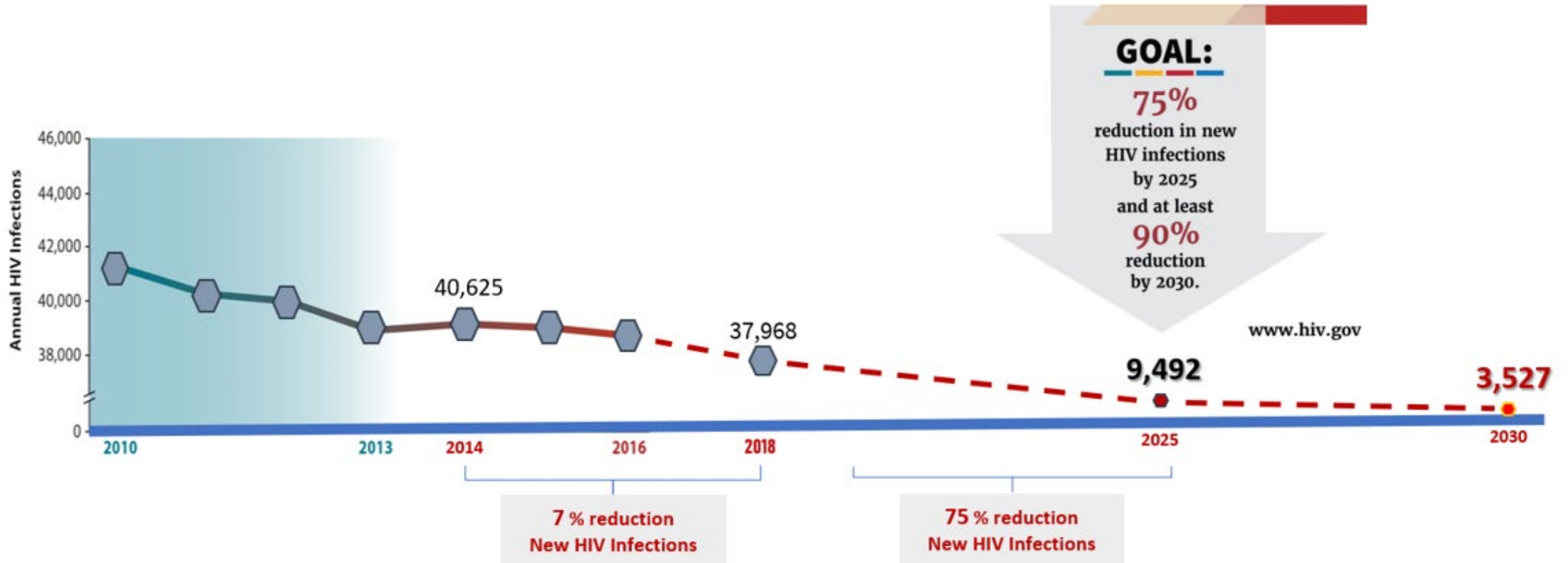


Why is Performance Measurement Important for EHE?



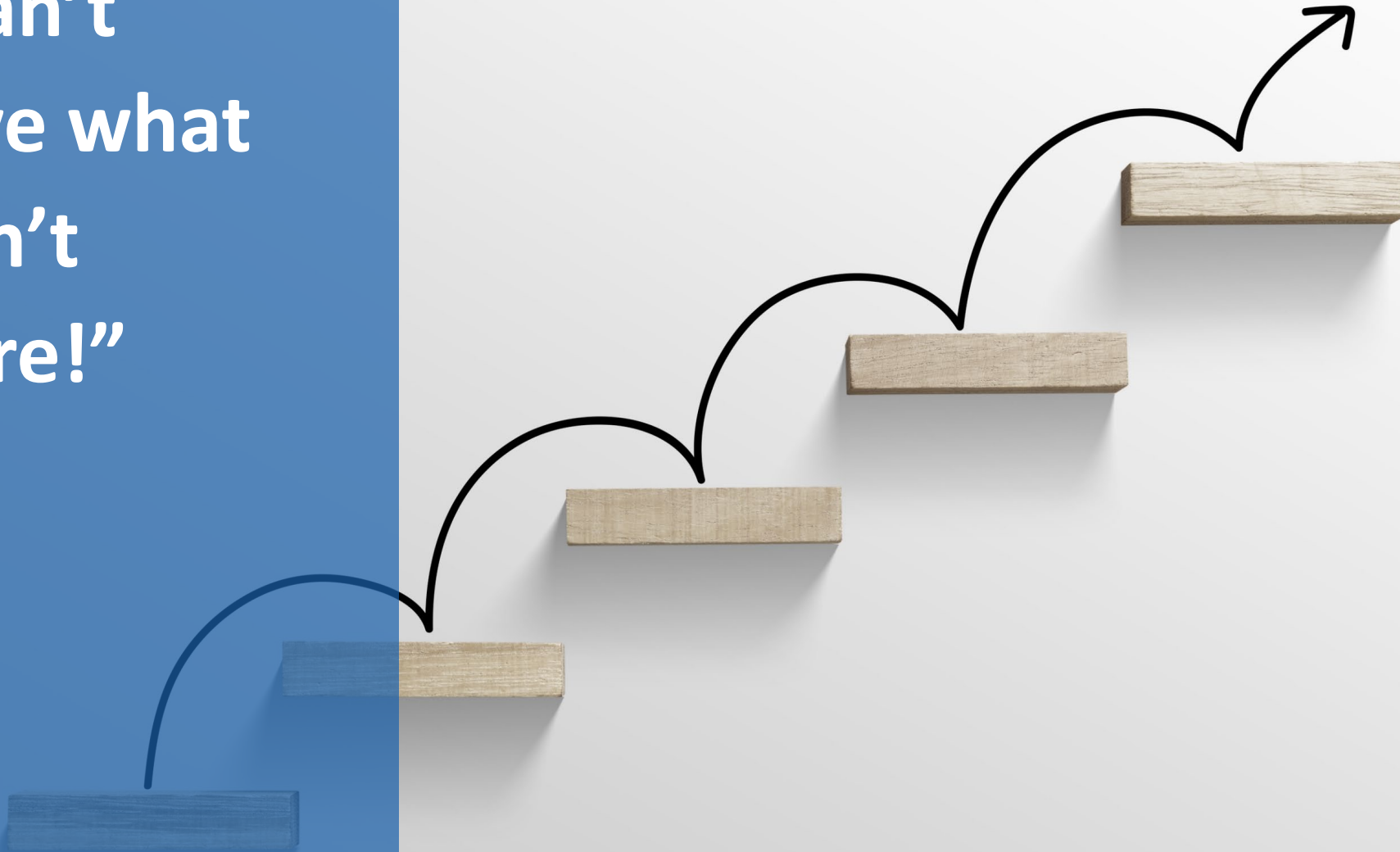


Ending the HIV Epidemic



A full description of this chart can be found at the end of this presentation after the Closing and Evaluation slide under the title: [Slide 19 - Ending the HIV Epidemic](#)

**“You can’t
improve what
you can’t
measure!”**





Jurisdiction Case Study





Case Study Overview

- Black/African American MSM 18-29 had lower levels of viral suppression
 - More likely not to be on medications
 - Not linked at time of diagnosis
 - Difficult to re-engagement
- Identified Rapid ART as a possible strategy to improve viral suppression
 - Approach had to include ongoing support for engagement and retention



Key Steps For Using Data to Achieve EHE Goals



1. Identify your intervention
2. Pick relevant measures
3. Data sources
4. Data collection
5. Review and reporting



Identify Intervention

- Goal: Reduce time for ART initiation and viral suppression
- Priority Population : Black/African American MSM age 18-29
- Action Steps: Begin implementing a Rapid ART program; hire a program director and full-time patient navigator
- Intervention Objectives:
 - Link newly diagnosed clients to Rapid ART
 - Once the client is started on ART, ensure access to wrap-around services and complete the full eligibility process

Identify

Measure

Collect

Review

Report



Developing Performance Measures

- Think of the steps that need to happen to reach your intervention goal and desired outcomes
- Focus on measures that inform the intervention implementation and would let you know if you need to make changes
- Remember that measurement will be ongoing and in ‘real time’ rather than looking back after everything is done

Identify

Measure

Collect

Review

Report



What Makes a Good Measure?

- Relevance
 - Does it affect a lot of people or programs?
- Measurability
 - Can systems to collect and report reasonably be implemented?
- Accuracy
 - Is the measure based on accepted guidelines or guidance?
- Improvability
 - Can the performance rate associated with the measure be improved?

Identify

Measure

Collect

Review

Report



Sample Performance Measures

- % of newly diagnosed clients provided ART within one day of diagnosis
- % of clients who were linked within three days
- % of clients who attended their first medical appointment after being prescribed ART
- % of clients virally suppressed within 60 days
- % of providers trained in provision of Rapid ART

Identify

Measure

Collect

Review

Report



Data Collection Sources

- Consider data sources that are already integrated into your daily routine
 - RWHAP data system
 - Electronic Health Record
 - Supplemental Excel Sheet
- Can you add data elements if needed?
- Can you get the needed data out of the data system?
- Do you have timely access to needed data?

Identify

Measure

Collect

Review

Report



Data Collection

- Have the data elements been clearly defined?
- What data will be collected?
- Does everyone who has a role in collecting data know what the approach is?
- Has a submission schedule been developed?
- Have the necessary resources for data collection been allocated?
- Have any required DUA/MOUs been established?

Identify

Measure

Collect

Review

Report



Reviewing & Reporting

- How frequently will the data be reviewed?
- How will feedback regarding data quality be shared?
- What is the most effective way to present the data so it is used?
- When will data be presented back to program staff implementing the intervention? Other stakeholders?
- Have you clearly outlined what the data mean?
 - When would you celebrate success?
 - When would you take action to make a change?

Identify

Measure

Collect

Review

Report



Where Are We Now?

Identify

Measure

Collect

Review

Report





Poll #3

Have you identified at least one EHE intervention that is key to improving HIV Care Continuum outcomes for a priority population?

Identify

Measure

Collect

Review

Report



Poll #4

What best describes where you are at with identifying the performance measures to support monitoring progress in implementation of this same intervention?

Identify

Measure

Collect

Review

Report

Poll #5

Does your jurisdiction have systems in place, or that could be adapted, to collect performance measurement data?

Identify

Measure

Collect

Review

Report



Poll #6

Do you have the ability to review and report on data to stakeholders on a regular basis?

Do you have the staff capacity to support these data collection and reporting activities?

Identify

Measure

Collect

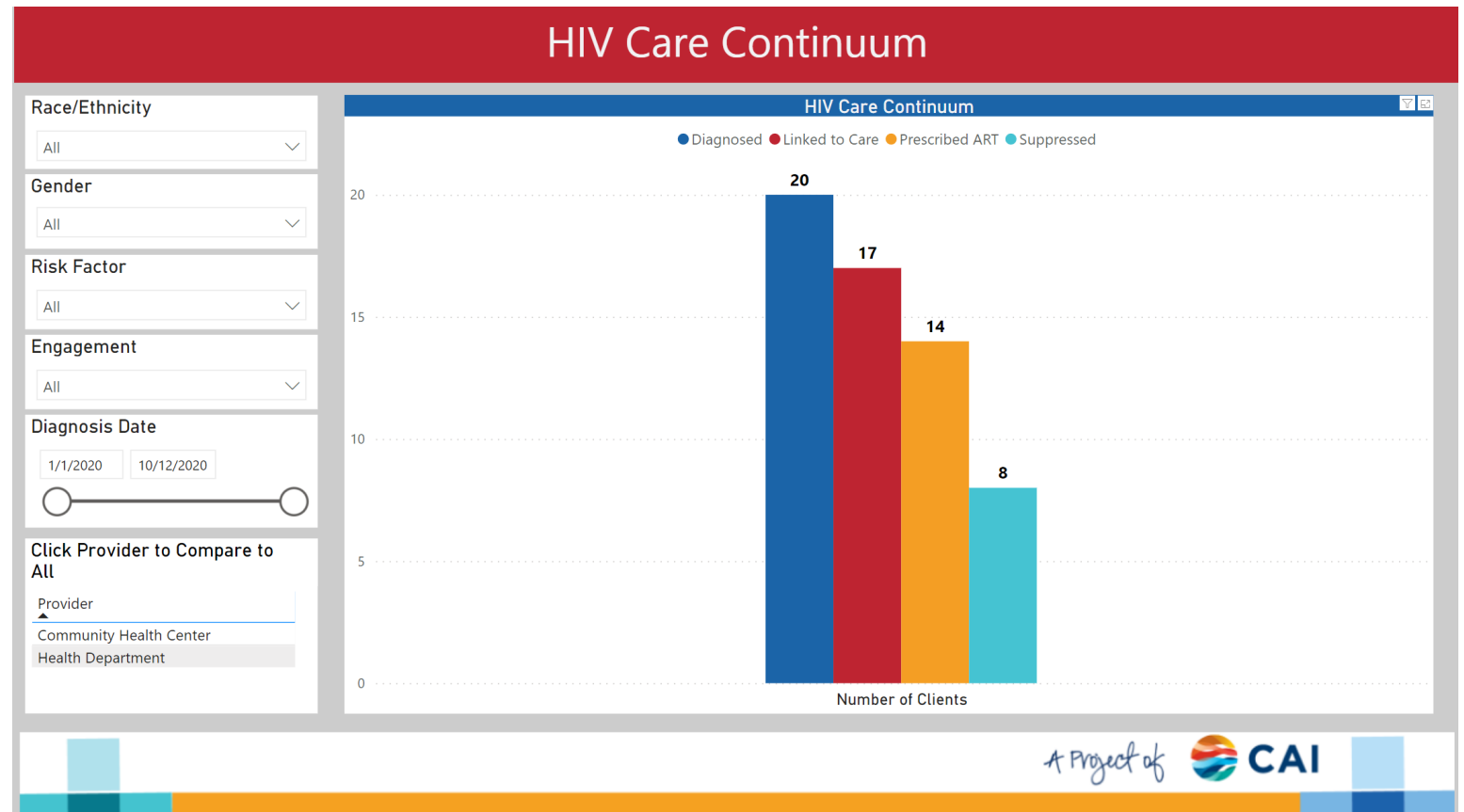
Review

Report



Preview of Example Rapid ART Dashboard

Check out the sample Dashboard mockup through the [PowerBi website](#)



A full description of this chart can be found at the end of this presentation after the Closing and Evaluation slide under the title: [Slide 36 - Preview of Example Rapid ART Dashboard](#)



TA Provided by the TAP-in MET





TAP-in Technical Assistance Offerings

- Working with you to select meaningful PMs for EHE interventions
- Defining PMs (including numerators/denominators, calculating outcomes)
- Strengthening processes and data systems for collecting, extracting, and reporting data
- Developing data dashboards to track and share your progress



How to Request TA

Email:

tap-in@caiglobal.org

for all TA needs and requests

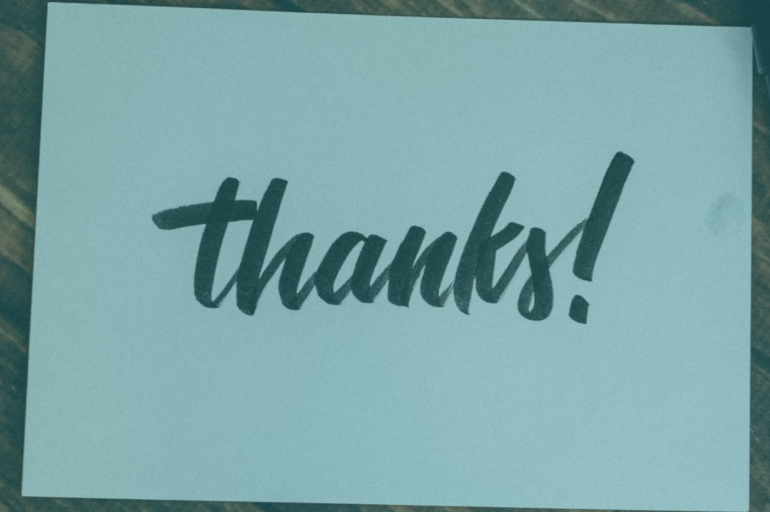


Questions?





Closing and Evaluation



CHARTS, GRAPHS, AND TABLE DESCRIPTIONS

Slide 19 - Ending the HIV Epidemic

Timeline

X-axis: Years 2010, 2013, 2014, 2016, 2018, 2025, 2030

- 2014, 2016, 2018 are grouped by text box labeled 7% reduction New HIV infections
- Another grouping from 2018 to 2025 is grouped by a text box that reads 75% reduction new HIV infections

Y-axis: Labelled annual HIV infections from 0 to 46,000 in increments of 2,000

The graph shows a downward trend in new HIV infections as the years move forward

Above the graph is a downward arrow pointing to 2025 with the label: goal: 75% reduction in new HIV infections by 2025 and at least 90% reduction by 2030.

When we look back, from 2014-2018, we observed about a 7% reduction in new reported HIV infections as a result of our efforts.

Slide 36 - Preview of Example Rapid ART Dashboard

Bar chart is titled HIV Care Continuum.

X-axis labeled number of clients

Y-axis numbered 0 to 20 in increments of 5

Four bars are labeled Diagnosed, Linked to Care, Prescribed ART, and Suppressed

Left most bar - Diagnosed: 20 Clients

2nd bar - Linked to care: 17 Clients

3rd bar - Prescribed ART: 14 Clients

4th bar - Suppressed: 8 Clients